Huguenot Nursery School Calendar
August 2024 - July 2025

August

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September

S	M	T	W	T	F	S	
1	2	3	4	5	6	7	**2-Labor Day**
8	9	10	11	12	13	14	3-Teachers Return
15	16	17	18	19	20	21	5-Children Return to School
22	23	24	25	26	27	28	
29	30						

October

S	M	T	W	T	F	S	
		1	2	3	4	5	**3-4-Rosh Hashanah**
6	7	8	9	10	11	12	12-Yom Kippur
13	14	15	16	17	18	19	**14-Indigenous Peoples' Day**
20	21	22	23	24	25	26	**31-Parent/Teacher Conferences only for T/Th 2's classes-No children**
27	28	29	30	31			31-Diwali

November

S	M	T	W	T	F	S	
					1	2	**1-Parent/Teacher Conferences No Children in School**
3	4	5	6	7	8	9	**11-Veterans' Day**
10	11	12	13	14	15	16	**27-29-Thanksgiving Recess**
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	

December

S	M	T	W	T	F	S	
1	2	3	4	5	6	7	**23-31-Holiday Recess**
8	9	10	11	12	13	14	25-First Night of Hanukkah
15	16	17	18	19	20	21	26-First Day of Kwanzaa
22	23	24	25	26	27	28	
29	30	31					

January

S	M	T	W	T	F	S	
			1	2	3	4	**1-3-Holiday Recess**
5	6	7	8	9	10	11	1-New Year's Day
12	13	14	15	16	17	18	1-Last Day of Kwanzaa
19	20	21	22	23	24	25	2-Last Night of Hanukkah
26	27	28	29	30	31		**20-Dr. MLK, Jr. Day**
							29-Lunar New Year

February

S	M	T	W	T	F	S	
						1	17-President's Day
2	3	4	5	6	7	8	**17-21-Winter Recess**
9	10	11	12	13	14	15	28-First Night of Ramadan
16	17	18	19	20	21	22	
23	24	25	26	27	28		

March

S	M	T	W	T	F	S	
						1	17-St. Patrick's Day
2	3	4	5	6	7	8	31-Eid-al-Fitr Begins
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

April

S	M	T	W	T	F	S	
		1	2	3	4	5	12-Passover Begins
6	7	8	9	10	11	12	**14-21-Spring Recess**
13	14	15	16	17	18	19	18-Good Friday
20	21	22	23	24	25	26	20-Easter
27	28	29	30				

May

S	M	T	W	T	F	S	
				1	2	3	**1- Parent/Teacher Conferences only for T/Th 2's classes-No children**
4	5	6	7	8	9	10	**2- Parent/Teacher Conferences No Children in School**
11	12	13	14	15	16	17	**22–23-Compensatory Days TBD**
18	19	20	21	22	23	24	**26-Memorial Day**
25	26	27	28	29	30	31	

June

S	M	T	W	T	F	S	
1	2	3	4	5	6	7	18- Last Day of School
8	9	10	11	12	13	14	19-Juneteenth
15	16	17	18	19	20	21	30-Camp begins
22	23	24	25	26	27	28	
29	30						

July

S	M	T	W	T	F	S	
		1	2	3	4	5	4 - Independence Day
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

Huguenot Nursery School ♦ 901 Pelhamdale Avenue ♦ Pelham Manor, NY 10803 ♦ (914) 738-6346

Child Information Form

The information provided below will be shared with the teachers. This will help them while preparing for this year's curriculum and an educational plan for the classroom.

Child's name_____ **DOB**_____

Preferred name/nickname _____

Parent's Name: _____ _____

Preferred Contact Phone Number: _____

What does your child call his/her parents? _____

_____

Siblings	**Name**	**Age**
	_____	_____
	_____	_____
	_____	_____

Health:
Does your child have any allergies: _____

If yes, please explain: _____

Does your child take any medication regularly?
_____

Does your child have any special needs we should be aware of?

_____

Does your child have any disabilities or receive any special services?

_____

Developmental:
What is your child's primary language?
_____

How do you feel your child's language is developing? _____

Has your child been in a group care situation before? If so, where
_____

Does anyone else take care of your child on a regular basis:
_____

Are there any special interests your child has that we may be able to incorporate into our curriculum_____

Are there any specific goals that you have for your child this year?

Anything else you would like the teacher to know?

_____

Picture Release Form

At Huguenot Nursery School the teachers take a lot of pictures in the classroom to document your child's growth and development. From time to time we like to use some of those pictures in school newsletters and the website. The children's names are not listed when we post pictures.

Please sign below to give permission for us to use your child's picture in the newsletter and/or website.

- ○ I **give** permission to Huguenot Nursery School to use photos of my child/children _____ in school newsletters and the school website.
- ○ I **DO NOT** give permission to Huguenot Nursery School to use photos of my Child/children _____ in school newsletters and the school website.

Print Name: _____

Signed: _____

Date: _____

OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

PROGRAM NAME:	ADDRESS:	PHONE NUMBER: ( ) -

CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:	DATE OF BIRTH: / /	GENDER:

CHILD'S HOME ADDRESS:

NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____

PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - ☐ ok to text **EMAIL ADDRESS:**	ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
PRIMARY CONTACT:	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text

FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /	***FOR PROGRAM USE ONLY*** DATE OF DISENROLLMENT: / /

OCFS-LDSS-0792 (08/2019) REVERSE

CHILD'S FULL NAME:	DATE OF BIRTH: / /

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy

☐ Allergies (Please list) _____

☐ 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 care 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…… ☐ Yes ☐ 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…… ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips…… ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child…… ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation…… ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year…… ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

OCFS-LDSS-4433 (Rev. 06/2019)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /

Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). ☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	5th Date / /
Polio (IPV or OPV)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	
Haemophilus influenzae type B (Hib)	1st Date / /	2nd Date / /	3rd Date / /	4th Date **OR** 1st Date (if given on or after 15 months of age) / /	
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	
Hepatitis B	1st Date / /	2nd Date / /	3rd Date / /		
Measles, Mumps and Rubella (MMR)	1st Date / /	2nd Date / /			
Varicella (also known as Chicken Pox)	1st Date / /	2nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative _____ mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

2 years / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Most recent date of lead screening (if different from above):

/ / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics		Comments
Are there allergies? (Specify)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. ☐ Yes ☐ No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

( ) - Phone

/ / Date