WINDSOR ACADEMY

(845) 562-3711 | www.windsoracademy.org

271 Quassaick Avenue, New Windsor, NY 12553

2024-2025 Registration

Child's Name: _____ Date of Birth: _____

Child's Nickname: _____ Sex: M F

Physical Address: _____

Mailing Address (if different from above): _____

School District: _____ Home Phone: _____

Email Address for Communication: _____

Parent/ Guardian: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

Parent/ Guardian: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

How did you hear about us? (If referred, who referred you?): _____

Scheduled Start Date: _____

Program:

_____ Infant (8 weeks- 18 months) 6:30am -6:00pm

_____ Toddler (18 months- 3 years) 6:30am-6:00pm

_____ Preschool (turning 3 before 12/1/24) 6:30am-6:00pm

_____ PreK (turning 4 before 12/1/24) 6:30am-6:00pm

_____ UPK (Newburgh) 9:15am- 3:45pm

_____ UPK (Cornwall) 9:00am-3:30pm

_____ Before School (UPK, K-5) 6:30am-9:15am

_____ After School (UPK, K-5) 3:30pm-6:00pm

_____Summer Camp (entering K-5) 6:30am-6:00pm

Please check one of the following:

_____ My child will be participating in the Full Year (12 month) program.

_____ My child will be participating in the School Year (10 month) program.

_____ My child will be participating in the Summer Camp (2 month) program.

To be completed by the Office:

Registration Fee Payment: _____ Key Tag Number: _____

_____Private Pay _____ Child Care Aware (active duty military)

Emergency Contact/ Pick Up Information

In the event that parents/ guardians cannot be reached, please list emergency contacts. All individuals listed below are also authorized to pick up your child in the instance that parents/ guardians cannot pick up. These individuals should always bring ID and must report to the office upon entering the building. You should list contacts that live nearby for emergency purposes. Please list contacts in the order they should be reached. We always attempt to reach parents/ guardians first.

Name: _____ Contact Number: _____ Relationship: _____
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Medical Information

Child's Physician: _____ Telephone Number: _____
Preferred Hospital: _____
Pre-Existing Medical Conditions (i.e. febrile seizures, asthma, etc.): _____*
Surgeries: _____ Medications taken regularly:_____
Allergies/ Food Restrictions:_____*
When I get sick, it is often accompanied by the following symptoms: _____
for all medically diagnosed allergies and ongoing conditions, your health care provider will need to complete forms provided to you by the center

Primary Insurance Company: _____ Insurance Phone Number: _____
Policy Number: _____ Group Number: _____
Subscriber's Name: _____Subscriber's Date of Birth: _____
Subscriber's Relationship to Patient: _____

Developmental Goals & Concerns

My family believes I have the following strengths: _____
A few things my family and I hope I will do this year are: _____
_____
I receive Early Intervention/ Preschool Special Education services: ___Yes ___No ___Previously
Please explain services that are in place and their frequency: _____
I am interested in receiving information on Early Intervention/ Special Education services: ____Yes ____No
Please explain your concerns: _____

Family History

My personality is generally: _____ Is your child potty trained? _____
List siblings that live in the home (include ages): _____
Are there any special conditions we should know about (i.e. divorce, separation, order of protection, custody documents, etc.)?: _____
Religion Practiced: _____ Language spoken at home: _____
May I have treats on special occasions that deviate from my lunchbox? ____ Yes _____ No
I have the following fears: _____
Has your child ever been in daycare? If so, why did you terminate enrollment?:

I have received, read, and understand the 2024-2025 policy statement of Heads, Hands, & Hearts Inc. DBA Windsor Academy and I am in complete agreement with the said terms. I will keep a copy of these policies, as I am aware that they will be strictly enforced.
Parent Signature: _____ Date: _____

I understand that a majority of the communication with families will be done virtually through the Brightwheel platform. I will be diligent in checking this source daily.
Parent Signature: _____ Date: _____

I understand that tuition is due regardless of attendance, holidays, emergency closings, and unanticipated acts of God. I understand that late fees will be assessed in accordance to the said terms in the policy statement. Credit card payments will be made via the Brightwheel platform. I understand that a late payment will result in a late fee applied to my account and possible exclusion from the program, as per these policies.
Parent Signature: _____ Date: _____

I give permission for the center to seek any and all emergency medical treatment for my child as per the emergency procedures set forth in this policy. The center will have permission to facilitate appropriate medical treatment for my child until EMS arrives on the scene. EMS has permission to transport my child to the nearest hospital in an emergency.
Parent Signature: _____ Date: _____

I give permission for the center. to photograph my child and use such photographs in advertising/ literature, website updates, Pattycake's social media pages, and newspaper articles.
Parent Signature: _____ Date: _____

I accept full responsibility for my child's transportation to and from the center. I clearly understand the fees that will be applied should my child not be picked up by 6:00pm. I agree to transport my child as per NYS Motor Vehicle safety laws and understand that Pattycake Playhouse may contact the authorities should they observe otherwise.
Parent Signature: _____ Date: _____

My child has permission to participate in sprinkler play during the summer months and outdoor snow pay during the winter months. I will be responsible for supplying appropriate clothing in order for my child to participate.
Parent Signature: _____ Date: _____

Should I have my child evaluated for early intervention or preschool services, I give permission for the center. to share recent assessment results with any professional involved in the evaluation process.
Parent Signature: _____ Date:_____

I understand that if anything on this form changes while my child is enrolled in the program, it is my responsibility to contact administration and update this registration information immediately.
Parent Signature: _____ Date: _____

I have read and fully understand the health exclusion criteria as it pertains to illness. I agree to keep my child home when he/ she is feeling ill, in order to maintain the health and safety of other children and staff in the center. I am aware that if my child's medical statement becomes past due, he/ she may be excluded from the program until paperwork is brought current.
Parent Signature:_____ Date:_____

I have read and understand the program's allergy action plan. I understand that if my child has ANY doctor diagnosed allergy, it will be my responsibility to acquire the necessary paperwork, as requested by administration.
Parent Signature:_____ Date:_____