

# Happy Time Pre-School



Dear Parents,

Thank you for expressing an interest in Happy Time Pre-School. Happy Time Pre-School has been meeting the needs of young children since 1972 in a warm, loving and nurturing environment. A description of our curriculum and daily activities has been included for you in this information packet.

Enclosed is an application, which should be filled out in its entirety and will not be accepted without the registration fee. Tuition Invoices will be emailed monthly from our Accounting Office. In addition, please note that for the health and safety of all children, the New York State Department of Health requires that all children be immunized. Therefore, your child's health form must also be filled out in its entirety and on file in the school office no later than August 1<sup>st</sup>.

We respectfully request that you take great care to complete both the registration and health forms fully and correctly as each provide important information necessary in gaining and understanding the needs of your child. If you need any further assistance, please contact the school office at (631) 265-3334 ext.211.

In His Service,  
Elizabeth Bento



## Happy Time Pre-School

One Higbie Drive

Smithtown, NY 11787

631.265.3334 • Fax: 631.265.1079

### **RATES FOR THE 2017-2018 SCHOOL YEAR**

#### **REGISTRATION**

\$100.00 Per Family

#### **TUITION:**

2 Half Days	\$1960.00
3 Half Days	\$2560.00
5 Half Days (AM Only)	\$3200.00

#### **Payment Plan**

10 monthly payments due the 1<sup>st</sup> of the month, beginning August 1st, and ending May 1<sup>st</sup>. Payments received after the 10<sup>th</sup> of the month will incur a late charge.

**Registration fees are non-refundable.**

#### **3 Year Old Program**

2 Mornings (Tuesday, Thursday 9:00AM – 11:20AM)  
2 Afternoons (Tuesday, Thursday 12:30PM – 2:50PM)

#### **4 Year Old Program**

3 Mornings (Monday, Wednesday, Friday 9:00AM-11:30AM)  
3 Afternoons (Monday, Wednesday, Friday 12:30PM – 3:00PM)  
5 Mornings (Monday through Friday 9:00AM – 11:30AM)



## Happy Time Pre-School

Registration Fee \_\_\_\_\_

### **PRE-SCHOOL ENROLLMENT APPLICATION**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School District \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Emergency Phone: (relative/friend whom we can call if you cannot be reached)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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#### **3 Year Old Program**

\_\_\_\_\_ 2 mornings (Tuesday, Thursday - 9:00AM-11:20AM)

\_\_\_\_\_ 2 afternoons (Tuesday, Thursday - 12:30PM-2:50PM)

#### **4 Year Old Program**

\_\_\_\_\_ 3 mornings (Monday, Wednesday, Friday - 9:00AM-11:30AM)

\_\_\_\_\_ 3 afternoons (Monday, Wednesday, Friday - 12:30PM-3:00PM)

\_\_\_\_\_ 5 mornings (Monday through Friday - 9:00AM-11:30AM)

Please turn over

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Indicate any special information about your child - medications, allergies, other:

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

\*Please note: We are unable to accept children with severe allergies.

Toilet trained how long? \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone \_\_\_\_\_

Date of last dental examination \_\_\_\_\_

**PLEASE NOTE: ALL CHILDREN ENTERING PRE-SCHOOL MUST BE FULLY TOILET TRAINED. PULL-UPS ARE NOT PERMISSIBLE.**

Expresses himself: Well \_\_\_\_\_ Average \_\_\_\_\_ Poorly \_\_\_\_\_

Any play restrictions? \_\_\_\_\_

Please list any special services that your child is currently receiving - speech, physical therapy, other: \_\_\_\_\_

\_\_\_\_\_

Please note anything further that may contribute to a better understanding of your child:

\_\_\_\_\_

How did you learn about our Pre-School? \_\_\_\_\_

Others living in your household: (children and their ages, grandparents, etc.) \_\_\_\_\_

\_\_\_\_\_

Language(s) spoken home: \_\_\_\_\_ Religious preference \_\_\_\_\_

Do you have other children in Smithtown Christian School? \_\_\_\_\_

If so, please state name and grade: \_\_\_\_\_

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If accepted:

I give Smithtown Christian School permission to use images and/or videos of my child(ren). This may include, but is not limited to, images and videos used in school publicity materials, printed brochures, newspapers, websites and other media outlets.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

In case of accident or injury, I authorize any and all emergency medical, dental, and/or hospital necessary for the proper health and well-being of my child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**HAPPY TIME PRE-SCHOOL**  
**HEALTH HISTORY**

One Higbie Drive  
Smithtown, NY 11787  
631-265-3334 Fax 631-265-1079

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Please check the illnesses your child has had: (dates if possible)

Chicken Pox \_\_\_\_\_ Diabetes \_\_\_\_\_

Communicable Disease \_\_\_\_\_ Epilepsy \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Heart Disease \_\_\_\_\_

Ear Infections \_\_\_\_\_ Frequent Colds, Sore Throats \_\_\_\_\_

Pneumonia \_\_\_\_\_ Asthma \_\_\_\_\_

Allergies (medications, foods, environment etc.) \_\_\_\_\_

Tuberculosis or contact w/T.B. \_\_\_\_\_

Date of last T.B. test: \_\_\_\_\_

Operations \_\_\_\_\_

Serious Injuries \_\_\_\_\_

Any handicapping conditions \_\_\_\_\_

Medications \_\_\_\_\_

Does your child have an eye problem? \_\_\_\_\_

Under treatment with? \_\_\_\_\_

Does your child have a speech problem? \_\_\_\_\_

Under treatment with? \_\_\_\_\_

Does your child have a hearing problem? \_\_\_\_\_

Under treatment with? \_\_\_\_\_

Does your child have Scoliosis? \_\_\_\_\_

Under treatment with? \_\_\_\_\_

ANY FURTHER INFORMATION REGARDING YOUR CHILD THAT WILL ASSIST US IN  
HIS/HERCARE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_