



**Room to Bloom Preschool & Learning Center**

Located at  
The Stillwater Area Community Center  
19 Palmer Street, PO Box 536  
Stillwater, NY 12170

**2024-2025 Registration Form**

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Circle: Male Female Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_ Home Phone:( )\_\_\_\_\_-\_\_\_\_\_

1- Parent/Guardian: \_\_\_\_\_  
(first) (last)

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone Number: ( )\_\_\_\_\_-\_\_\_\_\_ Work Number: ( )\_\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

2-Parent/Guardian: \_\_\_\_\_  
(first) (last)

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone Number: ( )\_\_\_\_\_-\_\_\_\_\_ Work Number: ( )\_\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

**Family/Household**

Family Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widow

If separated or divorced, who has legal custody? \_\_\_\_\_

Is the child's time divided between parents because of the separation or divorce? Yes No

If so, how is it divided? \_\_\_\_\_.

**NOTE: Court Orders are needed if a parent is denied access to the child**

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[www.sacc.online](http://www.sacc.online)



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Does the child have any siblings:    Yes    No

If Yes, Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are there any pets in the house?    Yes    No

If Yes, Name: \_\_\_\_\_ Type of pet: \_\_\_\_\_  
Name: \_\_\_\_\_ Type of pet: \_\_\_\_\_

### **Consent to Release Information**

I/We give permission for my/our child to be released from the Stillwater Area Community Center's Room to Bloom Preschool & Learning Center Program to the people listed below. I/we further understand that the individuals listed below must show photo identification for a child to be released. It is required that parents/guardians notify staff in advance if someone other than themselves will be picking up their child.

1- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

2- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

3- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

4- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

5- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_      Zip Code: \_\_\_\_\_



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**Enrollment Information**

<p><b><u>Half Day Preschool/Pre-K Classes</u></b></p> <p><b><u>Annual Registration Fee: \$50.00</u></b></p> <p><b>Cherry Blossoms 3's Class</b> Tues &amp; Thurs. 8:30 am-11:15am \$160/Month</p> <p><b>Cherry Blossoms 4's Class</b> Mon, Wed, &amp; Fri. 8:30 am-11:15 am \$210/Month</p> <p><b>Cherry Blossoms Pre-K Class</b> Mon-Fri 12:00 pm-3:00 pm \$300/Month</p>	<p><b><u>Full Day Preschool/Pre-K Classrooms</u></b></p> <p><b><u>Annual Registration Fee: \$50.00</u></b></p> <p><b>Forget-Me-Nots -Full Day 3's Class</b></p> <p><b>Sunflowers- Full Day 3 &amp;4's Class</b></p> <p><b>Poppies- Full Day Pre-K Class</b></p> <p><b>All Full Day Classrooms are \$225/Week</b></p> <p><b>Estimated Drop Off Time:</b> _____</p> <p><b>Estimated Pick Up Time:</b> _____</p>
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**Medical Information**

**\*Additional form must be complete for administration of emergency medication**

Child's Physician/Practice: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_

Known Allergies: Yes No

Allergies Include: \_\_\_\_\_

Chronic or recurrent illness or disorders: \_\_\_\_\_

Name of medication and dosage child is presently taking: \_\_\_\_\_

Will any type of Emergency Medication need to be given during care? Yes No

If yes, when? \_\_\_\_\_



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What should be done if your child has a problem related to the medical condition during program hours? \_\_\_\_\_.

Are the Child's immunizations up to date: Yes No  
If No, is there a written immunization schedule/plan with the physician? \_\_\_\_\_

### Special Services

Is/Will the child be receiving any type of special services such as speech, OT, PT, etc. during program hours? Yes No

If Yes, please describe: \_\_\_\_\_

How Often?: \_\_\_\_\_

With Whom?: \_\_\_\_\_

Do you have any concerns about your child? : \_\_\_\_\_

### Bathroom Habits

Is your child toilet trained?: Yes No Partially/Needs Assistance

\*Please note that all children who are not completely potty trained must wear pull ups. We DO NOT have a diaper changing station. Children **MUST** be familiar with using the potty and be **MOSTLY** self-sufficient, some assistance can be given.

