



Harmony UPK
218/250 Neighborhood Road
Mastic Beach NY 11951
Phone #: (631)-399-1181
Fax #: (631) 399-2787

Child Registration Form

Student's Name: _____ Year Applying for _____

Birth Date: _____ Age: _____ Sex: _____

Address: _____

Town: _____ Zip: _____

Mother/ Guardian

Name: _____
(First) (Last)

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Best Contact Number: Cell Home Work
(Please circle one)

Father/ Guardian

Name: _____
(First) (Last)

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Best Contact Number: Cell Home Work
(Please circle one)

Emergency Contact Information

Name: _____ Relation to child: _____

Address: _____

Cell or Daytime Number: _____

Emergency Contact Information

Name: _____ Relation to child: _____

Address: _____

Cell or Daytime Number: _____



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Child Pickup Authorization

The following people are allowed to pick up my child from Preschool. I understand that my child will not be released without a valid driver's license. **Children will not be released to anyone under the age of eighteen.** Please notify us if we must retain legal documents to prevent anyone from picking up at dismissal.

1. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

2. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

3. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

4. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

I understand that at no time will my child be released to anyone without Identification. We require photo ID, written, or verbal permission if you choose to send anyone other than those listed on this form for dismissal.

Parent/Guardian Signature

Printed Name

Relationship

Date



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5. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

6. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

7. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

8. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell phone: _____

Work phone: _____ Call this number first: Work Home Cell Phone *(Please circle one)*

I understand that at no time will my child be released to anyone without Identification. We require photo ID, written, or verbal permission if you choose to send anyone other than those listed on this form for dismissal.

Parent/Guardian Signature

Printed Name

Relationship

Date



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Emergency Transportation and Treatment Authorization

Option One

In case of accident or injury, I authorize any and all emergency medical, dental, and / or surgical care and / or hospitalization advised by the physicians, surgeon, or hospital necessary for the proper health and well-being of my child.

_____ Yes _____ No

I accept full liability for all treatment and ambulance expenses.

Parent /Guardian Signature

Printed Name

Relationship

Date

Emergency Transportation and Treatment Authorization

Option Two

Decline Option: I wish the following action(s) be taken in the event of a medical or dental emergency:

I accept full liability for all treatment and ambulance expenses.

Parent /Guardian Signature

Printed Name

Relationship

Date



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Birth Certificate Verification Form

I certify that the Birth Certificate that was given to register _____
(Child's Name)
is the original with an original seal. A copy was made for the child's file.

Parent Signature: _____

Print Name: _____

Date: _____

Administration

****I witness that this is an original certificate****

Staff Initial: _____



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Permission to Photograph

Today's Date: _____

Child's Name: _____

I grant permission to photograph/videotape my child for the following purposes;

- Bulletin boards, scrapbooks, or other similar uses and promotion material.
- Documentation of classroom behavior to be shared with parents or school officials.
- Newspaper or news media upon occasion for promoting the school in a positive manner.
- Harmony UPK Facebook/website to promote positive media for the school.

Photographs and videos will never be sold, or used for any other purposes.

Parent/Guardian Signature

Print Name

Relationship to Child



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Email Address

Please provide your Email address for our records. This information will be used by the teachers and the office to provide you with any information pertaining to your child or UPK.

Thank you.

Student's Name: _____
(Please print)

Mother/ Guardian's Name: _____

Email Address: _____
(Please print)

Father/ Guardian's Name: _____

Email Address: _____
(Please print)



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Special Needs

Child's Name: _____

Special needs children will be evaluated on a case-by-case basis. Parents may be required to provide additional services. Additional fees will be charged if extra services are needed. We reserve the right not to accept a child when we cannot accommodate a child's special needs.

My child has been diagnosed with the following:

- ☐ ADD ☐ ADHD ☐ PDD ☐ Autism ☐ Downs Syndrome ☐ ED ☐ LD
- ☐ DD ☐ ODD ☐ OCD ☐ Other__

☐ My child has not been diagnosed with any of the above

My child takes the following medication: (Please be advised that we are not authorized to administer any medication)

Medication, dosage, and reason: _____

Medication, dosage, and reason: _____

Medication, dosage, and reason: _____

☐ My child does not take any medications

Other behaviors or special needs exhibited by your child:

I certify, to the best of my knowledge, that the above statements are true and correct.

Parent Signature: _____ Date: _____

Please Print Full Name: _____



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Napping Agreement

Dear Parents,

This letter serves to inform you about our napping policy. New York State Office of Children and Family Services (OCFS) requires that all full-day preschool students be given an opportunity to nap every day. Full-day children will be given downtime or napping time in the quiet/reading area after lunch. A mat will be provided for each resting child. If you would like to provide additional bedding, please label it with the child's name.

