

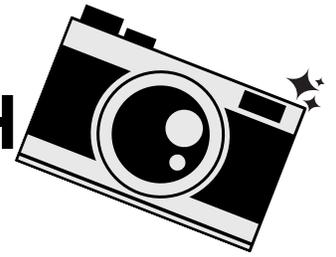


**PAM'S
BEACON
PARENT
FORMS**

REGISTRATION FORM

| | | |
|--|---------------|------------------------|
| Child's Name | | |
| Birth Date | Current Age | Enrollment Date |
| Address | City | Zip Code |
| Parent/Guardian Name | | |
| Parent Cell | Parent Home # | Parent Email |
| Address when you can be reached while child is in care | City | Zip Code |
| Parent/Guardian Name | | |
| Parent Cell | Parent Home # | Parent Email |
| Address where you can be reached while child is in care | City | Zip Code |
| WHO HAS PERMISSION TO PICK UP YOUR CHILD: | | |
| Name | Address | Telephone # |
| Name: | | Home (.) |
| Relationship: | | Cell (.) |
| | | Other (.) |
| Name: | | Home (.) |
| Relationship: | | Cell (.) |
| | | Other (.) |
| Name: | | Home (.) |
| Relationship: | | Cell (.) |
| | | Other (.) |
| In case of emergency, the following individuals have permission to pick up my child: | | |
| Name: | | |
| Cell Phone # | Home # | Relationship to Child: |
| Name: | | |
| Cell Phone # | Home # | Relationship to Child: |

PERMISSION TO PHOTOGRAPH



Dear parents and guardians,

Pam's Beacon occasionally takes photographs of our students for community events, our website, and social media channels. Our website is a place where we promote the services and activities that we do with our children.

Photos of children may be taken, without names, and posted on our internet sites for personal use only. Please sign below letting us know whether or not we have permission to photograph and use your child's photo for general media use.



PERMISSION TO PHOTOGRAPH

Pam's Beacon has permission to take photographs of my child _____ for the purposes of using them for the website and other social media channels.

Parent Signature: _____

Pam's Beacon DOES NOT have permission to take photographs of my child _____ for the purposes of using them for the website and other social media channels.

Parent Signature: _____

EMERGENCY CONTACTS

Mom's Name: _____ Phone: _____

Address: _____

Notes

Dad's Name: _____ Phone: _____

Address: _____

Notes

Additional Emergency Contact People

Name: _____ Relationship to Child: _____

Phone: _____

PARENT COMMUNICATION

Pam's Beacon is centered around parent communication and would like to keep the lines of communication open for both our educators and parents alike.

Whether it's a simple issue or a large issue, we want to assure parents that it's imperative to make sure that we know everything that is going on with your child to ensure proper care can be given.

Please check which box below would be the BEST way and time to reach you should we need to reach out to you in regards to your child.

Child's Name: _____

Parent's Name: _____

Relationship to Child: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Home Phone: _____

Thank You!

TEXT NOTIFICATIONS



As advances in technology increase, Pam's Beacon would like to send text notifications to our parents to update them about their children. By signing this form, you are opting in to text message notifications about your child's safety, important updates, events and situations regarding your child.

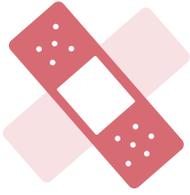
We would love for lines of communication to be kept open through this method, as text messages are the quickest way to reach our parents.

I _____, the parent of _____,
opt-in to text message notifications.

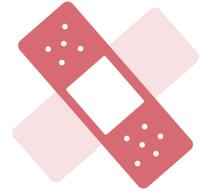
I _____, the parent of _____,
opt-out of text message notifications.

Parent Signature: _____

Date: _____



MEDICAL INFO



| | | |
|---|---------------|---|
| Child's Name | | DOB |
| Sex | Special Needs | |
| Primary Care Physician Name: _____ Address: _____ _____ Phone: _____ Email: _____ | | Health Insurance Info <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other Name: _____ Address: _____ _____ Phone: _____ Claims #: _____ |
| Specialist Name: _____ Address: _____ _____ Phone: _____ Email: _____ | | Specialist Name: _____ Address: _____ _____ Phone: _____ Email: _____ |
| Specialist Name: _____ Address: _____ _____ Phone: _____ Email: _____ | | Allergies _____ _____ _____ _____ _____ _____ |



Pam's Beacon Preschool

Contract + Agreement



The following Day Care Agreement shall become effective on , and is made by and between: "Provider:"

and

Parent or Guardian Full Name:

Relationship:

Photo ID:

Home Address:

Home Phone:

Mobile Phone:

Email:

Place of Employment:

