

# **CITY OF PEEKSKILL PARKS & RECREATION MOTHER NATURE'S PRESCHOOL PROGRAM**



## **Policy Statement**



The policies of the preschool program are outlined below.

For a child to be admitted to the Preschool Program, the parents must complete and sign the forms presented by the program including:

1. Application
2. Policy Statement
3. Tuition Payment Agreement
4. Medical Report (signed by physician)
5. Authorization for Pick Up

***\*We have also included for your convenience a phone list and our inclement weather policy, and the drop off/pick up policy.***

No child will be admitted to the program without all of the above forms.

If a parent falls behind in payment of childcare fees, the child will not be allowed to attend the program until payment is brought up to date (including the fees for the time the child was suspended).

### **STATEMENT BY PARENT:**

I have read all forms presented by the program and agree to abide by the stated policies.

NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

DATE: \_\_\_\_\_

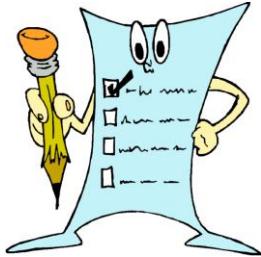
Mother Nature's Playgroup Program  
1 Robin Dr., Peekskill, NY 10566  
(914) 734-7275

## ***MOTHER NATURE'S PLAYGROUP PROGRAM***



### **Tuition Payment Agreement**

I, the undersigned, understand that Mother Nature's Playgroup Program is in session for ten (10) months and that it runs September – June. Tuition for this program is \$3150.00 for residents and \$5200.00 for non-residents.



Payment may be broken into ten (10) monthly payments of \$315.00 for residents and \$520.00 for non-residents each. I understand that these payments are due the first of each month, and that my child may be expelled from the program due to failure to make payments.

I understand that:

September's payment is due the previous June. June's payment is due the first of September.

Tuition is not taken at the classroom by staff.

The program reserves the right to suspend services if payment is not up to date.

Full payment is due regardless of my child's absence from the program, the program's closing for holidays, emergencies and inclement weather. In addition, this is a 10-month program which follows the school calendar.

I agree and understand that trips taken by the Preschool may be an additional fee, and are not mandatory for enrollment in this program.

Checks should be made payable to: City of Peekskill

and mailed to: Peekskill Parks & Recreation  
1 Robin Dr.  
Peekskill, NY 10566

or hand delivered to: Parks & Recreation Office in Depew Park

Payment may also be made online via credit card or e-check through the City website and Community Pass terminal.

I have read the above and accept the conditions outlined.

SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

\*fees are subject to periodic review.



## ***MOTHER NATURE'S PLAYGROUP PROGRAM***

# Authorization for Pick Up

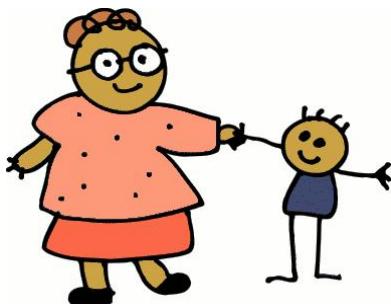
I am totally responsible for my child \_\_\_\_\_, while he/she is entering and exiting Mother Nature's building.

My child is permitted to leave the center **only** with the following adults:



I understand that, for the safety of my child, staff members will refuse to release him/her to any person not mentioned above. Please ask all adults to have photo identification when retrieving a child.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



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## ***MOTHER NATURE'S PLAYGROUP PROGRAM***

### **Medical Policy**



TO ALL PARENTS:

Please be advised that, on the advice of our attorney, members of the staff of The Mother Nature's Playgroup Program are **PROHIBITED** from giving any form of medication to a child. Generally, it is not advisable to have a child attend the center while ill or while taking medication.



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## ***MOTHER NATURE'S PLAYGROUP PROGRAM***

# ***DROP OFF / PICK UP POLICY***



### **DROP OFF:**

- When dropping off your child please be on time. Our door opens at 8:55am (just pull the door open), and our day starts at 9:10am.
- Late arrivals disrupt the class and your child misses out on important instruction time.
- Please drop your child off outside the room. We have found that children become more independent this way. Staff will be there to greet you.

### **PICK UP:**

- When picking up your child please stand near the door. Staff will call your child's name and send them to you to ensure the safety of all the children.

We understand that the children need time to adjust to school as well as to the staff so this policy will not take effect until the second week of school.

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CITY OF PEEKSKILL PARKS AND RECREATION DEPARTMENT

***MOTHER NATURE'S PLAYGROUP PROGRAM  
APPLICATION***



Enrollment is on a first come, first serve basis.

Please Print:

Child's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

It is imperative that we have the following telephone numbers in case of an emergency:

Parent's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Parent's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Address: \_\_\_\_\_

**EMERGENCY NUMBERS:**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Allergies? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ If yes, for what condition? \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission to staff members to take my child to the hospital for treatment. I will pay all costs incurred therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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# ***MOTHER NATURE'S PLAYGROUP PROGRAM***

## ***CHILD INFORMATION SHEET:***

Please fill out the following questions in order to give us some insights into the different levels of development.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

I. Social / Emotional (ie: playing with others, sharing, taking turns, self-control)

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II. Physical (i.e.: gross motor – catching, throwing; fine motor – coloring, lacing)

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III. Speech/ Language (i.e.: clarity of speech, ability to comprehend, follow directions)

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IV. Academic (i.e.: color, number, and alphabet recognition, desire to learn)

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V. Strengths:

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VI. Difficulties:

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VII. Child's Interests (i.e.: Hobbies, and or extra-curricular activities, special interests, favorite toy & movies)

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VIII. Parent expectations of this program:

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Parent Signature

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Date





## ***MOTHER NATURE'S PLAYGROUP PROGRAM***

### **PHONE LIST:**

MOTHER NATURE'S PLAYGROUP      914-402-7268  
RECREATION OFFICE      914-734-7275



### **SNOW POLICY:**

MOTHER NATURE'S PLAYGROUP FOLLOWS THE PEEKSKILL SCHOOL DISTRICT CANCELLATION AND DELAY POLICY.

NOTICES WILL ALSO BE SENT THROUGH OUR ONLINE REGISTRATION SERVICE – COMMUNITY PASS. MAKE SURE YOUR INFO. IS UP TO DATE.

**PEEKSKILL SCHOOLS 1 HR DELAY** -

**PLAYGROUP 1 HR DELAY**

**PEEKSKILL SCHOOLS 2 HR DELAY** -

**PLAYGROUP CANCELLED**

**PEEKSKILL SCHOOLS CANCELLED** -

**PLAYGROUP CANCELLED**



### **SCHOOL HOLIDAYS AND CLOSINGS:**

MOTHER NATURE'S PLAYGROUP FOLLOWS THE PEEKSKILL CITY SCHOOL CALENDAR. WHEN THE PEEKSKILL SCHOOLS ARE CLOSED, MOTHER NATURE'S IS ALSO CLOSED.