2550 Union Road Cheektowaga, New York 14227 (716) 656 - 8050



Dedicated to the growth of children

Dear Parents,

Thank you for your interest in Watch Me Grow Daycare Center of WNY. The following will give you some information about the Center, as well as some information about us (the owners/operators of the Center). Our Parent Handbook, a fee schedule, and a registration packet are also available upon request. The Parent Handbook outlines the basic policies and procedures of our Center. The registration packet will start the registration process for your child.

You are also welcome to come in and tour the Center at any time (we are open Monday through Friday from 6:30AM to 6:00 PM), although you can get the best idea of our programs and curriculum between the hours of 9:15AM and 11:45AM. We would be happy to show you and your child our facility and the programs that we offer. We are confident that you will find our Center to be bright, cheerful, and inviting, with outstanding programs to enhance your child's growth and development!

The Center has been built specifically for childcare, which has afforded us with the opportunity to provide a facility with distinctive and unique features. Some of these features are:

- 1. Emergency exit doors from all classrooms
- 2. Observation windows in all classrooms and gymnasium
- 3. Climate-controlled environment
- 4. Coded security entrance system
- 5. Small, personalized class sizes
- 6. At least three exterior windows in all classrooms
- 7. Fully equipped kitchen to prepare meals at Center and to accommodate special dietary requests
- 8. Indoor gymnasium
- 9. Large outdoor fenced-in playground
- 10. Nature trail where children can take walks and explore the outdoor world
- 11. Bright and warm atmosphere; your child's home away from home

We are confident that you will find our physical facility one of the finest in the area.

Although the quality of the physical facility is important, the quality of the curriculum and staff are even more important in providing your child with the best possible care. The Center's program is focused on the whole child. Our program (curriculum, staff qualifications, materials, and equipment) have been designed to enhance the development of your child's emotional, social, intellectual and physical growth. It is the Center's philosophy that children learn through play, and thus it is the Center's responsibility to provide an environment rich with materials and activities for your child to explore and experience. Our Center places an emphasis on child-directed activities in which children will be free to choose the materials and areas that interest them. The teacher's function is to provide developmentally appropriate materials and experiences, as well as interact with, question, and challenge the children to enhance their learning experience. All of the curriculum is developmentally appropriate and includes science, art, math/cooking, literature, movement and music, and gross motor activities. The classrooms are also arranged in such as way as to provide even more learning experiences as they are divided into a variety of learning centers that are child-directed. These include dramatic play, creative art, reading corner, sensory center, science, blocks, and learning games and manipulatives.

Our curriculum and philosophy meet the standards established by the National Association for the Education of Young Children (NAEYC) and are approved by the Director of the Center. By having your child's teacher prepare the curriculum for your child's classroom, the curriculum is developmentally

appropriate and is tailored to meet your child's needs and interests. Who better than your child's teacher knows best your child's learning style and his or her strengths and weaknesses? Captivating your child's interest is one of our teaching staff's primary goals. In this way, your child becomes engaged, and therefore learns!

All teachers at Watch Me Grow are educated in early childhood education. They also receive continuing in-service training in early childhood development and have training in both First Aid and CPR. They are second to none! They truly strive to be an extension of your family and do all they can to provide the best possible care for your child. We all love to "watch them grow!"

We also offer a vast array of enrichment programs at our Center. We provide special visitors, and special events for the children to enhance their learning and fun including Spanish and sign language.

We also have both a Pre-K and Kinder-Readiness Program. These programs have been designed in partnership with the Cheektowaga Central School District to ensure that your child is well prepared for both their Kindergarten screening and their Kindergarten year of school. Our Pre-K and Kinder-Readiness graduates have shown a noticeable head start in their first year in elementary school. We track and monitor your child's progress throughout the school year and specifically tailor the curriculum to meet your child's individual needs. These programs also include extensive use of our Learning Center, where there is a strong emphasis on printing, computer, listening, and phonemic awareness skills.

We decided as mature parents to operate a daycare center due to our love of children, and our belief that we can provide a unique environment above and beyond that of other daycare centers. Both of our children had attended daycare and we understand the demands placed upon today's working parents, as well as their concerns about obtaining quality care for their children. We realize that you, as parents, are the primary caregivers of your children, and it is our role to be an extension of your family and provide care that will enhance your child's learning and development. We are committed to providing a healthy, safe, loving, caring and stimulating environment in which your child will know he/she belongs, and one in which you will be secure in entrusting your child's care.

If you wish to register your child, please complete and return to us a registration packet with the \$30 registration fee and one (1) week's tuition, which will be held as a security deposit and applied to your child's last week of care at the Center. This will secure a spot for your child. Registration is on a first-come, first-serve basis.

