

# Nana - Manarah Daycare Application

Nahed Elseify, Day Care Director  
484-788-1643 (phone)

PROGRAM \_\_\_\_\_  
START DATE \_\_\_\_\_

Female  Male  
M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

**Mother or Guardian** \_\_\_\_\_ Cell Phone No \_\_\_\_\_  
Home Address \_\_\_\_\_ Employment \_\_\_\_\_  
Work Address \_\_\_\_\_ Phone \_\_\_\_\_  
Hours \_\_\_\_\_ Email Address \_\_\_\_\_

**Father or Guardian** \_\_\_\_\_ Cell Phone No \_\_\_\_\_  
Home Address \_\_\_\_\_ Employment \_\_\_\_\_  
Work Address \_\_\_\_\_ Phone \_\_\_\_\_  
Hours \_\_\_\_\_ Email Address \_\_\_\_\_

## People Authorized to pick up your child ( beside Mother / Father)

1- \_\_\_\_\_  
2- \_\_\_\_\_

## People to call in case of EMERGENCY (must list two people; do not list parents of the child)

1-Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Time Phone No \_\_\_\_\_ Cell Phone No \_\_\_\_\_  
2-Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Time Phone No \_\_\_\_\_ Cell Phone No \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ Phone No. \_\_\_\_\_  
Emergency Hospital Preference \_\_\_\_\_ Phone No \_\_\_\_\_  
Hospital Address \_\_\_\_\_ Dentist \_\_\_\_\_

**Nana - Manarah Daycare**  
1988 Schadt Ave  
Whitehall, PA 18052

**CONSENT AND CONTACT FORM**

This form is to be completed and signed by the child's parent or legal guardian.

**Name of child** \_\_\_\_\_

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent (if applicable) or the legal guardian at the telephone number provided below:

Parent or legal guardian's name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ on \_\_\_\_\_ hours/days  
\_\_\_\_\_ on \_\_\_\_\_ hours/days

Parent or legal guardian's name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ on \_\_\_\_\_ hours/days  
\_\_\_\_\_ on \_\_\_\_\_ hours/days

I give permission to take the appropriate measure including contacting the **emergency medical services (EMS) to arrange transportation to:**

\_\_\_\_\_ or  
the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility.

- |  |  |
|--|--|
| <input type="checkbox"/> ADMIN. OF MINOR FIRST-AID PROCEDURES  | <input type="checkbox"/> WALKS AND TRIPS |
| <input type="checkbox"/> TRANSPORTATION BY THE FACILITY WADING | <input type="checkbox"/> SWIMMING        |

\_\_\_\_\_  
**Parent or legal guardian's signature Date**

\*\*\*\*\***IMPORTANT PARENT INFORMATION**\*\*\*\*\*

If custody is established through Family Court, **ALL** papers regarding visitation and primary physical custody **MUST** be on file with the Cohoes Child Development Center's Daycare Program before enrollment of your child. Any changes in the original papers submitted must be updated with the daycare immediately.

**Nana - Manarah Daycare**

Personal Data  
Family & Social History Form

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother or legal Guardian \_\_\_\_\_ Age \_\_\_\_\_  
Father or legal Guardian \_\_\_\_\_ Age \_\_\_\_\_

**MARITAL STATUS OF PARENTS**

Married \_\_\_\_\_ Living Together \_\_\_\_\_ Stepfather \_\_\_\_\_  
Separated \_\_\_\_\_ Stepmother \_\_\_\_\_ Divorced \_\_\_\_\_

Custody/Visiting arrangements \_\_\_\_\_  
\_\_\_\_\_

**BROTHERS and SISTERS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in School \_\_\_\_\_

**CHILD EXPERIENCES**

Has child had group play experience? \_\_\_\_\_

Where \_\_\_\_\_

Does child have neighborhood playmates? \_\_\_\_\_

When and with whom does child watch television? \_\_\_\_\_

What are your child's favorite indoor/outdoor activities? \_\_\_\_\_

Does your child have fears that you are aware of? \_\_\_\_\_

**DEVELOPMENT HISTORY**

At what age?

