

**WATCH ME GROW DAYCARE
CENTER OF WESTERN NEW YORK**

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 is newly constructed and 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. Sick room area, separate from other children, but within direct supervision of staff
12. Spanish classroom
13. Computer and phonics lab
14. 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 a 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 are very excited about both our computer and phonics lab and our Spanish classroom, which are integrated into your child's day here at Watch Me Grow. We also provide field trips, special visitors, and special events for the children to enhance their learning and fun!

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
2020**

Child's Name: _____ Age: _____

Male Female Birthday: _____

Grade (In September): _____ School: _____
Date: _____

Parent(s) Name: _____ Phone: _____
_____ Phone: _____

Address: _____

Starting Date for Care: _____

Estimated Arrival Time: _____

Estimated Departure Time: _____

Days Care Needed: MON. TUE. WED. THU. FRI.

Before & After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before School Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Holidays: _____ YES _____ NO

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 30th 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 30th. 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 WRITTEN 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 _____, authorize Watch Me Grow Daycare Center to administer the OTC topical medications named below to my child "as needed" for first aid:		
1.) Neosporin 2.) Antiseptic Wipes 3.) Hydrogen Peroxide		
Parent's Name (Please Print)	Parent's Signature	Date

Provider to complete:

Watch Me Grow Daycare Center		
Name of Provider Who Received This Statement	Provider Signature	Date Received from Parent

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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

Child's Name

Parent Signature

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CHILD RELEASE AUTHORIZATION

Child's Name: _____

Date: _____

For the safety of your child, Watch Me Grow Daycare will only release a child to those individuals designated by the child's parent(s). We require notification of an alternative pick-up person, in addition to the information found here. We also require photo identification before the child is released. If an Order of Protection exists, the Director must be provided with an original copy of the Order.

I give my permission for Watch Me Grow Daycare Center to release my child to the following people: (Please include yourselves!)

Name	Address	Phone	Relationship
1.			
2.			
3.			
4.			

I understand that these are the only individuals authorized to pick up my child and that I must notify the Center each time these authorized people will be picking up my child. It is my responsibility to update this list when it becomes necessary.

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: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	Child's Full Name:		Date of Birth: / /	Gender:
	Preferred Name/Nickname:			
	Child's Home Address:			
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: () - <input type="checkbox"/> ok to text		Address of Person Enrolling Child (if different than child):		
Email Address:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
<i>For Program Use Only</i> Date of Enrollment: / /		<i>For Program Use Only</i> Date of Disenrollment: / /		

Child's Full Name:		Date of Birth: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
Child's Primary Care Physician's Name/ Group:		Phone Number: () -
Preferred Hospital:		Phone Number: () -
Child's Dental Care:		Phone Number: () -
Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /

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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.