Please check one

____ I, _____, understand that my child(ren),
Parent Name

_____, while under the care of (Harmony UPK)
Child's Name

_____, will be napping on a (bed/cot/mat/chair)
Child's Name

in the (Quiet area/ Library)

____ I do not wish to have my child nap during Preschool.

Name of Child: _____
please print

Parent Name: _____
please print

Parent Signature: _____

Date: _____



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Allergy and Anaphylaxis Policy

Anaphylaxis Prevention

- Upon enrollment and whenever there are changes throughout the year, parents/guardians are required to provide Harmony UPK with up-to-date information regarding their child's medical conditions, including any allergies the child may have and any emergency medications prescribed for potential anaphylaxis. The parents/guardians will work in conjunction with Harmony UPK and the child's physician to complete the documents required for any allergy the child might have. These documents will guide all staff in taking necessary actions during an allergic or anaphylaxis reaction. Harmony UPK will keep these documents and any emergency medications in a designated area known to all staff members as outlined in Harmony UPK's healthcare plan and will ask for updated paperwork when necessary.

Documents

- Any child with a known allergy will have the following documents on file when applicable:
 - o NYS OCFS form 7006 – Individual Health Care Plan for a child with Special Healthcare Needs or approved equivalent.
 - o NYS OCFS form 6029 – Individual Allergy and Anaphylaxis Emergency Plan or approved equivalent
 - o NYS OCFS form 7002 – Medication Consent Form or approved equivalent

The child's parents, Harmony UPK, and the child's physician will complete these forms.

In the event of an anaphylactic reaction, staff will call 911 and follow the instructions outlined in these documents.

Staff Training

- All staff members will be trained in the prevention, recognition, and response to food and other allergic reactions and anaphylaxis upon hire and at least annually thereafter. In addition, at least one staff member will complete the required NYS training on allergies and anaphylaxis. A number of staff will also maintain certifications in CPR & First Aid and medication administration. If a child with an allergy requires the administration of Epinephrine or other emergency medications, the parents will be required to train any staff member caring for that child on the administration of the prescribed medication. Strategies to Reduce the Risk of Exposure to Allergic Triggers



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- Each classroom will have a posting with a list of individual children's allergies that is visible to all staff and volunteers caring for the child. All staff will take steps to prevent exposure to a child's known allergy, including but not limited to reading food labels, hand washing, cleaning, and all other regulations related to allergies and anaphylaxis as outlined in the OCFS Childcare Regulations will be followed by all staff and volunteers.

Communication

- Upon enrollment of a child with a known allergy, all staff and volunteers will be made aware of the child's allergy and associated medication needs, as well as ways to reduce the risk of exposure to said allergen. In addition, all parents and children will be made aware of any allergies in the classroom, as well as actions being taken to reduce exposure. Confidentiality will be maintained when discussing any child's allergy with parents and other children.

Annual Notification to Families

- Families will be given a copy of the program's Allergy and Anaphylaxis Policy upon Enrollment. This policy will be reviewed and updated annually. Families will receive an updated copy of this policy annually and whenever changes are made.

I have read the Allergy and Anaphylaxis Policy for Harmony UPK and will inform Harmony of any medical conditions, allergies, and medications that are prescribed throughout the year for my child.

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____

Date: _____



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Behavioral Policy

Harmony UPK is committed to providing a safe learning environment for all children, staff, and families. Our early education program, child development services, teaching practices, and environments promote children's cognitive and social/emotional growth for later success in life. Harmony UPK's staff, parents, and community partners all play a role in providing guidance to children to help them be successful in managing their feelings, being respectful members of the classroom community, and being ready to learn and develop.

Harmony UPK does not support the use of corporal or punitive discipline methods. Our employees do everything possible to maintain a positive approach to discipline.

Children's social-emotional development in the pre-school years is complex and varies from child to child. Children are learning how to be more independent, and how to manage their personal needs. Children are also learning how to identify their feelings, the feelings of others, how to manage their feelings, and how to make friends and be a part of a classroom community. This can be a confusing time for children as they learn how to regulate their emotions. Achieving this takes time, practice, and a supportive nurturing environment, both at school and at home.

Families as Partners:

- We believe that parents are primary educators of their child.
- We believe parents are our partners.
- We believe that communication with parents on all levels is important to provide children with the best school experience.

Families will:

- a) communicate and cooperate respectfully with teachers and other Harmony UPK staff.
- b) guide and support their child to learn appropriate behaviors.
- c) be an active participant in their child's education.
- d) request conferences with the teacher and/or center director to discuss concerns and help with developing a plan to address challenging behavior.



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Harmony will:

- a) provide a supportive and nurturing environment where children can practice the skills they need to be successful in school.
- b) maintain appropriate supervision of all children at all times.
- c) provide an inclusive environment that is safe for all.
- d) set clear limits, role model calm, patient behavior and utilize positive behavior strategies and techniques.
- e) facilitate children's development of self-regulation by supporting them in thinking ahead, planning, and using strategies to problem-solve.
- f) assist children with developing the following skills: asking for help, listening, focusing, following directions, controlling their own behavior, identifying own feelings, identifying the feelings of others, learning how to play calmly and cooperatively.