Work Number:

Parent or Guardian Full Name:

Relationship:

Photo ID:

Home Address:

Home Phone:

Mobile Phone:

Email:

Place of Employment:

Work Number:

The aforementioned Day Care shall provide routine child care for the following child(ren):

Full Name of Child #1:

Date of Birth:

Date of Enrollment:

Home Phone Number:

Home Address:

Child Nick Name:

Gender:

Full Name of Child #2:

Date of Birth:

Date of Enrollment:

Home Phone Number:

Home Address:

Child Nick Name:

Gender:

Full Name of Child #3:

Date of Birth:

Date of Enrollment:

Home Phone Number:

Home Address:

Child Nick Name:

Gender:

is the primary caregiver with whom the children reside.

Note: A multi-child discount of % may apply. Please check with the Provider for further details.

Therefore, the herein named Parent(s) and/or Legal Guardian(s) hereby grants to right and authority to provide Preschool Services for the aforementioned child(ren) pursuant to the terms and conditions contained within this Agreement, and thus all parties hereby agree as follows:

ENROLLMENT

Parents are required to ensure that all forms are completed in their entirety and returned to the Day Care Provider before the child(ren) enters the program. All forms must be renewed and completed on an annual basis in an effort to ensure that the Provider has the most accurate and up to date information on each child/family.

DAYCARE OPERATIONAL HOURS:

Monday through Friday: from 7 AM to 6 PM

Saturday and Sunday: CLOSED unless otherwise stated herein.

Snacks and Lunch

shall provide a mid-morning snack, lunch, and a mid-afternoon snack to enrolled children. All snacks and lunches shall comply with the Department of Agriculture's nutritional guidelines.

PROVIDER VACATION, SICK TIME & HOLIDAYS

Day Care services will not be provided on the following Holidays"

| | |
|---|-----------------------------|
| New Year's Day. | Martin Luther King, Jr. Day |
| Good Friday. | Labor Day |
| Memorial Day. | Fourth of July |
| Thanksgiving Day & Day after Thanksgiving | Christmas Eve |
| Christmas Day. | President's Day |

Parents are expected to pay for Day Care services on the above-listed holidays.

ATTENDANCE – SIGN IN AND SIGN OUT SHEETS

The Parent acknowledges that they received a current copy of the Parent Handbook Rules, Procedures and Code of Conduct and herein agrees to comply with all the terms and conditions of the program. Parents acknowledge and understand that their cooperation with the Provider is essential to ensure that the Provider is compensated for the care provided to the child. The Parent shall be solely responsible to drop-off and pick-up their child, or making arrangements for an authorized representative to do so.

- Parents and/or Authorized Representative shall on a daily basis sign-in and sign-out their child using the exact time the child was dropped-off and/or picked-up, accompanied by a signature.
- Parents and/or Authorized Representative shall provide specific reason for an early or late drop-off and/or an early or late pick-up.

AUTHORIZED CHILD PICK-UP

In the event that a Parent is unable to pick-up their child, the Parent has authorized the following individuals to pick-up their child:

AUTHORIZED CHILD PICK-UP #1

Name:

Relationship:

Primary Phone:

Cell Phone:

AUTHORIZED CHILD PICK-UP #2

Name:

Relationship:

Primary Phone:

Cell Phone:

AUTHORIZED CHILD PICK-UP #2

Name:

Relationship:

Primary Phone:

Cell Phone:

PERSONS NOT AUTHORIZED TO PICK-UP CHILD

The individuals listed below are not authorized to pick-up the aforementioned child(ren) at any time:

Name:

Name:

Name:

If the person listed above is the biological parent, or you are separated or divorced, please provide a copy of your custody order to be kept on file at with the Day Care Provider.

ILLNESS POLICY

In the event that you child should show any signs of an oncoming illness, please notify the provider immediately, as the Provider has the obligation to protect the other children at the Day Care facility from illness whenever possible. If you child displays any symptoms or conditions below, they should be kept home or shall be sent home if the following conditions below becomes apparent:

- Fever over 100½ F
- Vomiting
- Skin rash or eruptions of an unknown origin
- Persistent cough
- Heavy nasal discharge (unless related to allergy and accompanied by a doctors' note)
- Diarrhea
- Pink Eye
- Sore Throat
- Upset Stomach
- Parasites (e.g. nits, lice, crabs, scabies etc.)
- Communicable diseases (e.g. chicken pox, measles, ring worm scarlet fever etc.).

A child may also be sent home when the Provider believes, in their judgment, that the child's condition poses a threat to the health or safety of other children or staff in the program. Parents of children enrolled in Day Care will be notified of any contagious illness or diseases that their child(ren) may have been exposed.

