



We Grow, We Laugh, We Learn

**Registration Packet
2019-2020
Welcome!**

- **Please read all information before submitting your application**
- **Acceptance is a first come/first serve basis**
- **Please send in your completed application, parent survey and \$50 registration fee**
- **Please make check payable to Bloomfield Nursery School. We cannot accept applications until all of the required information is complete and the registration fee is received**
- **A letter will be sent notifying you of your acceptance status**

Welcome to Bloomfield Nursery School

Our program provides a wonderful learning environment of social growth, and positive character experiences to prepare your child for Universal Pre-kindergarten and life! The teacher treats the children with kindness, patience, encourages learning, participating in a group setting and being good friends to one another.

We welcome parent involvement at our school. You are welcome to be an occasional parent helper in the classroom.

The Bloomfield Nursery School Board of Directors meets once a month. There are openings on the Board and if you would like to join, we would look forward to having you attend meetings to share your thoughts and talents.

Bloomfield Nursery School Application Form 2019-2020
Please complete this form and mail to: PO Box 74, Bloomfield, NY 14469
585-657-6973

Child's Last Name: _____ Birthday: ___/___/___

Child's First Name: _____ M F

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _____

Father's Name: _____ Work/Cell: _____

E-mail: _____ Main/alternate

Mother's Name: _____ Work/Cell: _____

E-mail: _____ Main/alternate

Session & Tuition (including field trip fees)

3-Year-Old Class: M/W/F 9:30 - 11:30 (child must be three by Dec 1, 2019)

Tuition \$1,600.00 for 2019-2020:
Parent helper days are encouraged.

_____ I am interested in serving on the BNS board if a position is available.

_____ I've enclosed a \$50 non-refundable registration/holding fee.

*Please make checks payable to: Bloomfield Nursery School

Parent/Guardian signature: _____ Date: _____

2019-2020 Bloomfield Nursery School Tuition Schedule

1st payment at August, 2018 Orientation Night: Full Tuition Option \$1,600.00
Half Tuition Option \$800.00
Quarterly Tuition Option \$400.00

All payments are due the first of the month with the exception of the Orientation night payment.

NOTE: 15% off of tuition for the 2nd child registered in the same year

Bloomfield Nursery School Board Positions:

*Our Board is made up of community members, current family members and/or alumni family members. If you are interested in serving on the board, please indicate the position and return this page with your application. We will then send you more information.

Please circle the one that interests you:

1. Fundraising Chair- Sets up 3 to 4 fundraising events during the year. Attends and helps at **ALL** fundraising events. Attends monthly Board meetings.
2. Secretary- Takes minutes at monthly board meetings. Handles all Nursery School correspondence. Attends monthly Board meetings.
3. Treasurer - Manages the finances of the school. (Strong accounting skills needed). Attends monthly Board meetings.
4. Administrator- Manages the day to day aspect of the Nursery School excluding classroom activities. Attends monthly Board meetings.

Please list any other skills or knowledge in your family that might be helpful to BNS:

Bloomfield Nursery School Parent Survey

All families must have a "Parent Job". By filling out this survey we will be able to match you with the most suitable job, thank you!

Child's Name: _____

Person/people responsible for Parent Job: _____

Please circle all that apply:

- | | |
|---|---|
| 1. Parent will be dropping off/picking up child on a regular basis | 7. I have good sewing skills |
| 2. Babysitter or other adult will be dropping off/picking up child on a regular basis | 8. I enjoy working on/hosting events |
| 3. I have digital photography experience | 9. I have woodworking skills |
| 4. I have good graphics and printing skills | 10. I have use of a large wagon (for float) |
| 5. I have good computer skills | 11. I have use of a large barn (for float) |
| 6. I have good baker skills | 12. I am a good at construction |
| | 13. I am an artistic/creative person |
| | 14. I am good at general repair |

Please list any other skills or knowledge in your family that might be helpful to BNS:

Bloomfield Board Positions:

Please circle the one that applies to you:

1. Class Registrar
2. Class Representative
3. Fund Raiser
4. Publicity
5. Secretary
6. Treasurer
7. Administrator- Please see the BNS Teacher and the Present Administrator for the position.

(Please refer to "Bloomfield Nursery School Parent Jobs" form regarding below.)

Parent Job 1st choice: _____

Parent Job 2nd choice: _____

Parent Job 3rd choice: _____

We sometimes like to have guest speakers. Please circle if you or a close family member or friend are any of the following: Health Care Worker (doctor, nurse, etc.) Dentist Fire Fighter

Bloomfield Nursery School Parent Jobs

Below are brief descriptions of the Parent Jobs that are available. Once you sign up for a job you will be given more information. Additional/different Parent Jobs may be created if the need arises.

Graduation - spend some time planning for the ceremony in advance and setting up prior to the ceremony. You must be available on Graduation morning in June.

Graduation Refreshments- Providing cookies or cake along with punch ingredients.

Memorial Day Float - decorating the float, walking with the float at the parade and tearing down after the parade. Attendance at the parade is mandatory. One LARGE bag of candy from each family is needed.

Cans & Bottles - take over the recycling operation in any manner you choose. We would like to raise \$200 in returns. You can achieve this goal by returning cans & bottles from the drop-off at BNS, organize a can drive or two, etc. Be creative!

Maintenance & Repair - as needed, repair of toys and odd jobs that could include the following: replacing light bulbs, painting, maintenance of outdoor play equipment, spraying outdoor play areas for bees and weeding.

Toy Cleaning/Laundry - bring home and wash dress-up clothes and clean play items as needed

Field Trips- parents are needed to help drive children to events. Parents must have for safety reasons, Personal auto liability limits of \$300,000/\$300,000/\$100,000 to be able to drive the children to and from the field trips.

NYSED requires an annual physical exam for new entrants, students in Grades UPK, K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

EARLY AND SCHOOL AGE CHILD HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____
 School: _____ NA Gender: M F Grade: _____ NA

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:
 Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____
 Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Date of Exam: _____

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	Referral
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No NA Student may self carry and self administer medication Yes No NA

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

EARLY INTERVENTION/DAYCARE/PRE-SCHOOL/PHYS. ED./ SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE

Free from contagions & physically qualified for all activities, Phys. Ed., sports, playground, work, home, school OR ONLY AS CHECKED:
 _____ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 _____ Non-contact: badminton, bowi, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed: _____ SLP OT PT

Known or suspected disability: _____

Restrictions: _____

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____ (Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director Rev. 4/03

In addition, you will need to bring an immunization record for your child.