

September 6 - December 9, 2016 and January 9 - May 12, 2017

Morning (M-F) 8:30 AM - 11:30 AM	Preschool 1: 21 months - 3 years	Preschool 2: 3-5 years
Afternoon (M-Th) 1:00 PM - 4:00 PM	Preschool 3: 21 months - 4 years	Pre-K: For children entering kindergarten in fall 2017 M - Th strongly encouraged!
Full Day	All ages are eligible to enroll full day.	

Enrollment Options session = ½ day		Fall 2016* (Sept 6 - Dec 9)	Spring 2017* (Jan 9 - May 12)
2 sessions	M/W or T/Th	\$732	\$888
3 sessions	M/W/F	\$1,096	\$1,332
4 sessions	M - Th	\$1,462	\$1,775
5 sessions	M-F	\$1,826	\$2,218
Full Time	M-Th (full day) & Fri AM only	\$3,465	\$4,252

*All students are enrolled for the full academic year (September 6, 2016 - May 12, 2017).

Tuition will not be reduced or refunded as a result of a child not attending.

A \$100.00 **non-refundable** family registration fee + a \$50 deposit must accompany the application to ensure your child's enrollment. The deposit will be deducted from the total tuition due. Multi-child discounts (15%) are available for the second child in a family and subsequent children. Families will be charged full tuition for the child who attends the most. Please make checks payable to: University at Buffalo or pay online at <http://ecrc.buffalo.edu>

Overview: The program has multicultural, mixed-aged grouping and enrolls children from age 21 months -5 years. The faculty works with each child to guide learning and achieve individual and group goals consistent with New York State standards towards Kindergarten readiness. Proven approaches are utilized as well as recent knowledge concerning effective teaching-learning strategies. Activity areas and planned curriculum experiences are based upon the needs and interests of the children.

Goals

- Demonstrate exemplary educational practices for maximal growth and development of young children
- Provide rich resources and learning activities
- Provide a site for the systematic study of early experience and education environments as they relate to the development of children
- Promote understanding of the early years and provide resources for professional development.
- Prepare effective teachers who have experience using research-based practices in early childhood education.

Focus

- Our curriculum stresses the interaction of social, emotional, cognitive, and physical aspects of growth through play.
- We present learning through play in all areas of the curriculum including science, mathematics, literacy, language arts, the arts, and physical education to provide a positive school start for lifelong learning.
- Our faculty encourage active learning, self-motivation, concern for others and the development of curiosity, creativity, persistence, autonomy, and physical mastery.



Date received: _____

Date of first attendance: _____

Attendance confirmed: _____

APPLICATION FOR CHILDREN'S PROGRAM

Child's Name: _____
(Last Name) (First Name)

Date of Birth: _____ Gender: Female _____ Male _____

Home Address: _____ E-mail(s): _____
(Number) (Street)

_____ Home Phone: (____) _____
(City) (State)

Father's Cell Phone: (____) _____ Mother's Cell: (____) _____

Father's Name: _____ Occupation: _____

Employer: _____ Business Address: _____ Phone: (____) _____

Mother's Name: _____ Occupation: _____

Employer: _____ Business Address: _____ Phone: (____) _____

Is either parent a student at UB? Mother / Father / No (Please circle one) _____ Level: Undergrad/Grad

Health and accident insurance group and ID # _____

List names and ages of other children in the family? _____

Child's Background:

Caucasian _____ African-American _____ Native American _____ Korean _____

Japanese _____ Chinese _____ Taiwanese _____ Hispanic _____

Arabic _____ Asian Indian _____ Other (specify) _____

Please specify home country: _____

What language(s) is (are) spoken at home? _____



Individuals Permitted to Pick Up Your Child(ren)

Child(ren)'s Name(s): _____

In an effort to ensure your child(ren)'s safety, please provide the addresses and telephone numbers of individuals permitted to drop-off and pick-up your child(ren) from our school. If someone arrives to pick-up your child(ren) and we have not been introduced and informed about the person, we **CANNOT** allow your child(ren) to leave with them without your permission.

Thanks for your assistance with this important issue.

My child(ren) may be picked up from school by the following adults:

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

I understand that if the ECRC has not been notified by one of my child(ren)'s parents, my child(ren) **will not** be released to the above listed individuals.

