

EMANUEL EARLY EDUCATION CENTER

179 East Main Street, Patchogue, New York 11772
631.758.2250 ext 2 mainoffice@emanluthpatchsc.org www.ELSPatchogue.org

REGISTRATION FORM 2026-2027

Toddler 18-36 Months: Preschool 3&4 year old: Pre Kindergarten 4&5 year old:

2 ½ Hour Rate: (9am-11:30am) M-F MWF T/TH Other: _____

6 Hour Rate: (9am-3pm) M-F MWF T/TH Other: _____

8 Hour Rate: (9am-3pm): M-F MWF T/TH Other: _____
(9am-3pm including 2 flex hours) Time In: _____ Time Out: _____

STUDENTS FULL NAME: _____

ADDRESS WHERE CHILD LIVES: Street _____
City: _____ Zip: _____

CHILD LIVES WITH: _____

CHILD'S DATE OF BIRTH: _____ **CHILD'S GENDER:** _____

PHONE NUMBER: _____ **LANGUAGE SPOKE AT HOME:** _____

PERSON ENROLLING CHILD: _____ **RELATIONSHIP TO CHILD:** _____

EMAIL ADDRESS: (you can list more than one) _____

CULTURE HERITAGE: (Please check all that apply):
Multiracial ___ Caucasian ___ Hispanic ___ African American ___ Asian/Pacific Islander ___ Other: _____

SIBLING INFORMATION:
Name: _____ Grade: _____ Age: _____ School Attends: _____
Name: _____ Grade: _____ Age: _____ School Attends: _____

EMERGENCY CONTACT INFORMATION:
Primary Contact: Mother ___ Father ___ Other _____
Full Name: _____ Phone No: _____
Address: _____
Employer: _____ Work Phone No: _____

Secondary Contact: Mother ___ Father ___ Other _____
Full Name: _____ Phone No: _____
Address: _____
Employer: _____ Work Phone No: _____

If you cannot be reached, you authorize the following to be contacted in an emergency and authorized to pick up child.

Name: _____ Phone No: _____ Relationship: _____
Name: _____ Phone No: _____ Relationship: _____
Name: _____ Phone No: _____ Relationship: _____

CHURCH AFFILIATION: Home Church: _____ Denomination: _____ Attendance: _____

REFERRED BY: _____

PLEASE ANSWER THE FOLLOWING

- I give my permission to have my child's name parents/guardian' names, address, phone number, student's birthday included in the school directory. YES ___ NO ___
- In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. YES ___ NO ___
- **PUBLICITY RELEASE:** I give permission and acknowledge that Emanuel utilizes professional/trusted and educational social media services. Examples are Facebook, You Tube Channel for Schools, etc. No names of students are or will ever be posted on social media sites. Photographs of school activities for publicizing the school are used. YES ___ NO ___
- My Child is fully potty trained (urine & bowel movement) and is wearing underwear. See Parent Handbook for Potty Training Policy. YES ___ NO ___
- My Child receives outside services (ie speech, OT, PT) and/or has an IEP. YES ___ NO ___
 If yes, before acceptance, all reports must be submitted including evaluations, names of agencies and types of services being received. Please note acknowledgement below regarding ratio. _____
- List any food allergies, if none please write none: _____
- List any dietary restrictions, if none please write none: _____
 If there are dietary restrictions, is it religious reasons or doctor's recommendation? _____
- Does your child suffer from, Bee Stings? _____ Asthma? _____ Other? _____
- If your child requires medication for the above, please list. _____

ACKNOWLEDGEMENTS

Emanuel prohibits the use of bottles and pacifiers. See Parent Handbook for policy.
I acknowledge that the current Parent Handbook is located on the school's website <i>ELSPatchogue.org</i> . Said handbook indicates the written policy as required by OCFS.
I understand Emanuel may need additional permissions for situations such as transportation, medication, release of information, and field trips.
I agree to review and update this information whenever a change occurs and at least once every year.
I have provided all information on my child's special needs to the program as may be necessary to assist the facility in properly caring for my child in case of an emergency.
Emanuel is only permitted to administer medicine in an emergency situation. The appropriate forms must be completed for directions for administration of those medications during the school day. Emanuel is authorized under "Elijah's Law" to stock non-patient specific epinephrine auto-injector devices for emergency treatment of a child appearing to experience anaphylactic systems. See "Parent Handbook" and "Allergy and Anaphylaxis Policy" for entire policy.
Child health care information is available by calling toll-free 1-800-698-4543 or NYS Health Marketplace website: nystateofhealth.ny.gov .
In consideration of the offer and acceptance of this Registration Form (the "Form") by Emanuel Early Education Center ("Emanuel"), I (We), The parent(s) or guardian(s) of the above-named student (the "student"), hereby agree to enroll the Student in Emanuel for the current academic year based on the terms and conditions stated herein. Please Note: Re-Enrollment of students at Emanuel will not become final until the Student's Tuition Account is in good standing.
We acknowledge that the greatest responsibility we have as parents to Emanuel is to pay all of our financial obligations on or before the due dates. If we are ever unable to pay on time, we will notify the business office in advance, give a reasonable explanation for the delay, and state when the payment can be made. We further understand and agree that our child(ren) will be withdrawn from Emanuel Early Education Center if our tuition account becomes more than 1 month in arrears.
I (We) acknowledge and agree that Emanuel has the right to suspend or terminate the enrollment of the student at any time, or to nullify this form at its sole discretion. Such suspension or termination may result when: (1) the Student disregards or does not abide by the rules and regulations of Emanuel; (2) Emanuel determines that the Student's conduct or performance demonstrates an unwillingness or inability to be productive within Emanuel's community; (3) a parent, guardian, or other individual closely associated with the student fails to cooperate with Emanuel or disregards or does not abide by the rules and regulations of Emanuel. (4) Emanuel determines that the continued involvement of a parent or guardian with Emanuel is not in the best interest of the Student or Emanuel; (5) Emanuel reserves the right to discharge any student that requires more assistance and requires additional staff; which is more than required according to the <i>New York State Child Day Care Regulations</i> . (6) other reasons as determined by the sole discretion of Emanuel.
I (we) recognize that children may be hurt at Emanuel or during recess and other activities related to Emanuel. I (We) release and hold harmless Emanuel, its agents and employees, from all claims, damages and other liability for injury to the student where such claims, damages or other liability are not the result of gross negligence by Emanuel, its agents or employees. Refer to the Parent Handbook for further information.
There is a non-refundable registration fee that must accompany this application. You are required to sign a Financial Agreement at which time the first tuition payment is due August 1 st . A copy of the child's birth certificate is required for all new registrations. The registration form will be returned if the process is not complete.

I accept the Terms of this Registration: _____ **Date:** _____
Parent/Guardian Signature (if filling in by computer, please type your signature)

FOR OFFICE USE ONLY Date Registered _____ Registration Fee Amount \$ _____ Registration paid by: _____
 Tuition Agreement Signed _____ DISCOUNTS: Sibling/Emanuel Church/Lutheran Church/Other _____