Crept of hand and knees \_\_\_\_\_ Name simple objects \_\_\_\_\_

Sat alone \_\_\_\_\_ Repeated short sentences \_\_\_\_\_

Began toilet training \_\_\_\_\_ Slept through the night \_\_\_\_\_

Completed toilet training \_\_\_\_\_

Word child uses for Urination \_\_\_\_\_

Bowel movement \_\_\_\_\_ Usual time for bowel movements \_\_\_\_\_

**Nana- Manarah Daycare  
PERSONAL DATA CONTINUED**

Does child dress self - YES \_\_\_\_\_ NO \_\_\_\_\_ Undress self – YES \_\_\_\_ NO \_\_\_\_\_

What time does your child usually eat Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_?

What time does your child usually go to bed at night? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does your child have interrupted sleep? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any concerns about your child's development? Speech \_\_\_\_\_ Fine  
motor \_\_\_\_\_ Gross Motor \_\_\_\_\_ Behavior \_\_\_\_\_ Social/Emotional \_\_\_\_\_

What is the dominant language at home? \_\_\_\_\_

What method of discipline is used at home \_\_\_\_\_

What is the child's reaction? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What are your daycare expectations?  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any special family traditions or celebrations that you would like to share with us. \_\_\_\_\_  
\_\_\_\_\_

Please explain any other information that will help us better understand your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant permission to Nana Daycare for the following pictures to be taken of my child: Please initial if you agree). Your child's name may or may not appear in the below:

\_\_\_\_\_ Newspapers \_\_\_\_\_ Center Website \_\_\_\_\_ T.V.

\_\_\_\_\_ Displays \_\_\_\_\_ Grant Proposals \_\_\_\_\_ Video Please sign

if you choose not to have **any pictures** taken of your child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# HEALTH HISTORY

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Does your child have a history of:

High fevers \_\_\_\_\_ Ear infections \_\_\_\_\_ Colds \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Hepatitis \_\_\_\_\_

Mumps \_\_\_\_\_ Measles \_\_\_\_\_

Is your child on any medication on a daily basis? \_\_\_\_\_ If yes, what \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If yes, for what? \_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_

Has your child ever been exposed to peanut products? Yes \_\_\_\_\_ No \_\_\_\_\_  
List reactions. \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Do you know what the allergy is caused by? \_\_\_\_\_

Signs of reaction: Asthma \_\_\_\_\_ Difficulty Breathing \_\_\_\_\_ Swelling \_\_\_\_\_  
Hay Fever \_\_\_\_\_ Hives \_\_\_\_\_ Other \_\_\_\_\_

Has your child ever seen a dentist \_\_\_\_\_ Who? \_\_\_\_\_ Has your  
child had a vision screening \_\_\_\_\_ Hearing Tested \_\_\_\_\_

Give a statement of your child's overall health \_\_\_\_\_

## DAY CARE PARENT FEE AGREEMENT

Child's Name \_\_\_\_\_  
Program \_\_\_\_\_ Start Date \_\_\_\_\_ **Is**  
**this a joint account Yes \_\_\_\_\_ No \_\_\_\_\_** If yes  
please list other responsible party \_\_\_\_\_

Nana - Manarah Daycare  
1988 Schadt Ave  
Whitehall, PA 18052  
Phone Number: (484) 788 1643

### **REQUIREMENTS UPON ENROLLMENT:**

1. One week security deposit based on your parent fee.
2. First week of care paid prior to start date.
3. A Completed Registration Packet.

**Signature** \_\_\_\_\_

### **WEEKLY PAYMENT POLICY:**

Parents will have the option to decide on paying weekly, bi-weekly, or monthly. Whichever way you decide, you will be paying ahead for care. Ex. If you choose to pay monthly, the entire following month will be paid on the Monday prior to the first week of the new month.

**I/We choose to pay:** \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly

**YOUR PARENT FEE \$** \_\_\_\_\_

### **Payment Policy States:**

- Day Care Statements will be placed in your child's classroom at the beginning of each month. • Weekly parent fees are billed according to the number of Mondays within that month. • Payments must be received by the Friday before the next billing week (**you are always paying ahead**).
- Checks/money orders should be written to the "Nahed Elseify". Please include the child's full name and program in the memo line on your check and money order. There is a \$30.00 fee for all returned checks.