In the event a child becomes ill at the Day Care facility, he or she will be separated from the rest of the children and the Parent will be called. The Parent, or Authorized Representative, MUST pick-up the child within one hour after notification of illness. After one hour, the Parent will be charged any additions costs related to private, isolated care.

The child should be symptom free for 24 hours before returning to Day Care.

EMERGENCY CONTACT

It is the policy of to notify a parent when their child is ill or needs medical attention. Occasionally we are unable to reach the Parents and thus we need to contact an emergency contact person to get immediate help for the child, or to call for an ambulance if an emergency contact cannot be reached.

Please provide at least two emergency contacts, other than the parents:

EMERGENCY CONTACT #1

Name:

Relationship:

Work Phone:

Primary Phone:

Cell Phone:

EMERGENCY CONTACT #2

Name:

Relationship:

Work Phone:

Primary Phone:

Cell Phone:

EMERGENCY CONTACT #3

Name:

Relationship:

Work Phone:

Primary Phone:

Cell Phone:

PHYSICIAN AND HOSPITAL PREFERENCE

will first attempt to contact the Parent(s) or Guardian if the child(ren) becomes ill. If the Parent(s) or Guardian cannot be reached, may contact the family physician or the child's pediatrician to seek and obtain medical care for my child when deemed necessary form or at the following facility:

Physician Name:

Address:

City:

State:

Zip:

Telephone:

Hospital Preference:

Health Insurance Provider Name:

Policy Number:

Group Number:

Name of Policy Holder:

WITHDRAWAL OF CHILD BY PARENT

In the event the Parent wishes to withdraw their child from Day Care, the Parent MUST provide weeks advance written notice before withdrawing the child from the program. Should the Parent fail to provide advance written notice, the Parent will be charged for two weeks of Day Care, even though the child is no longer enrolled in the program. The deposit paid at enrollment will be applied town this amount.

TERMINATION BY PROVIDER

A. Provider Required Advance Notice

The Provider may terminate any child's enrollment upon weeks advance notice to the Parent for any reason. The pre-paid deposit shall be applied towards the final of attendance. Should there be any outstanding debts owed by the Parent such that the deposit does not cover the outstanding debt plus the last weeks of child care, the Provider shall apply the prepaid deposit first to the outstanding debt.

If Provider's notice of termination occurs in the midst of a longer pre-paid payment period, then a pro-rated amount will be refunded to the Parent after first deducting any outstanding balances owed.

B. IMMEDIATE TERMINATION

The Provider may terminate a child's enrollment in the Day Care immediately, if any of the following conditions arise:

(1) At the Provider's sole discretion, it is decided that the child's behavior or that of the Parent's poses a significant threat to the physical or mental health or well-being of any of the children, staff, the program or other persons on the Provider's premises, and the Provider is unable to reasonably eliminate the threat.

(2) Any payment owed by the Parent to Provider under this agreement is not paid within three days after is due;

(3) The child is picked up late more than five times in any thirty (30) day period.

If pursuant to any of the reasons set forth above, the Provider terminates the child's enrollment in the midst of a payment period (monthly or weekly); a pro-rated amount will be refunded to the Parent after first deducting any outstanding balances owed. The Provider will also refund the pre-paid deposit for the last weeks of attendance, after first deducting any outstanding balances that remain due and owing.

DUTY TO REPORT SUSPECTED CHILD ABUSE

The Provider is mandated by law to report any suspected cases of child abuse to the proper authorities pursuant to the terms of the Penal Code. The Provider and its employees, who have knowledge of or observe the child, in their professional capacity or within the scope of their employment, whom the Provider or the employee knows or reasonably suspects has been the victim of child abuse, have a statutory duty to report the known or suspected instance of child abuse to a child protective agency. In addition, the Provider and any employees who have knowledge of or who reasonably suspect that mental suffering has been inflicted upon the child or that their emotional wellbeing may be endangered in any other way, must report the known or suspected instance of child abuse to a child protective agency.

RELEASING CHILD TO PARENT OR GUARDIAN

The Provider will release a child only to:

- (a) Parents with legal and/or primary physical custody, or to the child's legal guardian;
- (b) Anyone the Parent or guardian has authorized by way of prior written arrangement with the Provider; or
- (c) Police or welfare workers with proper documented authorization.

The Provider will not release the child to anyone under the age of 18.

The Parent must sign the child in/out upon arrival and departure each day. The Parent must not remove the child from Day Care without notifying the Provider.

All persons, other than the parents, picking up the child shall be required to provide their driver license or another form of government identification and will be required to sign in with time and full signature.