Once again, thank you for your interest in the Center. We are extremely proud of our Center's quality and believe it to be one of the finest Centers in Western New York. Please call us at 656-8050 with any questions you may have. We welcome your calls and look forward to meeting you and your child in the near future.

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REGISTRATION FORM Before/ After School and School Holidays 2023

Child's Name:	Age:
Male Birthday:	
Grade (In September): School: Date:	
Parent(s) Name:Address:	Phone:
Starting Date for Care: Estimated Arrival Time: Estimated Departure Time: Days Care Needed: Before & After School Before School Only After School Only	
School Holidays: YESNO	
How did you hear about our Center? For office Use Only: Registration Fee Due: Security Deposit Due: Amount Paid: Check Number: Date Paid:	

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I understand that upon enrolling my child in the Center, a \$30.00 registration fee and one (1) week's tuition must be paid to the Center. The one (1) week of tuition will be applied to my child's last week of care. If my child does not attend the Center, I understand that the enrollment deposit (both the one (1) week of tuition & registration fee) are **NON-REFUNDABLE.**

I understand that if I register my child for the fall of any given year AND choose to transfer the one (1) week of tuition to my child's fall registration, both the one (1) week of tuition and registration fee are NON-REFUNDABLE if my child withdraws from the Center prior to September 27th of that same year. In this case, I also understand that the one (1) week of tuition that I transferred to my child's fall registration will NOT be applied to my child's last week of care if my child withdraws from the Center prior to September 27th. In this instance, I understand that I am responsible for the full amount of tuition for my child's last week of care.

I agree to comply with the policies and procedures as set forth in the Parent Handbook. I understand the fee schedule and that tuition is due weekly, in full, on or before the first day of the period for which my child will be attending. I understand that failure to pay tuition in a timely manner will result in a \$10.00 late fee for any given week, on any and all unpaid balances, and may result in loss of enrollment.

I understand that I am responsible for payment of tuition regardless of vacations, illness, holidays, Center closings or any other absenteeism.

I agree to notify the Center at least two (2) weeks in advance if my child will be attending the Center on a school holiday or early dismissal day. I understand that I may not be able to bring my child to the Center on a school holiday or early dismissal day if I do not notify the Center at least two (2) weeks in advance. I understand that if I inform the Center that my child will be attending a specific school holiday or early dismissal day and change my mind at a later date, I will still be responsible for payment for the days I scheduled my child to come. I also understand that I am responsible for payment of tuition, regardless of absenteeism, once I inform the Center that my child will be attending a specific school holiday or early dismissal day.

I also agree to give the **Center at least two (2) weeks <u>WRITTEN</u> notification of withdrawal** of my child from the Center. I understand that I am still responsible for two weeks of tuition even if I fail to give two (2) weeks notice of withdrawal from the Center.

I agree to pay all of Watch Me Grow Daycare Center of WNY Inc.'s cost and expenses, including attorney fees and interest, in any way relating to the collection of the amounts due here or to the enforcement or protection of the rights of Watch Me Grow Daycare Center of WNY Inc.

I agree to release and hold harmless Watch Me Grow Day Care Center of WNY, Inc., its officers, directors, shareholders, employees, representatives and agents from any and all claims arising out of or related to the services to be rendered pursuant to this agreement other than as a result of the gross negligence or willful misconduct of Watch Me Grow Daycare Center of WNY, Inc.

I have also provided the Center with all pertinent medical and health information regarding my child as well as emergency notification information. I agree to keep the Center informed of any changes regarding this information.

I also authorize the Center to provide and/or arrange for treatment in case of a medical emergency.

I give my permission for Watch Me Grow Daycare Center of WNY, Inc. to videotape and photograph my child for use in the Center, marketing materials, our website and social media.

Signature of Parent/Guardian-Mother	Date	Signature of Parent/Guardian-Father	Date

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ALLERGY FORM

My child,	
(Please circle one)	
1.) HAS ALLERGIES TO	
or	
2.) DOES NOT HAVE ANY ALLERGIES	
Parent Signature	Date

Watch Me Grow Daycare 2550 Union Road

Cheektowaga, NY 14227

Telephone: 656-8050

Fax: 656-7729

Facility ID #: 00043609DC

PLEASE NOTE: This form must be

reauthorized every 6

months.

Written OTC Topical Medication Consent Form - First Aid

Parent to complete:		
Child's First and Last Name:	Date of Birth:	Child's Known Allergies:
I,	the parent of	l , authori
Watch Me Grow Daycare Center to adr child "as needed" for first aid: 1.) Neosporin	ninister the OTC topical n	nedications named below to my
2.) Antiseptic Wipes		
3.) Hydrogen Peroxide		
Parent's Name (Please Print)	Parent's Signature	
	r gronto dignature	Date
rovider to complete:		
Vatch Me Grow Daycare Center		
ame of Provider Who Received This Statement	Provider Signature	Date Received from

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MINOR INJURIES

I give permission for Watch Me Grow Daycare Center of WNY to apply over-the-counter first aid medication to my child in the event of a minor injury (brush burn, scrape, minor cut, etc...). These over-the-counter first aid medications are limited to and only include the application of the following:

- 1. Neosporin Ointment
- 2. Hydrogen Peroxide
- 3. Antiseptic Towelettes
- 4. Sting Kill Wipes Topical Analgesic
- 5. Buffered Eye Lert Emergency Eye Wash

Parent Signature						
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*1						
Cillia 5 IV	anne					
Child's N	ama					

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CHILD RELEASE AUTHORIZATION

Child's Name:		Date:	
pick-up person, i	f your child, Watch Me Grow gnated by the child's parent(s) in addition to the information fore the child is released. If a d with an original copy of the	found here. We also require	an alternative
I give my permis following people	sion for Watch Me Grow Day: (Please include yourselves!	ycare Center to release my ch	nild to the
Name	Address	Phone	Relationship
1.	×		
2,			
3.			
4.	a .		
	nese are the only individuals a nter each time these authorize y to update this list when it be		d and that I ny child. It
Parent Signature		Date	

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PARENT INFORMATION/EMERGENCY INFORMATION:

Child's Name:
MOTHER'S INFORMATION:
Name:
Employer:
Work Address:
Work Phone Number:
Home Address:
Home Phone Number:
Cell Phone Number:
Email:
FATHER'S INFORMATION:
Name:
Employer:
Work Address:
Work Phone Number:
Home Address:
Home Phone Number:
Cell Phone Number:
Email:

OCFS-	-LDSS-0792 (10/2018) FRC	TNC				Ì		
		7		NEW YORK STATE	//050			
		OFFICE OF CHILDREN AND FAMILY SERVICES DAY CARE ENROLLMENT						
					Date of B	irth:	Gen	der:
		Preferred Name/Nickname:			1	I_{γ}		
0	PHOTO OF HILD (Optional)	Child's Home Address:				- 1/		
		Name of Person Enrolling Child	:	Relationship to Child:	¬ 。			
		-1)		☐ Parent ☐ Guardian │ ☐ Other	Careta	ker ∐ Rela	itive	_
Pho	ne Number(s) of Pers		-1-4-4-4	Address of Person Enrollin	g Child (if	different the	an child):	
Ema	ail Address:	L	ok to text					
	EMERGENCY CO	ONTACT NAMES / ADDRESSES	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHE	R PHONE NU	JMBER / E	MAIL
ုဂ္ဂ	Primary Contact:		☐ Yes					
EMERGENCY INFO			☐ No	ok to text	☐ ok	to text		
S			Yes					
RGE			☐ No	ok to text	ok	to text		
ME			□ Vaa	on to text				
ш.			☐ Yes ☐ No	_				
				ok to text	☐ ok	to text		
III.	Program Use Only of Enrollment:	1 1		For Program Use Only Date of Disenrollment:	1	/		
OCFS-	L DSS-0792 (10/2018) REV	ERSE						
Chile	d's Full Name:				Date of			
Cho	ck hoves below to i	ndicate if your child has any sp	ooial naadalaa	rvices: None		1 1	_	
		cial Education Occupational T			cal Therap	υV		
	·	- ·			-	,		
	Other							
		n here AND discuss with your chi	ld care provide					
Child	d's Primary Care Phy	sician's Name/ Group:				Phone Num	ber:	
Pref	erred Hospital:	2				() - Phone Number:		
						()	-	
Child	d's Dental Care:					Phone Num ()	ber:	
		Child health insurance informat						
AGF	REEMENTS	the NYS Health Market	tpiace website	: https://nystateofhealth.ny.g	<u>IOV/</u>			
		y medical treatment for my child					□Yes	П №
•	consent for my child t	to take part in neighborhood trips on	(i.e., library, pa	rk and playground) away froi	n the prog	gram		
• 1	understand the progra	am may need additional permission	ons for situation	ns such as transportation, me	edication,			
	release of information, and field trips				+1			
! understand the program must give parents, at the time of enrollment of a child, a written policy statement as								
		undate this information who never						
10 1	agree to review and u	update this information whenever	a change occur	s and at least once every ye	ar		⊔ Yes	⊔ ио

DATE:

1 1

SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

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PEANUT-FREE FACILITY

Watch Me Grow Daycare Center is a **Peanut-Free facility.** Please check the ingredients of all food items brought into the Center to ensure that they do not contain nuts or nut by-products.

We have children who have severe nut allergies and cannot be exposed to items containing nuts or nut by-products.

Many items that you may think do not contain nuts, actually do! Please read the packaging labels on the items you plan to bring into the Center to confirm that they contain no nut or nut by-products.

Thank you for your attention to this matter.