### **DELINQUENT PAYMENT POLICY:**

When you become delinquent on your account, not paying according to your agreement, the following procedure will occur:

- If the parent fee is not paid by Thursday, a phone call will be made to you on Friday reminding you that a payment must be made.
- If no payment is received by 12 noon Monday, you will receive a letter stating that you must have two weeks paid by that Thursday.
- If the two weeks payment is not received by that Thursday, your child/children will be terminated from the program(s) effective that Friday, your security deposit will be applied to the outstanding balance and your account will be reviewed by our accounting office.
- A staff member at Nana Daycare will review accounts that are delinquent. Unpaid accounts will be turned over to a collection agency if not settled within 30 days of termination and are subject to small claims court.

**Deposit Paid** \_\_\_\_\_

**Date Paid** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian's Signature/Date**

\_\_\_\_\_  
**Daycare Director/Administrator/Date**

# Policy

**Parents must pay for child care regardless of attending.** Payment **must** be made before the service, you have the option to pay Monday morning for the week or every two weeks or the start of the month. Kids on vacation or have a doctor appointment or not feeling well are still mandatory to pay.

## **Full-Time (M - F 7AM- 4PM):** Age Range Price

6 Weeks- 12 Months - \$250

Young Toddler (13 months- 24 Months) - \$250 (includes breakfast & 2 snacks)

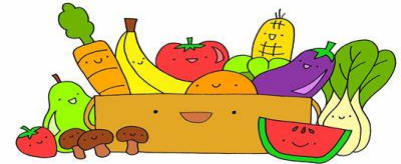
Older Toddler 24 months + - \$225 (includes breakfast & 2 snacks)

## **Part-Time (M - F 7AM- 12PM OR 3 days a week 7AM-4PM):** Age Range Price

6 weeks- 12 months- \$180

Young toddler (13 months- 24 months) - \$175 (includes breakfast & 2 snacks)

Older Toddler 24 months + - \$170 (includes breakfast & 2 snacks)



## Food:

Food provided will all be homemade, preference all children eat the same meal together.

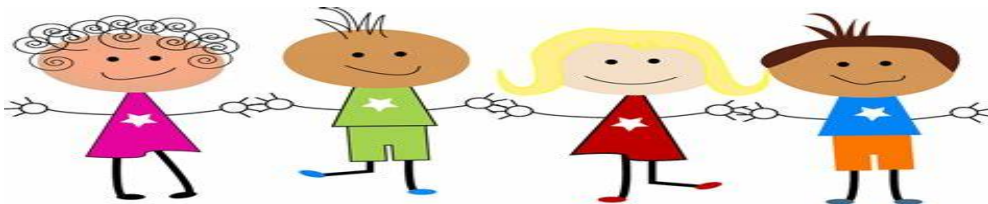
**Lunch and one snack additional cost for the week is \$25.**

**Breakfast:** Pancake, French toast, scrambled eggs, grilled cheese

**Snacks:** Yogurt, fruits, veggies, string cheese, cereal, applesauce

**Lunch:** Mac & Cheese, Chicken, Pasta with ground meat, Veggie with rice, soup, etc..

Healthy eating habits are more likely to stay with you if you learn them as a child. That's why it's important that you teach your children good habits now! At Nana's Daycare we ensure to fuel your kids with healthy choices.



# NANA- MANARAH DAYCARE

## Calendar

### HOLIDAYS/PLANNED CLOSINGS

All centers, programs and the administrative office will be closed for business on all listed dates.

#### 2024

|                     |                |
|---------------------|----------------|
| September 2nd       | Labor Day      |
| November 28th, 29th | Thanksgiving   |
| December 31st       | Winter Holiday |
| January 1st         | New Year's Day |

#### 2025

|                        |                      |
|------------------------|----------------------|
| February 28th          | First day of Ramadan |
| March 31st & April 1st | Eid-ul-Fitr          |
| May 26th               | Memorial Day         |
| June 5th, 6th          | Eid-ul-Adha          |