OTHER CONSIDERATIONS

A. Attire

Parents should provide a spare change of clothing for any child under the age of six (6); and all clothing must have the child's name on the label. The Provider shall not be responsible for any soiled or lost clothing.

B. Medications

The daycare does not administer prescription or over-the-counter medications. First aid will be provided in the event of an emergency only. Staff are trained to recognize allergic reactions and are authorized to administer an EpiPen in the event of a life-threatening allergic reaction.

C. Medical Conditions/Allergies

The Parent must fill out a form provided by the Provider listing the child's allergies and all medical conditions.

D. Discipline

The Provider will not make use of any corporeal punishment in the discipline of the children. Should discipline be required, the Provider shall use redirection and/or a time out.

DAMAGES

All children enrolled at are expected to treat all property located at and within the facility with respect. The Parent(s) agree to pay for any accidental or willful destruction of any property located at the facility, whether said property is owned by the Provider or any other person, at the current replacement cost, if such damage and/or destruction were caused by the child.

PARENT - PROVIDER HANDBOOK

The Parent has seen and read the Parent/Provider Handbook and herein agrees to abide and comply by all the policies and procedures contained in the Parent/Provider Handbook.

MODIFICATION/AMENDMENT

The Provider reserves the right to modify and/or amend this agreement upon weeks' advance written notice of any changes in the basic rates or services; provided, however, that any changes in the government-subsidized reimbursement rates shall be effective immediately and do not require any prior notice to Parent. Changes in the basic rates and services do not require Parent consent, but all other changes require Parent consent. The Provider has the right to modify and/or amend this agreement to reflect changes in the rules and policies with regard to , including those changes reflected in the Provider handbook.

CONSTRUCTION

Phrases and Words in this Contract shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to the context.

SEVERABILITY

In the event that any provision, clause, sentence, section or other part of this Agreement is held to be invalid, illegal, inapplicable, unconstitutional, contrary to public policy, void or unenforceable in law to any person or circumstance, and intend that the balance of this Agreement shall remain in full force and effect so long as the Purpose of this Agreement is not affected in any manner adverse to either party.

BINDING EFFECT

This Contract will be binding on and inure to the benefit of the parties hereto and their respective successors, heirs, legal representatives, and permitted assigns (if any). This Agreement supersedes any prior agreements between and the concerning the subject matter of this Contract.

MERGER

Any and all prior agreements made by the parties are deemed to be merged into this Agreement.

ASSIGNMENT

No party shall assign its interest under this Agreement except that the Provider may assign its interest to an entity controlled by .

ENTIRE AGREEMENT

This Agreement, together with those documents specifically incorporated herein by reference, contains the entire agreement and understanding between the parties as to the subject matter hereof.

WAIVER

There is no right under this Agreement that shall be waived merely by delaying or failing to exercise or execute it. The consent to one act shall not be consent to any other or subsequent acts. Any waiver of a default under this agreement must be in writing and shall not be a waiver of any other default concerning the same or any other provisions of this agreement.

GOVERNING LAW

This agreement shall be governed by and interpreted in accordance with the laws of the State of New York

THE UNDERSIGNED HAVE READ AND UNDERSTAND THIS AGREEMENT, and by signing this Agreement, all parties agree to all of the above terms, conditions and policies, including financial responsibilities for child care provided. The Provider is responsible for providing all parties a copy of this signed Agreement.

PARENT SIGNATURE:

DATE:

PROVIDER SIGNATURE:

DATE:



Public Health
Schools | Department

Office of School Health

Cheryl Lawrence, MD, FAAP
Medical Director

August 2025

Office of School Health
30-30 47th Ave.
Long Island City, NY 11101

Dear Parent or Guardian,

New York City has updated the school immunization requirements for the 2025-2026 school year. A list of the vaccine requirements for the 2025-2026 school year is included with this letter. Vaccines protect children from getting and spreading diseases and are required for children to attend school. Before the school year begins, you must submit proof of immunization or blood test results that show immunity for your child if they are attending child care or school.

All students in child care to grade 12 must meet the requirements for the diphtheria, tetanus and pertussis (DTaP); poliovirus (IPV or OPV but OPV does not count if after April 1, 2016); measles, mumps and rubella (MMR); varicella; and hepatitis B vaccines.

Children younger than age 5 who are enrolled in child care and pre-kindergarten must also meet the requirements for the influenza (flu) vaccine (by December 31, 2025, but preferably when it becomes available in early fall) and the *Haemophilus influenzae* type b (Hib) and pneumococcal conjugate (PCV) vaccines.

