



TRADITIONAL CENTERS, INC.

Marisha King
1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

APPLICATION FOR ADMISSION

CHILD'S NAME _____ SEX: M / F DATE OF BIRTH _____

HOME ADDRESS _____ ZIP CODE _____

HOME# _____ EMERGENCY# _____ CELL# _____

EMAIL: _____ PHONE PROVIDER _____

CHILD'S S.S. # _____ PREVIOUS SCHOOL ATTENDED _____

CHILD'S MOTHER

NAME _____

ADDRESS _____

OCCUPATION _____

JOB NUMBER _____

CHILD'S FATHER

NAME _____

ADDRESS _____

OCCUPATION _____

JOB NUMBER _____

PERSONAL DATA

Does child have any allergies? Yes ___ No ___ If Yes, Specify _____

Does child have any special medical condition? Yes ___ No ___ If Yes Specify _____

Does your child have health insurance? Yes ___ No ___

Does child use bathroom on his/her own? Yes ___ No ___ If no, Explain _____

Who will pick up child daily? Specify _____

Days in Care: M ___ T ___ W ___ TH ___ F ___ Hours in Care: _____ Daily

Meals received while in care: ___ Breakfast ___ Lunch ___ Snack

X _____ X _____

Signature of Parent

Date



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

PARENTAL/GUARDIAN CONSENT FOR PARTICIPATION IN ACTIVITIES

NAME OF STUDENT: _____

I, _____ Parent/Guardian of _____

Hereby grant permission for my child to use all play equipment and to participate in all school activities including field trips. I agree that should there be an accidental injury as a result of Such play and or activities I will not hold Traditional Centers or its staff responsible.

Parent/Guardian

Date



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

PARENTAL OR GUARDIAN CONSENT FOR
CHILD (REN) PICK-UP

I hereby grant permission for my child: _____ to be picked up by any of the following persons.

NAME	RELATIONSHIP	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Parent/Guardian

Date

**** Please note that parents must telephone the Center for pick-ups other than authorized escorts. Such person(s) must be 18 years or older & present a picture ID before the child can be released. ****

NO ONE UNDER THE AGE OF 18 WILL BE ALLOWED TO PICK UP ANY STUDENT AT TRADITIONAL DAY CARE CENTER INC.



TRADITIONAL CENTERS, INC.

Marisha King
1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

PARENTAL/GUARDIAN CONSENT FOR EMERGENCY/MEDICAL CARE

I _____ do hereby give authority to Traditional Educational Center staff to obtain
(Parent/Guardian Name)

necessary emergency medical treatment for _____
(Child's Name)

I hereby give permission to the Emergency Room of any area hospital to treat _____
(Child's Name)

while he/she is enrolled in Traditional Day Care.

Insurance Type: _____ **Policy #:** _____

I understand that I will be notified immediately whenever emergency transport and treatment is initiated. Should staff be unable to reach me this consent form will suffice for transport and treatment until such time as I can be reached.

I understand the importance of keeping Traditional Educational Center Care staff informed of my emergency contact information, and to keep these phone numbers updated. I will be responsible to ensure that these numbers are updated.

The purpose of this consent from has been explained to me.

Parent Signature

Date

PLEASE NOTARIZE THIS FORM!!!

Signed _____ **Date** _____ **Relationship** _____

Subscribed and sworn to before me this _____ **day of** _____ **20** _____

Notary Public or Commissioner of Deeds

County of

I have explained to _____ the purpose of this consent form.

Signature of staff member: _____ Date: _____



Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of my child being permitted to utilize the facilities, services and programs of Traditional Educational Center Inc. for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with Traditional Educational Center Inc., the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into Traditional Educational Center Inc. for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER TRADITIONAL EDUCATIONAL CENTER INC. FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH TRADITIONAL EDUCATIONAL CENTER. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Traditional Educational Center Inc., its directors, officers, employees, and agents. (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Traditional Educational Center Inc.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon, or about Traditional Educational Center Inc. premises or in any way observing or using any facilities or equipment of Traditional Educational Center Inc. or participating in any program affiliated with Traditional Educational Center Inc. whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL REPSONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of Traditional Educational Center Inc. and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Traditional Educational Center Inc.

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

I HAVE READ THIS RELEASE:

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

Photo Release Form

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for _____ to photograph my child for school purposes and/or at school events.

____ No, I do not authorize _____ to photograph for my child for any event.

Parent Signature: _____

Date: _____

Student's Name: _____



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

STUDENT INFORMATION SHEET

CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S HOME ADDRESS _____

ZIP CODE _____

MOTHER/GUARDIAN NAME: _____ CONTACT # _____

FATHER/GUARDIAN NAME # _____ CONTACT# _____

EMERGENCY PERSON #1 _____ CONTACT # _____

EMERGENCY PERSON #2 _____ CONTACT # _____

Does child have any allergies? Yes ___ No ___ If Yes, Specify _____

Does child have any health condition that may affect participation in physical activities?

Yes ___ No ___

If Yes Specify _____

Does child use bathroom on his/her own? Yes ___ No ___ If no, Explain _____

Who will pick up child daily? Specify _____



Intake Form

Child's Name: _____ Date of Birth: _____ Gender: ☐ M ☐ F

Eating

Is your child on any special diet? ___ Vegetarian ___ vegan _____ other

Does your child have any food allergies? _____

If yes, please describe _____

What does your child use to drink?

___ Bottle ___ Sippy Cup ___ Regular Cup ___ Nursing Other: _____

How often does your child eat? _____

Sleeping

Does your child nap? _____ How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy "love" or pacifier? ☐ Yes ☐ No

Are there specific bedtime routines at home? _____

Where does your child sleep at home? _____

Toileting

Does your child use diapers? ☐ Yes ☐ No ___ Cloth ___ Disposable ___ Pull ups

Are there any specific ointments or lotions your family uses: _____

Does your child use a potty or the toilet? _____

How does your child let you know that it's time "to go"? _____

Does your child need regular reminders to use the bathroom? ☐ Yes ☐ No

Development

Do you have any concerns about your child's development? ☐ Yes ☐ No

___ Hearing ___ Vision ___ Language ___ Gross Motor ___ Fine Motor ___ Social ___ Other



What is your child's primary spoken language? _____

Are there other languages being used with your child _____

Social and Emotional Development

Has your child been in school before? ☐ Yes ☐ No

Is your child comfortable in group situations? ☐ Yes ☐ No

What is your child's regular routine when at home?

Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids?

How would you describe your child's temperament and personality?

Is there an order of protection that includes the child? ☐ Yes ☐ No

Describe and list any current court proceedings related to the child _____

Does your child have any siblings? _____

Does your family have any pets? _____

What soothes your child? _____

What frightens your child? _____

Does your child have any favorite songs or games that comfort them? _____

What are your expectations or hopes for your child at our child care center? _____

What are your expectations for the Children's Center and Center staff members?

Is there anything regarding your family, extended family or child that you would like to share with us?



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

Housing Form

Child's Name: _____

DOB: _____

Where is the currently living? (Please check only one)

- In a shelter _____
- With another family or other person(sometimes referred to as 'doubled -up') _____
- in a hotel/motel _____
- in a car ,park ,bus ,train or campsite _____
- other temporary living situation, please describe _____
- in permanent housing _____

Name of Parent: _____

Signature of Parent: _____

Date of Enrollment: _____

Today's Date: _____

(Please note that if the child's residence changes during the school year, this form must be updated with the new type of residence, name and signature of parent and date)



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

Parent Fee Agreement Form

I the parent of _____ agree to pay the set fee for child care services at Traditional Educational Center Inc. I recognize that fees must be paid no later than MONDAY.

According to ACS, **all fees must be paid prior to care and paid regardless of attendance.**

If fees are not paid **IN ADVANCE**, I recognize that my child will **NOT** be able to attend until fees are paid.

MY SS# is _____

(Please bring a copy of parent Social Security Card)

Parent Print Name: _____

Signature of Parent: _____

Date: _____

Signature of Representative TEC: _____

Date: _____



TRADITIONAL CENTERS, INC.

Marisha King

1469 Broadway, Brooklyn, NY
11221

Building a Strong Foundation for Tomorrow's World Leaders

1112 Winthrop St, Brooklyn,
NY 11212

Parent Handbook

If after reading the handbook you have any unanswered question, please contact the office staff for clarification.

We at Traditional Educational Center welcome you to our family. We hope that you will find that a warm, safe and caring community exists here with our competent staff. Since we are going to play an important role in you and your child's life, we believe than an open line of communication is essential. Together with your full support and understanding, we hope that you child's school experience here will be happy, memorable and fruitful. We look forward to building a long lasting relationship that would surpass the years your child spends here. Let us consider this as a stepping stone to the many wonderful and productive educational years your child has ahead of them.

THANK YOU FOR CHOOSING TRADITIONAL EDUCATIONAL CENTER.

By the signing of this form, I, _____,
Parent's Name (print)

Parent of _____; certify that I have read the entire
Parent

Handbook

Date: _____
Parent's Signature

_____ I understood all that I have read and have no questions

_____ I have the following question (s):

**TRADITIONAL EDUCATIONAL CENTER
1469B BROADWAY
BROOKLY, NEW YORK 11221
1-718-443-2577**

**Early Childhood Programs
Child Screening and Assessment Consent**

Child's name _____ **Date of birth** _____

Start date _____ **Site** _____

The Early Childhood Programs may conduct the following screenings for my child, within the timelines specified:

- **Nutrition/growth screening and referral within 30 days. This assessment is reviewed by the program's Nutrition Consultant**
- **Developmental screening within 45 days. This screening assists the program in understanding your child's developmental achievements to date.**
- **Behavioral screening within 45 days. This screening assists the program in understanding how you keep your child comfortable and how your child typically responds.**
- **Both of these screenings are reviewed by the Education Coordinator/Director**
- **Vision Screening within 45 days**
- **Hearing screening with 45 days**
- **These screenings are reviewed by program's Health Coordinator.**

I understand the purpose and results of each screening will be discussed with me. I also understand the results of the screening will be used to plan and individualize the curriculum for my child.

_____ **I give my consent for the screening**

Parent Name

Signature **Date**

Witness Signature

Title **Date**