



Picasso Early Start Camp

Hours of Operation:

Monday - Friday, 9:00 am to 5:00 pm

300 West 134th Street, New York, NY 10030

2023 Preschool Summer Program Registration Form

Phone - (212) 234-8209 Website: www.chloedayschool.com

Child's Name _____ Birth date _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Cell # _____ Father's Cell # _____

Mother's Email _____

Father's Email _____

Class Requested:

Two-Year-Old

Three-Year-Old

Four/Five-Year-Old

Class Selection:

Early Drop- Off 8 am-9

Regular Drop-Off (9-5 pm)

Tuition Fee: All camp fees must be paid by June 23, 2023. The Weekly Camp fee is \$375.00. This covers all activities and trips for campers.

Summer Sessions: (check sessions your camper will attend)

Session 1 (Dates: July 5- July 9)

Session 2-(Dates July 10 - July 14)

Session 3-(Dates July 17- July 21)

Session 4-(Dates July 24 -July 28)

Session 5 (Date July 31- August 4)

Tee Shirt Size Youth: Small

Medium

Large

The registration form and a **registration fee of \$100.00** (non-refundable) are due at the time of registration to reserve a position for my child for the Picasso Early Start (ages 2-5 years).

Early Drop Fee: \$75.00 Weekly (**You can pay by Cash, Money order or Credit Card**)

Does your child have allergies Yes No
Explain: _____

Signature of Parent / Guardian _____ Date _____

Check # _____ or Cash Payment _____ Staff Initials _____ Date _____



Chloe Day School & Wellness Center

Picasso Early Start Camp Form

Emergency Contact and Authorized Pick-up Information:

Person(s) to contact in case of an emergency/authorized pick-up other than parent(s) or legal guardian(s) listed on page 2. At least one local contact is required, or a written emergency plan in no local contact is available.

Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____
Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____
Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____

Does anyone have a legal restraining order prohibiting or limiting contact with your child? Yes No

If **yes**, please list their name and **attach the required legal documentation**.

Name: _____ Relationship to child: _____

Are there any custody or visiting arrangements we need to be aware of? _____

Out-of-State (or area) Disaster Preparedness Emergency Contact:

Person(s) to contact in case of an emergency other than parent(s) or legal guardian(s). One out-of-state contact is required or a written emergency plan if no contact is available.

Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____

Health Information: All sections must be completed, including check boxes.

Our ability to serve your child in the best possible manner depends on you providing us with accurate health and development information on your child. Please be thoughtful and thorough when completing this section. Attach a copy of IEPs or any medical, emotional, and/or behavioral diagnoses. Please note that failure to disclose pertinent health and developmental information that inhibits Kids Co.'s ability to provide full and adequate care may result in discontinued enrollment.

Does your child take any medications? Yes* No If yes, please list medications, the time when taken, and dosage below:

*Requires a Medication Authorization Form

Does your child have allergies? Yes* No If yes, please describe the allergy and reactions below:

*Requires a completed Allergy/Intolerance Report

Does your child take any allergy medications? Yes* No If yes, please list medications, time when taken, and dosage below:

*Requires a Medication Authorization Form



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A. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING (Please check any that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Skin Disorders (i.e. rashes) | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Febrile Seizures |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Bowel/Digestive Difficulties | <input type="checkbox"/> Urinary Difficulties |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

B. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (Please check any that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Development/Language Delays |
| <input type="checkbox"/> Autism or Related Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Behavioral/Emotional Disorders |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Please provide details on any items marked above: _____

Does your child have an Individual Education Plan (IEP) or 504 plan? Yes No If yes, the program manager must provide a copy of the IEP before your child can start. Depending on your child's needs, you may need to meet with the program manager before starting.