Children will develop the skills to:

- a) listen to and cooperate with our teachers and staff
- b) make friends, cooperate with peers, and learn how to be a part of the classroom community
- c) learn our daily routine and to follow directions
- d) use classroom materials in safe ways

Positive Behavior Management Techniques:

ALL classrooms will use a positive guidance approach and will use the same basic rules:

WE keep ourselves safe. — we listen to the teacher; we stay with the group.

WE keep each other safe. — we use safe touches; we listen to our school friends.

WE keep our things safe. — We use toys and materials in a safe way; we clean up.

The following techniques are developmentally appropriate best practices, and ALL employees are expected to know and use these behavior guidance techniques.

- Tell children what you want them to do instead of telling them what not to do.
- Active listening: Interpret feelings and reflect them back to the child. This encourages acceptance and trust.
- Redirection: Moving the child's attention to a more appropriate activity when he or she is behaving inappropriately. Usually, the inappropriate behavior that is being addressed is not discussed.
- Modifying the environment: Childproofing, simplifying, limiting, or enriching the environment as needed.
- Helping children feel important, acknowledged, and validated.



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- Setting limits and helping children understand the need to respect the rights of others, animals, and the environment.
- Enforcing natural consequences: consequences should be a result of the child's behavior. They serve as a way to teach tangible cause and effect and help children learn responsibility for their behavior.
- Negotiation: The teacher identifies the problem, encourages the children to contribute ideas to solve the problem, helps facilitate a solution, and oversees implementation. The children learn the process from the teacher's modeling.
- Facilitating problem-solving: The role of the teacher in problem-solving and negotiation is to encourage the use of the child's own resources.

Addressing Challenging Behaviors:

Occasionally, the above strategies are not successful with all children. In these cases, parents will be notified immediately of their child's behavior. The parent will be asked to collaborate with us in correcting the behavior and put into place the **Procedure for Correcting On-Going Challenging Behaviors**. This procedure is to guide staff and parents to develop a plan with additional support to help the child learn self-regulation skills and appropriate behavior. Challenging Behaviors are those behaviors that:

- interfere with children's learning, development, and success at play.
- are harmful to and threaten the safety of the child, other children, and/or adults.
- interferes with the function of the classroom community.

If at any time a child becomes physically aggressive, wherein their own safety and /or the safety of other children and/or staff members is threatened, the following immediate action will be taken:

A parent/ guardian will be contacted to pick the child up. If a parent or guardian is not reachable an authorized person from the child's emergency contact list will be called to pick the child up.



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Procedure for Correcting On-Going Challenging Behaviors

If a child is having a difficult time adapting to preschool, our staff will use every possible resource to assist the child in adapting, such as redirection, positive reinforcement, modeling desired behaviors, and behavior modification with charts and rewards.

If a child becomes a danger to his or herself, to other children, or staff members, Harmony will contact a parent or guardian to pick the child up for the day. If the behavior continues, the following steps will be taken:

First Incident: Document the incident(s) with notes, discuss the child's behavior with parents, and remind them about our behavior agreement.

Second Incident: The parent and child must meet with the teacher and center director before returning to the classroom. At this time, the staff will review the appropriate behavior guidelines and parents will be given a copy of all incident reports.

If the behavior continues beyond this, the William Floyd school district will be informed. At the discretion of the district, an observation from the special education department may be arranged. If a resolution has not been reached thereafter, the child will, either be transitioned to a facility more capable of providing the support and services needed or the child will be removed from our program.

I have read the behavioral policy for Harmony UPK and I agree to adhere to all terms. I will be available and reachable during the time when my child is attending preschool. If my child becomes aggressive and harms or threatens to harm another child or staff member I will pick him/her up as agreed and comply with the steps as outlined in this behavioral policy.

Date: _____

Parent/Guardian Signature _____



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HARMONY ILL CHILD POLICY

If your child is sick, please do not bring him/her to school.

- A child with a fever must be kept home for **24 hours** after the fever has subsided.
- A child who is vomiting must be kept home for **24 hours** following the last episode.
- Children on antibiotics must be kept home **24 hours** after beginning the medication.
- Children diagnosed with pink eye must be kept home and **returned to school with a medical note that the child is no longer contagious.**
- Children with diarrhea must be kept home for **two (2) days** following the last episode of diarrhea.
- If a child has a mild cold, he/she may attend school/daycare. However, a child with an extremely runny nose or severe cough should stay home.
- **If your child appears sick or becomes more ill during the course of the day we will ask that you pick him/her up.**

I have read and understand Harmony UPK's Ill policy and will comply with my child's illness throughout the year.

Parents Signature_____

Date_____