Children in grades 6 to 12 must also meet the requirements for the tetanus, diphtheria and pertussis (Tdap) booster and meningococcal conjugate (MenACWY) vaccine.

Blood tests that show immunity to MMR, varicella or hepatitis B also meet the requirements (immunity to polio is only acceptable if the lab shows immunity to all serotypes 1,2,3 and was done before September 2019).

Take time this summer to review your child's immunization history with their health care provider. Your child's provider can tell you whether additional doses of one or more vaccines are required for your child to attend child care or school.

Note: If your child received vaccine doses before the minimum age (too early), those doses do not count toward the number of doses needed.

If you have questions about these 2025-2026 vaccine requirements, contact your child care center or school's administrative office.

Sincerely,

Cheryl Lawrence, MD, FAAP
Medical Director
Office of School Health

Is Your Child Ready for Child Care or School?

2025-2026 School Year

Learn About Required Vaccinations in New York City.

All students ages 2 months to 18 years in New York City must get the following vaccinations to go to child care or school. Review your child's vaccine needs based on their grade level this school year. The chart below shows the number of valid doses that are required. The number of vaccine doses your child needs may vary based on their age and previous vaccine doses received. Your child may need additional vaccines or vaccine doses if they have certain health conditions or previous doses were given too early (not valid); OPV does not count if after April 1, 2016. Blood tests that show immunity to measles, mumps and rubella, varicella, or hepatitis B also meet the requirements (immunity to polio is only acceptable if the lab test shows immunity to all 3 serotypes 1,2,3 and was done before September 2019).

| Vaccinations | Child Care, Head Start, Nursery, 3-K or Pre-Kindergarten | Kindergarten to Grade 5 | Grades 6 to 11 | Grade 12 |
|--|---|--|--|---|
| Diphtheria, tetanus and pertussis (DTaP) | Four doses | Five doses (or four doses only if the fourth dose was received at age 4 or older, or three doses only if the child is age 7 or older and the series was started at age 1 or older) | Three doses | Three doses |
| Tetanus, diphtheria and pertussis (Tdap) booster | | | One dose (required at age 11 or older when entering grades 6 to 12 and in compliance until age 11) | |
| Polio (IPV or OPV if before April 1, 2016) | Three doses | Four doses (or three doses if the third dose was received at age 4 or older) | | |
| Measles, mumps and rubella (MMR) | One dose | | Two doses | |
| Hepatitis B | Three doses | Three doses | Three doses (or two doses of the adult hepatitis B vaccine, Recombivax HB, if the doses were received at least four months apart between ages 11 and 15) | |
| Varicella (chickenpox) | One dose | | Two doses | |
| Meningococcal conjugate (MenACWY) | | | Grade 6: Not applicable Grades 7 to 11: One dose | Grade 12: Two doses (or one dose if the first dose was received at age 16 or older) |
| Haemophilus influenzae type b conjugate (Hib) | One to four doses (depending on the child's age and doses they previously received) | | | |
| Pneumococcal conjugate (PCV) | One to four doses (depending on the child's age and doses they previously received) | | | |
| Influenza (flu) | One dose (2 nd dose if needed is not required for attendance) | | | |

Talk to your child's health care provider if you have any questions. For more information, call **311** or visit nyc.gov/health and search for **student vaccines**.



Public Schools | **Health Department**
Office of School Health



Department of Health and Mental Hygiene

Department of Education

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC ID (OSIS)

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name, First Name, Middle Name, Sex, Date of Birth, Child's Address, City/Borough, State, Zip Code, School/Center/Camp Name, District Number, Phone Numbers, Health insurance, Parent/Guardian Last Name, First Name, Email

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history, Allergies, Attach MAF if in-school medications needed, Does the child/adolescent have a past or present medical history of the following?, Medications

PHYSICAL EXAM, Date of Exam, General Appearance, Describe abnormalities

DEVELOPMENTAL, Nutrition, Hearing, Vision, Acuity, Screening Tests, Blood Lead Level, Lead Risk Assessment, Hemoglobin or Hematocrit, Dental

IMMUNIZATIONS - DATES, CIR Number, Physician Confirmed History of Varicella Infection, Please attach lab reports

ASSESSMENT, Well Child (Z00.129), Diagnoses/Problems, ICD-10 Code, RECOMMENDATIONS, Full physical activity

Health Care Practitioner Signature, Date Form Completed, Health Care Practitioner Name and Degree, Practitioner License No. and State, Facility Name, National Provider Identifier (NPI), Address, City, State, Zip, Telephone, Fax, Email, DOHMH ONLY PRACTITIONER I.D., TYPE OF EXAM, Date Reviewed, I.D. NUMBER, REVIEWER, FORM ID#