



2024-25

DEAR PARENTS, Happy Holidays! It looks like we have had another successful year. In-house families have first priority to choose the class that best suits their needs. Therefore, please read the entire packet, fill out your class choice form, etc. and submit an \$95 registration fee or we can bill you.

We are thrilled and excited to offer you the class schedule for the September 2024 school year. We are pleased to accommodate your needs for the upcoming year and look forward to helping you find the perfect option for your child. If you are in need of a special schedule that is not listed, please ask so we can do our best to accommodate you. Please read our short synopsis of what each program provides.

What to expect with our Curriculum and Outdoor Activities:

*All students of Miss Midgies Preschool will enjoy our **outdoor garden center**, learning about soil, worms, sunshine and water. Children enjoy seeing their **fruit and vegetables** grow and will be able to taste them when matured. The outdoor **playground** and **activity boards** are exciting and unique and allows children to choose their activity. **Our Sandpit enhances creativity while helping children develop eye-hand coordination, fine and large motor skills as well as communication and social skills.** Children will learn **Mindfulness** techniques and positive affirmations for their **inner growth and emotions** which helps with **sharing and making friends.***

What to expect in our 2 Year Old Program: *Our 2 Year Old program is designed to help children successfully separate from their parents. An introduction of the alphabet, shapes, colors and numbers will guide your youngster into the educational world. Children will bring home adorable crafts that they have made, focusing on their fine motor skill development and pride in their work.*

What to expect in our 3 Year Old Program: *Our 3 Year Olds will begin writing their names and all upper case letters, and numbers 1-10, along with cutting, pasting and crafting all by themselves. Children will learn the responsibility of jobs and are encouraged to become more independent. They will begin to form friendships through group games and sing-a-longs. Children learn to understand their emotions and feel good about themselves through mindfulness and positivity.*

What to expect in our 4 Year Old Program: *Our 4 Year Old Program (Pre-K) is designed to successfully prepare your child for Kindergarten. Children will learn upper and lower case letter recognition and writing along with numbers 1-20 and over 20 sight words. They will begin writing their first and last names all by themselves and gaining more confidence in cutting, and pasting skills. An introduction to math and science activities, measuring and making our own butter and lemonade. Let's learn about money! Children will learn how much a penny, nickel, dime, quarter and dollar is worth and use it while playing school store.*



Please let family and friends know they will be able to register AFTER OUR In-house parents, which begins January 15, 2024.

Please register my child in the following program for September '2024 (enclosed is a \$95 registration fee) I understand and consent that once my child is registered, payments are due one month ahead (Aug - May). I understand in order to remove my child from the preschool, I must provide a written letter 30 days prior to dismissal. There are no refunds available for monthly fees paid prior to removal. _____ PARENT INITIALS

3 Year Old Class Choices:

- _____ Tues/Thurs. 9:30 a.m. - 12 noon @\$305/month
- _____ Mon/Wed/Fri 9:30 - 12:00 noon @ \$340/month
- _____ Mon/Wed/Fri 12:30 - 3:00 p.m. @ \$340/month
- _____ Tues/Thursday 12:30 - 3pm @ \$305/month
- _____ 4 days per week (12:30 - 3pm) \$395/m (circle days) M T W Th F
- _____ 5 days 9:30 - 12 or 12:30 - 3pm @ \$450/m

4 Year Old Class Choices - Pre-K

- _____ NEW! ADVANCED PRE-K 9:45 - 12:40pm M-F \$550/mo - Longer hours
- _____ Mon/Wed/Fri - 9 a.m. - 11:30 a.m. \$340/m
- _____ Mon - Friday 12:15 - 2:45 p.m. @ \$450/m
- _____ 4Days per week 9:15 - 11:45 or 10:15 - 12:45 @ \$395/m-circle days M T W Th F = \$ 395/mo
- _____ 5 Days per week @ \$450/mo 9:15 - 11:45am

Child's Name: _____ Birthdate: _____

Parent's Names: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Miss Midgies Preschool

Please register my child in the following program for September '2024

Please check the class of your choice. Please remember to ask if there is not a choice to your liking and we'll be happy to try and accommodate your needs.