Do you have any concerns about your child's restroom habits?: \_\_\_\_\_

### Education/Care

Does your child have any nursery school/preschool/in-home care experience: Yes No

If Yes, where? \_\_\_\_\_

Does your child appear to be left or right handed?: \_\_\_\_\_

What school district will your child be attending?: \_\_\_\_\_

Is there anything we should know about your child's play habits? With peers? Alone?: \_\_\_\_

What kind of activities do you find your child enjoys?: \_\_\_\_\_



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What are some things that soothe your child when they are upset?: \_\_\_\_\_

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Any additional comments: \_\_\_\_\_

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### **Photo Use/Consent**

- YES, I/We give consent for my/our child's photograph without their name to be used on school related bulletin boards, our website and facebook page.
- NO, I/We Do NOT give consent for my/our child's photograph without their name to be used on school related bulletin boards, our website and facebook page.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Field Trips/Walks**

- YES, I/We give consent for my/our child's to go on all school walking trips and I/We will be notified in advance with the date, location and all other pertinent information.
- NO, I/We DO NOT give consent for my/our child's to go on all school walking trips and I/We will be notified in advance with the date, location and all other pertinent information. I/We understand that alternate care within the center may not be available and I/We may need to make alternate care arrangements during these times.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### Code of Conduct

It is our policy here at Room to Bloom Preschool & Learning Center that we provide a safe, learning environment. It is our jobs as childcare providers and educators to make sure each & every child in our care has the ability to develop the skills to effectively communicate and express themselves in a safe and productive way. If an occurrence arises where your child needs to be removed from the program/classroom for being unsafe towards themselves, another child or staff member, you as a parent will be contacted and will have 90 minutes to make arrangements to pick up your child from care.

It is because we provide childcare & education in a group setting, we must be concerned for the welfare and safety of all children and staff. If needed, we will intervene when a particular child or parent's behavior threatens the safety of, or becomes abusive towards, the other children, parents or center staff.

The Center Director along with the Child Care Director, will evaluate the severity of the issue or behaviors and will determine the most appropriate plan to follow.

If the behavior/issue has reached the point of a child being dismissed from the program for the day, the child will be asked to stay home for the following day and may not return to school after the 24 hours of dismissal day.

We will exhaust all resources and services, but be advised that disenrollment or termination of services could result, with or without notice.

I/We have read and understand Room to Bloom Preschool & Learning Center's Code of Conduct Policy.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### Tasks & Skills

My child....	Never	Rarely	Sometimes	Mostly	Always
Plays well with his/her peers?					
Can follow simple instructions with guidance?					
Can vocally express his/her wants and needs?					
Can easily adapt to large/small group settings?					
Has control over gross motor skills (climbing, running, walking, skipping, etc.)					
Can hold a pencil/crayon correctly?					
Can cut with scissors?					
Can manipulate objects such as play dough?					
Can hold/use a fork/spoon?					
Can identify their name?					
Can identify letter of the alphabet?					
Can identify number 1-10? Count?					
Can write their first name?					
Can vocalize the need to use the potty?					
Can dress themselves?					
Can button a button?					
Can zip a zipper?					

Anything else to add? : \_\_\_\_\_



# Room to Bloom Preschool & Learning Center

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## Payment Information

- Cash/Check/Credit Card due the first school day of the week/month.
- Make checks payable to: Stillwater Area Community Center or SACC, please indicate in the memo the dates in which you are paying for and the classroom your child is enrolled in.
- SACC offers an auto-withdrawal option for your tuition payments. If you are interested please see the Main Office.
- If making weekly or bi-weekly payments: payments must be made in advance by the Friday prior to each upcoming week.
- Any past due balance will be invoiced and a letter will be sent home but the last week of each month. If the balance is not paid in full by the listed date, care will be suspended until the account is brought current.
- If a check is returned for insufficient funds there will be an additional \$25.00 fee.
- If tuition is not paid within more than one week, you are subject to a 15% late fee.
- When paying with a credit card a 3.5% interest rate will be applied.

I/We understand the payment information as it is listed above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Received: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

For Director of Childcare Use Only:

- Blue Card
- Medical Statement
- Immunization Record
- Individual Health Care Plan (if applicable)
- Field Trip Signature
- Photo Consent Signature
- Code of Conduct Recognition Signature
- Non-Medication Consent Form (Sunscreen/Bug Spray)
- Handbook Acknowledgement
- Restime/Naptime Agreement (Full Day Only)

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_