



Clarkstown Central School District's  
Childcare and Early Learning Program

2024-2025 Pre-Enrollment Form

To Register your child/children for our program, complete this form and return it with your **non-refundable** deposit of one month's tuition per child and **one-time, non-refundable** \$100 Registration Fee per child to Sandra Condon, CCSD Childcare, 9 Lake Road, Congers, NY 10920. The deposit will be applied to the tuition for June 2025. Make checks payable to CCSD Childcare.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age as of 9/1/24: \_\_\_\_\_ years \_\_\_\_\_ months

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age as of 9/1/24: \_\_\_\_\_ years \_\_\_\_\_ months

Please select the appropriate full-time program(s).

\_\_\_ infant (8 weeks-18 mo.) \_\_\_ toddler (18 mo.-3 years) \_\_\_ Preschool 3s  
\$1,330/month \$1,200/month \$1,185/month

\_\_\_ Preschool 4/5s: \$1,156/month \*\*We do NOT offer part-time enrollment.  
\*\* No aftercare.

Is your child starting September 2024? \_\_\_\_\_ If not, when? \_\_\_\_\_

Parent/Guardian Information:

Name \_\_\_\_\_ cell phone \_\_\_\_\_

Address (street, town, zip) \_\_\_\_\_

E-mail \_\_\_\_\_

Is either parent a CCSD employee? \_\_\_\_\_ Who? \_\_\_\_\_

Position and building assignment: \_\_\_\_\_

The facility is open from 6:30 A.M. to 4:30 P.M. and follows the 185 day school calendar beginning with the Superintendent's Conference Days before school opens in the fall. The program will close promptly at 4:30 P.M. We will no longer be offering aftercare. A \$20 per child late fee will be applied for pick up after 4:35.

Approximate drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

FORM IS DOUBLE SIDED—PLEASE COMPLETE THE BACK



# CLARKSTOWN CENTRAL SCHOOL DISTRICT

## Childcare and Early Learning Program

### Early Childhood Health Assessment Record

**To Parent or Guardian:** In order to provide the best experience, the program must understand your child's health needs.

*Please print*

Child's Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (Street, Town and ZIP code)

Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
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**Please answer these health history questions about your child.**

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below or on the back of this page.

Any health concerns	Y N	Frequent ear infections	Y N	Asthma treatment	Y N
Allergies to food, bee stings, insects	Y N	Any speech issues	Y N	Seizure	Y N
Allergies to medication	Y N	Any problems with teeth	Y N	Diabetes	Y N
Any other allergies	Y N	Has your child had a dental examination in the last 6 months (if over 4 years of age)	Y N	Any heart problems	Y N
Any daily/ongoing medications at home	Y N		Emergency room visits	Y N	
Any problems with vision	Y N	Very high or low activity level	Y N	Any major illness or injury	Y N
Uses contacts or glasses	Y N	Weight concerns	Y N	Any operations/surgeries	Y N
Any hearing concerns	Y N	Problems breathing or coughing	Y N	Lead concerns/poisoning	Y N
<b>Developmental — Any concern about your child's:</b>				Sleeping concerns	Y N
1. Physical development	Y N	5. Ability to communicate needs	Y N	High blood pressure	Y N
2. Movement from one place to another	Y N	6. Interaction with others	Y N	Eating concerns	Y N
		7. Behavior	Y N	Toileting concerns	Y N
3. Social development	Y N	8. Ability to understand	Y N	Birth to 3 services	Y N
4. Emotional development	Y N	9. Ability to use their hands	Y N	Preschool Special Education	Y N

**Explain all "yes" answers or provide any additional information: (You may continue on the back of this page.)**

Have you talked with your child's primary health care provider about any of the above concerns? Y N

I give my consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child, \_\_\_\_\_'s, health and educational needs in the early childhood program.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_