2 Year Old Class Choices:

\$305/month

_____ Tuesday/Thursday 9:00 a.m. - 11:00 a.m.

_____ Tuesday/Thursday 11:30 - 1:30 p.m.

_____ Mon/Wed/Friday 9am - 11 am (\$340/mo)

_____ Mon/Wed/Friday 11:30 - 1:30 pm (\$340/mo)

_____ 5 Days @ \$450/mo

Child's Name: _____ Birthdate: _____

Parent's Names: _____

Address: _____ Phone: _____

_____ Cell: _____

Email: _____

Allergies:

Who else can pick up your child? :

I understand that tuition is based on a YEARLY basis regardless of how many days in a month, amount of holidays or personal vacation plans, tuition remains the same. For your convenience it is broken down into 10 monthly payments. _____ Initial

Miss Midgies Preschool

SIGNATURE PAGE:

Child's Name: _____ D.O.B.: _____

ALLERGIES: Does your child have any food allergies?

If so, please list all allergies:

I hereby agree to read and follow the policies and procedures of Miss Midgies Preschool located in Miss Midgies Preschool Parent Handbook. I understand that the rules are set for the protection of myself, my child and others in the school. I understand that I cannot hold anyone liable for accidental injury suffered during my child's time at the preschool.

I also understand that my tuition is based on a yearly rate broken down over a 10 month period which must be paid in full unless otherwise having written documentation from a doctor that a child must leave the school due to illness or injury with at least 30 days written notice.

I understand that the Preschool is a peanut free school and will not send any peanut items into the preschool at any time.

PARENT'S (legal guardian's) Name _____ Phone: _____

Signature: _____ Email: _____

Parent's (legal guardian) Name _____ Phone: _____

ADDITIONAL AUTHORIZED PICK UP PEOPLE: Name & Phone

I have agreed to all of the policies and procedures in the Parent Handbook.

_____ Signature _____ Date

GETTING TO KNOW YOU AND YOUR CHILD

Child's

Name: _____ Nickname: _____

Birthdate: _____ Phone: _____

Address: _____

Siblings: Names and ages: _____, _____, _____

1. Does your child have any allergies or medical conditions that would be relevant to providing care for your child?

Explain:

2. Please describe your child's personality:

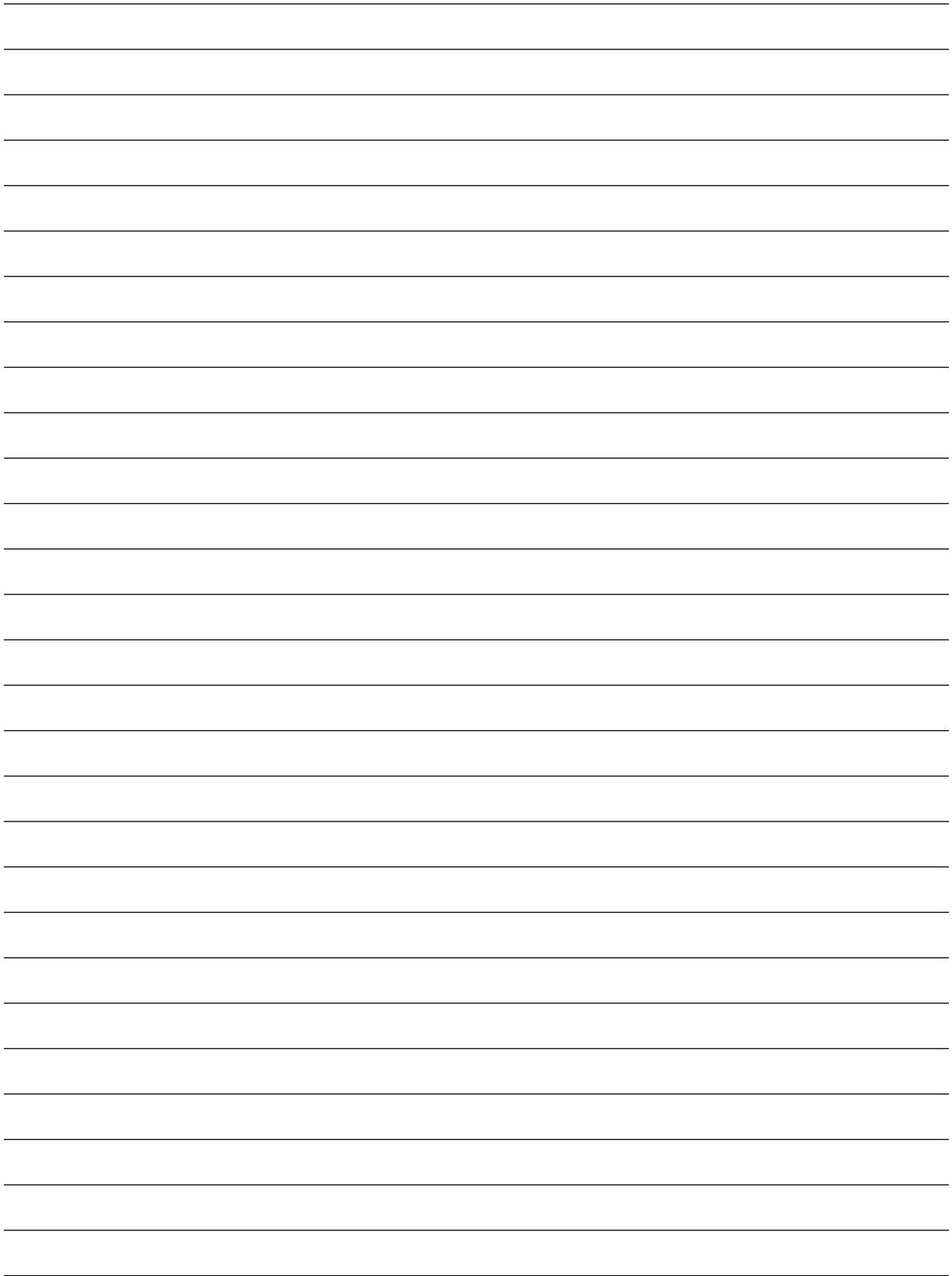
3. What types of toys or activities does your child enjoy?

4. Is your child currently receiving services (speech, OT or counseling)?

5. Does your child have any special needs (toileting, etc.)?

6. Does your child have any specific fears?

7. What is your child's first language? Second language?



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Medical Statement of Child in Childcare (continued)

Health Specifics

Comments

Are there allergies? (Specify)	Yes No	
Is medication regularly taken? (Specify drug and condition)	Yes No	
Is a special diet required? (Specify diet and condition)	Yes No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes No	
Are there any medical or developmental conditions requiring special attention?	Yes No	

Summary of Physical Exam

Include special recommendations to Day Care Provider

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

()

Title

Phone

Date

PAYMENTS MUST BE ON AUTO PAYMENT PLAN:

All You Need to Do Is:

- 1. Fill in your name at the top of the form.
- 2. This authorization authorizes Miss Midgies Preschool, to charge your debit or credit card on a monthly basis.

MISS MIDGIES CUDDLY CORNER, INC. (DBA Miss Midgies Preschool)
ACH DEBIT AUTHORIZATION

I, _____, authorize Miss Midgies Preschool to initiate \$_____ PER MONTH for 10 month period beginning August 1, 20__ through May 1, 20_____

Name: _____ Address: _____ zip code: _____

SIGNATURE _____ Phone: _____

OR CREATE MISS MIDGIES PRESCHOOL AS A PAYMENT WITH YOUR ONLINE BANKING.

OUR ADDRESS IS: 155 Route 109, West Babylon, NY 11704

Phone: 631-321-1008

Account #:
(your child's first and last name)

Routing #:

ATTACH A VOIDED CHECK HERE: