



# MHA PRESCHOOL

75 HIGHLAND AVE. MIDDLETOWN NY 10941  
(845) 343-1861 • mhapreschool@gmail.com

## STUDENT APPLICATION

DATE OF BIRTH: \_\_\_\_\_

Program: Preschool \_\_\_\_\_ Toddler \_\_\_\_\_

School Age \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

IS ENGLISH YOUR CHILD'S PRIMARY LANGUAGE?  YES  NO

IF NO, WHAT LANGUAGE: \_\_\_\_\_

## CONTACT INFORMATION

MOTHER'S NAME: \_\_\_\_\_

MOBILE: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOBILE: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_

MOBILE: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## EMERGENCY CONTACTS

IN CASE OF AN EMERGENCY, WE SHOULD CONTACT THE FOLLOWING PEOPLE IN THIS ORDER:

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PLEASE INDICATE WHICH DAYS AND HOURS YOUR CHILD WILL ATTEND:**

**TODDLERS, 9:00AM – 11:30 AM: Monday Tuesday Wednesday Thursday Friday**

**PRESCHOOL, 9:00AM – 11:30AM: Monday Tuesday Wednesday Thursday Friday**

**MHA is open from 8:00AM – 6:00PM**

**Extended Day Hours are available between 8:00-9:00, 11:30-3:00, 11:30-6:00**

**Please specify the hours needed below:**

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**UPK: Monday through Friday, 9:00AM – 11:30 AM or 1:00 – 3:30**

**MHA PROVIDES MORNING AND AFTERNOON SNACKS.**

**Are there any foods that your child should not eat? \_\_\_\_\_**

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**DOES YOUR CHILD HAVE ANY ALLERGIES OR ASTHMA? \_\_\_\_ YES \_\_\_\_ NO**

**PLEASE EXPLAIN: \_\_\_\_\_**

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**DOES YOUR CHILD TAKE ANY MEDICATION(S)? \_\_\_\_ YES \_\_\_\_ NO**

**IF SO, WHAT MEDICATION(S): \_\_\_\_\_**

**HOW OFTEN: \_\_\_\_\_**

**PLEASE EXPLAIN: \_\_\_\_\_**

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**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? \_\_\_\_ YES \_\_\_\_ NO**

**PLEASE EXPLAIN: \_\_\_\_\_**

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**IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW ABOUT YOUR CHILD?**

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\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



### **MHA Preschool Tuition Contract**

I agree that the weekly tuition for my child, \_\_\_\_\_'s enrollment at MHA Preschool during the 2020/2021 school year will be \_\_\_\_\_.

I understand that tuition is due whether or not my child attends the program on their scheduled day. Tuition payments secure a space for my child and allow MHA to meet expenses which include staff salaries. In the event that the program must close due a sudden catastrophic event including but not limited to: weather-related emergencies, tuition will still be due.

I understand that tuition is due prior to care given, on Friday at pick-up for the following week. If bi-weekly or monthly payments are preferred, arrangements may be made by speaking with the Director. Weekly, bi-weekly and monthly tuition is due prior to care given, on my child's last scheduled day of attendance.

A late fee of \$10 per day will be charged every day starting on Tuesday if tuition is not paid as stated above. If my tuition is not brought current by the following week, I understand that my child will be asked to leave the program. If special financial arrangements are needed, I may always contact the Director.

Should my tuition be paid by an outside agency, I agree to pay any amount not covered by that agency due to absences or school closings.

In the event that I am 10 or more minutes late to pick up my child from school, I understand and agree to pay \$10 for every 10 minutes my child remains in MHA Preschool's care. This impacts my child's teacher's schedule and the care provided to others.

Should I need to make arrangements for extended care once in a while, I understand that I can do so on a daily basis, provided space is available. To extend my child's day, fees are as follows:

Pick-Up between 11:30 and 3 - \$30 for the day.

Pick-Up between 3 and 6 - \$ 45 for the day.

I have read, understand, and agree to abide by the tuition policies outlined in this contract.

Parent Signature & Date: \_\_\_\_\_

MHA Signature & Date: \_\_\_\_\_

○ Registration Fee \$40



## Weekly Tuition, 2020-2021

Time	# Days	Toddlers	Preschool	UPK
9:00-11:30 am	2 days	50	50	NA
	3 days	60	60	
1:00-3:30 pm	4 days	70	70	
	5 days	80	80	
	Full Day 6 hrs	2 days	75	
9:00-3:00 pm	3 days	110	105	75
	4 days	140	125	90
	5 days	165	140	100
	Extended Day 9 hrs	2 days	115	110
9:00-6:00	3 days	160	150	90
	4 days	190	180	125
	5 days	230	210	150
	Early Drop off	Flat Rate	15	15
8:00-9:00 am				
7:30-9:00am		20	20	20

SCHOOL AGE: \$40/day for up to a 9 hour day. Sibling Discount: 10% off youngest, Military: 10% off

### Tuition Policy

Tuition fees are **based on enrollment, not attendance** for all students and do not change based on sick days, vacations, school closures or other days when school is not in session.

There will be a **late-pick up fee** of \$10 for every 10 minutes should you arrive after your scheduled pick-up time. MHA closes promptly at 6:00 pm.

### Drop In Rates

If your child attends the morning program from 9:00-11:30 and needs to stay the afternoon from 11:30-3:00 there will be a \$30 charge; 11:30-6:00, a \$45 charge. Drop In is based on available space.

### Registration Fee

There will be a \$40 one-time registration fee that will be paid once per family.



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## MEDIA AUTHORIZATION FORM

I give permission to for my child \_\_\_\_\_  
to be photographed for the following:

- MHA ADVERTISEMENTS
- SOCIAL MEDIA (Facebook - Instagram - Twitter - YouTube etc.)
- NEWSPAPER
- SCHOOL USE
- NEWSLETTER
- BULLETIN BOARD
- END OF YEAR SLIDE SHOW
- \_\_\_\_\_

I **DO NOT** give permission for my child \_\_\_\_\_  
to be photographed.

I further understand that no children will be identified by name.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE



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## MHA PRESCHOOL PARENT HANDBOOK AGREEMENT

Please sign and date with your completed application.

I acknowledge that I have received, read, and agree to the terms and conditions stated in the Parent Handbook

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Parent Signature

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Date

*Revised 8/7/2019*

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD, and ESSENTIAL VISITORS  
HEALTH SCREENING ONE-TIME ATTESTATION**  
Adapted from NYS OCFS form 6024 (6/2020)

Before entering a child care program, employees, volunteers, parents, children and essential visitors **MUST complete a health screening questionnaire daily**. Adults must submit this form to the program, one time. Read the questions, answer the questions and confirm there is no elevated temperature. If you answer YES to any questions you cannot enter the program. A parent or guardian is responsible for doing this on behalf of their child/ren.

**Self Screen:**

Below are the self-screening questions that ALL individuals are required to answer, **daily**. If any answers are YES, the individual **cannot** enter the program. If all answers are NO, the individual **may enter** the program. As an extra precaution we ask that we take your temperature on site upon arrival.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing **ANY** of the following symptoms\*? (\*Subject to change as per CDC)
  - Cough (new or worsening)
  - Shortness of breath (new or worsening)
  - Trouble breathing (new or worsening)
  - Fever, chills
  - Diarrhea
  - Muscle pain (new or worsening)
  - Headache
  - Sore throat (new or worsening)
  - New loss of taste or smell
4. Have you or any one in your household, tested positive for COVID-19 in the past 14 days?
5. Have you traveled to any area that is RESTRICTED?

If you have answered "NO" to all the questions, you may enter the program!

If you have answered "YES" to any question, you will not be allowed to enter the program.

**Child Care Attestation:** By signing this document, I agree that I will self-monitor these symptoms for my child each day and report the outcome per the instructions above and my child will not enter MHA Preschool if any of the above symptoms or conditions are present. I understand that my child may not be able to attend for a full 72 hours until symptom free without the use of any medication.

MASKS are encouraged but optional for children. You may send a clean one daily and a baggie to store it. Make sure label the mask and baggie with your child's first and last name. Thank you.

My Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent name: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** This document must be signed and returned to MHA Pre-school prior to entry. A signed copy needs to be provided only once. MHA Preschool must retain a copy for enrollment records, as per NYS OCFS.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

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

**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).  Yes  No

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

Tuberculin Test Date: / / Mantoux Results:  Positive  Negative \_\_\_\_\_ mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

2 years / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**

/ / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.**

*(Continued on reverse side)*



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NON-MEDICATION CONSENT FORM**  
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

**PARENT TO COMPLETE THIS SECTION (#1 - #14)**

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____ <b>OR</b>		
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply) <b>AND/OR</b>		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent _____ Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply) <b>AND/OR</b>		
10B. Additional special instructions: _____		
11. Reason(s) for use (unless confidential by law): _____		
12. Parent name (please print):	13. Date authorized:	
14. Parent signature: <b>X</b>		

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)**

15. Program name:	16. Facility ID number:	17. Program telephone number:
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		
19. Staff's name (please print):		20. Date received from parent:
21. Staff's signature: <b>X</b>		

# MHA Preschool | 2020-2021 CALENDAR

- 03 First Day of School
- 07 Labor Day - Closed
- 28 Yom Kippur - Closed

SEPTEMBER '20						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MARCH '21						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 29-31 Spring Recess - Closed

- 12 Columbus Day - Closed
- 30 Halloween trunk or Treat
- 31 Halloween

OCTOBER '20						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL '21						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- 01 - 05 Spring Recess - Closed
- 04 Easter Sunday

- 11 Veterans Day - Closed
- 25 Thanksgiving Feast
- 26-27 Thanksgiving Recess - Closed

NOVEMBER '20						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY '21						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- 07 Mother's Day Tea
- 09 Mothers Day
- 17-18 Shavuot - Closed
- 28-31 Memorial Day Weekend - Closed

- 22 Holiday Cookie Exchange
- 23-31 UPK Winter Break  
Daycare available at additional cost
- 24 Half Day - Closing at 1:00
- 25 Christmas day - Closed
- 31 Closing at 3

DECEMBER '20						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE '21						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

- 18 Father's Day BBQ
- 20 Fathers Day
- 25 Last day of School - Graduation

- 01 New Year's Day - Closed
- 18 M.L. King Day - Closed

JANUARY '21						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JULY '21						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- 04 Independence Day

- 15 Presidents Day
- 15-19 Mid-Winter Break -UPK  
Closed  
Daycare Available at additional cost

FEBRUARY '21						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

AUGUST '21						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				