Please provide additional information: _____

Does your child see any specialists (hearing/speech/physical therapist, counselor, etc.)? Yes No

Please provide additional information: _____

C. LIST OF CHILD'S BEHAVIORS (Please check any that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Difficulty with transitions | <input type="checkbox"/> Has a hard time in groups |
| <input type="checkbox"/> Difficulty in controlling anger | <input type="checkbox"/> Prefers to play alone | <input type="checkbox"/> Fearful and anxious |
| <input type="checkbox"/> Often fidgets, squirms in seat | <input type="checkbox"/> Sensitive to criticism | <input type="checkbox"/> Bites, hits or throws things in anger |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Please provide details on any items marked in box C: _____

Please describe your child's overall health and any present health problems (illness, etc.)? _____

I have disclosed all health and behavioral information for my child. Yes No If no, please explain: _____

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____



Additional Important Information:

Just as health and developmental information are important to staff at Chloe Day School, to provide the best care for your child, relationship and other life experience information helps us get to know your child better from the time they start. Please be thoughtful and thorough when completing this section; please share any information you would like us to know to support your child best.



Chloe Day School & Wellness Center

Picasso Early Start Camp Form

What do you hope your child gains from their experience at Picasso Early Start? _____

Is your child adopted? Yes No If yes, do they know (any other details important to your child's situation)? _____

Brothers and Sisters of child:

Name: _____ Age: _____ Date of Birth: ____/____/____

Name: _____ Age: _____ Date of Birth: ____/____/____

Name: _____ Age: _____ Date of Birth: ____/____/____

Favorite activities: _____

How does your child express anger and frustration? _____

How do you guide your child's behavior at home? _____

Please describe your child's personality: _____

Any other information about your child that we should be aware of? _____

For Demographic and data collection purposes, we request information regarding the ethnic background of the children we serve. Please mark all that apply to your child:

- American Indian/Alaska Native
- Asian
- Black/African-American/African
- Hispanic, Latino, or Spanish Origin
- Mixed Ethnicity (2 or more races): _____
- Native Hawaiian/Pacific Islander
- White/Caucasian/European American
- Other: _____

What is the primary language spoken in your home? _____



Chloe Day School & Wellness Center

Picasso Early Start Camp Form

PARENT/GUARDIAN AGREEMENTS

I grant permission to Chloe Day School & Wellness Center, Summer Picasso Early Start Camp, to provide care for my child. I understand that I have access to all of my child's records.

I understand that all Camp tuition is due by June 23, 2023.

I understand Chloe Day School & Wellness Center, Summer Picasso Early Start Camp policies and procedures are subject to change at any time without notice. I understand that failure to follow Chloe Day School & Wellness Center, Summer Picasso Early Start Camp policies and procedures may result in termination of enrollment.

I grant permission for my child to use the play equipment and participate in the center's activities.

I understand that failure to follow Chloe Day School & Wellness Center, Summer Picasso Early Start Camp policies and procedures may result in termination of enrollment.

Child's Name: _____ Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

OCCASIONAL WALKING FIELD TRIP AND LOCAL TRIP AROUND NYC PERMISSION: Throughout the summer, we take occasional walking trips to local parks, museums, zoos, or public places. All trips will be adequately staffed to provide the utmost safety for your child while enjoying an enriching visit to a nearby place. Parents will be notified of the trip in advance with the departure time and arrival back to the center. This information will be posted on the door of the center. Parents will be allowed to pick up their child from a local walking trip location provided they have picked up their child before (staff will recognize you), notified the director in advance, and have signed out their child at the center in the sign-in/out book before picking up.

I allow my child to attend occasional walking field trips and local trips around New York City. All trips will be within walking distance, or we will take local MTA bus services to visit zoos and museums in small groups.

Parent/Guardian's Signature: _____ Date: _____

WATER ACTIVITIES PERMISSION: Chloe Day School & Wellness Center, Summer Picasso Early Start Camp, require that parent/guardians grant their child/ren permission to participate in water activities while in the program. Water activities may include sprinkler parks, water balloon games, etc. Please sign if your child wants to participate in water activity field trips. Please note that if you prefer not to grant permission, your child may be unable to attend the program for the full day, depending on the time needed for the water activity field trip.

Parent/Guardian's Signature: _____ Date: _____

SUNSCREEN PERMISSION: Chloe Day School & Wellness Center, Summer Picasso Early Start Camp requires consent to apply sunscreen to children. Please sign if you would like your child to use sunscreen while at Chloe Day School & Wellness Center, Summer Picasso Early Start Camp. We will provide Sunscreen SPF 45 or higher. If you would like your child to use a specific brand, you must supply it yourself. We highly recommend that all children use sunscreen of level 45. That application is made before arriving at Chloe Day School & Wellness Center, Summer Picasso Early Start Camp. For all other outdoor activities, hats or visors and sunglasses are advisable.

Directions: Apply liberally to all exposed areas. For best results, let dry 30 minutes before exposure to the sun, and reapply after prolonged swimming, excessive perspiration, vigorous activity, or toweling.

According to the instructions above, my child or a staff member may apply sunscreen.

Parent/Guardian's Signature: _____ Date: _____



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CONSENT FOR EMERGENCY TREATMENT

As the parent or legal guardian, I hereby give consent to Chloe Day School & Wellness Center, Summer Picasso Early Start Camp, that my child (name): _____

may be given emergency treatment, including 1st Aid/CPR, by a qualified staff member of Kids Co. or Medic 1. I also give permission for my child to be transported by an aid car, ambulance, or staff car to the nearest medical treatment center or hospital, if necessary.

In the event it becomes necessary for Chloe Day School & Wellness Center, Summer Picasso Early Start Camp staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Chloe Day School & Wellness Center, Summer Picasso Early Start Camp assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Complete each section of this form in its entirety:

Child's Physician: _____ Last exam date: ____ / ____ / ____ Telephone: _____

Address: _____
Street City State Zip Code

Preferred Hospital: _____ Telephone: _____

Address: _____
Street City State Zip Code

Child's Dentist: _____ Last exam date: ____ / ____ / ____ Telephone: _____

Address: _____
Street City State Zip Code

Insurance: _____ Policy #: _____

Allergies: _____ Medications: _____

Parent/Guardian Name: _____ Cell #: _____

Home Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Work Address: _____
Street City State Zip Code

Parent/Guardian Name: _____ Cell #: _____

Home Address: _____
(if different than above) Street City State Zip Code

Home Phone: _____ Work Phone: _____

Work Address: _____
Street City State Zip Code

Parent/Guardian's Signature: _____ Date: _____



MEDIA RELEASE FORM

Dear Parents and Guardians,

Chloe Day School & Wellness Center, Summer Picasso Early Start Camp periodically take pictures, do interviews, and audio- and video-record portions of our programs. This exposure greatly benefits Chloe Day School & Wellness Center and Summer Picasso Early Start Camp as a whole. It brings an understanding of our community's critical need for high-quality preschool and wellness space. Chloe Day School & Wellness Center, Summer Picasso Early Start Camp engages professional photographers/videographers. We take pictures of children and activities to use in our newsletters, posters, press releases, flyers, social media (e.g., Facebook), website, etc.

We need a legal guardian's permission to do these things and ask you to read and respond to the information below. If you choose not to grant permission, this will not affect any child's opportunity to participate in Kids Co. programs or events.

So that we can honor your wishes, mark the box indicating your choice and sign the release. Please return this form to a Chloe Day School & Wellness Center, Summer Picasso Early Start Camp staff member, or in the tuition payment box.

Please call if you have questions or concerns at (212) 234-8209

Release Form for Chloe Day School & Wellness Center: _____

Please print the child's name.

MEDIA RELEASE FOR A MINOR

I, the undersigned, being the legal guardian of the child listed above, grant to Chloe Day School & Wellness Center & Summer Picasso Early Start Camp the right to use his/her photograph, likeness, video, or voice recording with or without his/her name, for advertising, broadcast or publication in any and all media (including social media and Chloe Day School & Wellness Center, Summer Picasso Early Start Camp website). I hereby release any claims of copyright, libel, slander, violation of privacy, or similar rights that I may have. This release has no expiration date; I will not seek compensation for usage.

OPT-OUT: I do not grant permission to use my child's photograph, likeness, video, or voice recording, with or without their name, for broadcast or publication in any and all media.

Parent Name (print): _____

Signature: _____ Date: _____