

CASP Preschool Registration Form 2021-2022

***Please note \$30.00 registration fee must accompany this application.**

Please provide the following information:

Child's Name: _____ DOB: _____ School Year: _____

Has your child or a sibling been enrolled in CASP Preschool before? YES NO Year (if applicable) _____

Custodial Parents/Guardians Names: _____ Home Phone #: _____

1. _____ DOB: _____ Cell #: _____

2. _____ DOB: _____ Cell#: _____

Mailing address: _____

Physical address: _____

Primary email address: _____

Guardian #1 Work Place & Address: _____ Guardian #2 Work Place & Address: _____

Work Phone: _____ Work Phone: _____

Divorced or Separated Parent: _____

Address: _____ Phone: _____

*Please enclose a copy of court documentation if this parent is forbidden to have contact with your child. CASP must keep a copy of any court documentation on file for safety purposes.

Please fill out the following:

Is your child taking any medications? _____?

Does your child have any specific dietary needs: _____?

Names of people living in your household: _____

Please answer the following questions about your child's development:

What language does your family speak at home: _____?

Does your child currently have an IEP or receive special education services? YES NO

If yes, please list the agency and your child's providers: _____

Are you concerned about any learning difficulties for your child? _____

Does your child have any specific physical needs or do you have any concerns about the physical development of your child? _____

Are there any other medical conditions or developmental concerns you would like to share about your child?

Please feel free to attach additional information: _____

Would you care to receive information on local agencies who provide free developmental screenings for preschool children? (circle) Yes, please Not at this time

Child's Name: _____

Please list all individuals who have permission to remove your child from our care. FOR SECURITY REASONS NO CHILD WILL BE RELEASED TO INDIVIDUALS NOT LISTED. You may add or delete names at any time through the CASP office. Please inform these individuals that they may be asked for identification until staff is familiar with them. No child will be released unaccompanied.

Name & Relationship to child	Phone # during child care hours:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*More names and contact information of approved individuals may be added on a separate sheet of paper. For your child's safety, it is your responsibility to notify the CASP office immediately with any changes in emergency contact information.

In the event of an emergency and you cannot be reached, who would you like CASP to contact first?

Name: _____ Relationship to child: _____
Home #: _____ Work #: _____ Cell #: _____

Please choose your preferred program*:

- 5 Full days
- 3 Full days
- 5 ½ days

Anticipated pick up time on *most* days? _____
(This allows us to have an idea of staff coverage needed to meet OCFS regulations)

*The following protocol will be enforced for enrollment in the preschool program. Our program currently accepts 15 children. Enrollment is first come first serve. Preference will be given first to returning CASP preschool children, then to younger siblings of currently enrolled CASP school aged children. Following spots will be offered to new families living within the Chazy School district and children of Chazy School teachers. Families must be current residents of Chazy school district at the time of the enrollment availability. Lastly, any remaining spots will be open to out of district children.

An ongoing roster will be maintained by the Director to establish order of inquiry. At open enrollment those who meet the above criteria for placement will be sent a confirmation letter and information about the upcoming school year. Those families who do not make the initial approved enrollment will be placed on a wait list, be sent written notification that they are on a call back list and will be contacted for available openings by the order in which they are placed on the roster. Part time enrollment is limited. If at enrollment time a wait list develops, those families indicating a preference for part time placement may be asked to bump up to full time enrollment or relinquish the spot to a family in need of full time placement. Once the school year commences, part time children will maintain their status for the remainder of the school year and will not be asked to relinquish their placement.

No placement is guaranteed until a family receives a letter of enrollment confirmation.

Please note that your account will be charged whether or not your child attends the program at any given day. We realize situations change and that our program does not meet the needs of all families. If for any reason, you'd like to remove your child from the program, please notify the Director at least 2 weeks ahead of anticipated changes of your family's needs. School vacation days do not count toward the 2 week notice period.

All information provided is true to the best of my knowledge and I agree to update this information should there be any changes. I have read and understand the enrollment protocol:

Parent/Guardian Signature: _____ Date: _____