8550 North Entry Road
Baldwinsville, NY 13027
315-635-2815
www.radissoncommunity.org

Send Payment, Fax or Delivery To:
Radisson Community Association · c/o RNS
3128 Amesbury Drive · Baldwinsville, NY 13027
fax 315-635-7182 * phone 315-635-7171

2019-2020 Nursery School Registration Application

CHILD'S NAME _____ **DATE OF BIRTH** _____ **M** ___ **F**___

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

ADDRESS: _____ _____ _____
House & Street City Zip

CLASS REQUESTED

NOTE: RNS reserves the right to cancel and/or combine classes if enrollment is insufficient.

___ 2 yr old program* *must be 2 by 11/01/2019	Monday & Wednesday	9:15-11:15 AM	$130
___ 3 yr old program	Tuesday & Thursday AM	9-11:30 AM	$115
___ 3 yr old program	Tuesday, Wednesday, Thursday PM	12:30-3 PM	$125
___ 4 yr old program	Monday, Wednesday, Friday	9-11:30 AM	$135
___ 4 yr old program	Monday thru Friday	9-11:30 AM	$195
___ 4 yr old program	Monday thru Thursday	12:30-3 PM	$165

Please complete this Application and send with Registration Fee of ***$50*** to the payment address at 3128 Amesbury Drive.
Please make check payable to *RADISSON COMMUNITY ASSOCIATION, INC.*

IMPORTANT: • THE REGISTRATION FEE AND FIRST MONTH'S TUITION (*due June 30, 2019*) ARE NON-REFUNDABLE.

• TUITION PAYMENTS ARE DUE ON THE FIRST DAY OF EACH PRECEDING MONTH.

I have read and completed all pages required to complete the registration process:

____ Registration Application ____ Emergency Treatment Permit ____ Child Information Form

____ Immunization Records (can be faxed or mailed to RCA from pediatrician at your earliest convenience)

I give permission to Radisson Nursery School to: 1) include my name, address and telephone numbers on their class list which will be distributed to all nursery school parents and 2) include my child's photograph and first name in community and local newspapers. ____YES ____NO

I agree that this Waiver and Release of Liability shall apply to each day I am at Radisson Nursery School regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while on the premises of the preschool or participating in any off-site preschool program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suits, or related causes of action against Radisson Nursery School, their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against the preschool arising from my conduct and/or my family's conduct while participating in the preschool's programs or activities. I further agree to release, indemnify, defend and hold Radisson Nursery School harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

_____ _____
(Signature of Parent or Guardian) **(Date)**

RCA USE ONLY

AMOUNT DATE REC'D CK# CASH#

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Emergency Treatment Operative Permit

Please complete EITHER the consent (top) OR refusal (bottom).

In case of emergency, I _____, being legally empowered to do so, hereby grant to the
(Parent/Guardian)
Radisson Nursery School, its staff and teachers, the right to give a licensed attending physician or surgeon and/or hospital, permission and consent for emergency treatment and surgery for _____.
(Child's Full Name)

In the event that I am not available when such treatment or surgery is needed, I prefer to have my child taken to

_____.
(Name of Hospital)

I have read the above consent and understand the contents thereof:

_____ _____
(Parent/Guardian Signature) (Witness Signature)

_____
(Parent/Guardian Printed Name)

I have read the above consent and will not sign for the following reason(s): _____
_____.
I understand that the Radisson Nursery School will be held harmless should any doctor or hospital refuse to administer care to _____ as a result of my refusal to sign this Emergency
(Child's Full Name)
Treatment Operative Permit.

I have read the above refusal and understand the contents thereof:

_____ _____
(Parent/Guardian Signature) (Witness Signature)

_____
(Parent/Guardian Printed Name)

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Child Information Form

Name: _____ **DOB**: _____ **M F Nickname:** _____

Right or Left Handed: _____ **Sitter Name & Phone:** _____
(If applicable during school hours or pickup)

Family Information

Child lives with: both parents mom dad guardian and/or step parent _____

Address: _____ **Primary Phone:** _____
(Street) (City) (Zip)

Mother/ Guardian	**Name:** _____ **Cell:** _____ **Email:** _____ **Place of Employment:** _____ **Work Phone:** _____
Father/ Guardian	**Name:** _____ **Cell:** _____ **Email:** _____ **Place of Employment:** _____ **Work Phone:** _____

Siblings, Names & Ages: _____

Relevant custody information: _____

Health Information

Pediatrician's Name & Number: _____ _____

Current Medications: _____

Allergies & Treatment: _____

Does child receive services for speech, O.T. or P.T.? _____ **If yes, please explain.**

Service(s):_____ **Agency:** _____ **Start Date:** _____

Other concerns or Special Needs:_____

Emergency Contact & Transport Information

Parents will be contacted first. At least ONE emergency contract is required.

Name	**Phone 1**	**Phone 2**	**Relationship**	**OK to Transport** (Yes or No)

_____ _____
(Signature of Parent or Guardian) **(Date)**