_____	_____
Parent's/Guardian's Signature	Date



Food Abstention/Allergy Form

Child's Name: _____

My child has no allergies, sensitivities, ethical or religious reasons to abstain from any food that may be provided by the ECRC.

Parent's/Guardian's Signature

Date

Allergies: Please indicate any food or environmental allergen that may effect your child.

My child is allergic to: _____

Symptoms: _____

Treatments/Medicines: _____

Foods/ingredients to which my child may not be exposed: _____

Physician Name: _____

Physician Phone Number: _____

Parent's/Guardian's Signature

Date



Medication Administration and Sunscreen Application Permission Form

Child's Name: _____

I, _____ (please print), give permission to the ECRC teachers and staff to apply the sunscreen I provide to my child.

Parent's/Guardian's Signature

Date

I, _____ (please print), give permission for the ECRC staff to administer the prescribed medication listed below to my child.

The physician listed below has prescribed the following medication to my child. I have provided an original prescription with the medication. I have disclosed, in writing, all relevant information pertaining to this medication, such as possible side effects and negative reactions, to school staff.

Medication Name: _____

Dosage: _____

Date authorized administration begins: _____

Days of the week medication is to be administered: _____

Administration time(s): _____

Special conditions under which the medication should **NOT** be administered: _____

Physician's name _____ Phone number _____

I agree that I will provide the medication to the school staff in person and not permit my child to be in possession of the medication at any time, including to and from school. I will also notify the school, in writing, if there are any changes to the conditions of medication administration listed above.

Parent's/Guardian's Signature

Date (Rev. 7/14)



Photograph/Video Recording Consent and Agreement

Child's Name: _____

I, _____ (please print), give permission for my child to be photographed and/or videotaped at the Early Childhood Research Center. I authorize the ECRC to give web-access and videotapes of ECRC classes including my child to other parents, graduate students and researchers for educational, research, or progress monitoring purposes. Parents will only have the option of viewing video of their child(ren)'s classroom. Copies of digital video images will only be available if provided by the ECRC administration. Photos or videos taken during ECRC programs are the property of the ECRC. I further authorize the ECRC's use of the photos/videos for educational purposes, research, conference presentations, publication of research or professional preparation, promotion of the program and student course work. I give permission for the use of the image in any format or medium now known or hereafter developed. I further agree that photos ***taken by me*** will be used solely for educational purposes.

Parent's/Guardian's Signature

Date

(Rev. 7/14)



Consent to Collect Developmental Information

Child's Name: _____

I, _____ (please print), give permission for developmental information to be gathered at the Early Childhood Research Center about my child. I authorize the ECRC to gather information including, but not limited to, background information, interviews, classroom observations, and standardized test data. I further authorize the ECRC's use of the photos/videos for developmental assessment purposes. Confidentiality will be maintained on all documentation that identifies individual children.

Parent's/Guardian's Signature

Date

(Rev. 7/14)



Sleeping / Napping Arrangements

Parent/ Guardian Name: _____

Child(ren) name(s): _____

Days of enrollment (circle): Morning- M T W Th F

Afternoon- M T W Th

Children will nap/rest in a quiet area within one of the ECRC classrooms and will have eyes on supervision at all times.

Sleeping arrangements:

Children need to feel safe, relaxed and secure during rest/nap time. A firm, clean cot of age appropriate size and construction, dressed with a washable sheet, blanket and pillowcase must be provided to all children requiring a rest period. Cots will be placed 3 feet apart and children will lay head to toe. Staff is encouraged to rub backs to help children rest.

Daily nappers/resters: Children attending full day program are required to have a rest period every afternoon. Quiet activities such as reading, listening to music, or puzzles are provided for older children who no longer nap. Sheets, blankets and pillows are provided by the ECRC and are stored in children's cubbies throughout the week. Bedding is washed and dried every Friday afternoon.

Parent/Guardian Signature

Provider Signature

Date



Getting to Know You

Your Child's Name: _____ Date: _____

1. What cultural traditions do you practice at home?

2. What specific holidays would you like us to celebrate?

3. Do you have recommendations for us to meet your child's nutritional needs while at preschool?

4. Is there a song or type of music that your child is particularly fond of?

5. What are a few goals you would like your child to achieve during their preschool experience?

6. What are a few things that impress you about your child's abilities?

Thank you