



2019 Inchworm Summer Program Application

SCARSDALE CONGREGATIONAL CHURCH NURSERY SCHOOL – INCHWORM

One Heathcote Road • Scarsdale, New York 10583 • 914-723-2440

NAME OF CHILD: _____ Male _____ Female

ADDRESS: _____

HOME PHONE: _____ AGE: _____ DATE OF BIRTH _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S OCCUPATION: _____ BUSINESS/CELLPHONE: _____

MOTHER'S OCCUPATION: _____ BUSINESS/CELLPHONE: _____

EMAIL ADDRESS: _____

SIBLINGS: _____ AGES: _____

EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

DOES YOUR CHILD RECEIVE ANY SERVICES (Speech, OT, PT, etc.):

DOES YOUR CHILD HAVE ANY ALLERGIES OR TAKE MEDICATION ON A REGULAR BASIS:

ANY ADDITIONAL INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD (i.e., social or behavioral concerns, first time in a classroom setting, other languages spoken at home, etc.):



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Tuition is \$215 per week

I wish to enroll my child for the following dates (three week minimum):

- Week 1: July 1 – July 3 (\$162 for this week because of July 4th holiday)
- Week 2: July 8 – July 11
- Week 3: July 15 – July 18
- Week 4: July 22 – July 25
- Week 5: July 29 – August 1
- Week 6: August 5 – August 8

In so doing, I recognize my responsibility to cooperate with the school by observing all health regulations and financial obligations.

Signed: _____ Date: _____
(parent or legal guardian)

To register:

- Return all registration forms
- Include a check for your child’s minimum three weeks tuition: **\$645.00** (\$592.00 if you are only signing up for three weeks and one of those three weeks is week 1). The check must accompany this signed form. This is non-refundable. The balance of tuition for additional weeks is due by **June 1, 2019**. This is also non-refundable.
- *Please make all checks payable to: SCC NURSERY SCHOOL – INCHWORM*
- Applications will not be accepted unless everything is included

Occasionally a child will require more care and attention than the staff can reasonably provide. We reserve the right to decide whether such child’s admittance or continued attendance in the program is appropriate. Parents should be aware that we are not staffed sufficiently to provide special “potty training” arrangements.

We would love to know how you heard of us! Please check as many boxes that apply:

- Church/Nursery School Inchworm Banner Newspaper/Magazine
 Word of Mouth Other: _____



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MEDICAL

I hereby give my permission for my child _____
to participate in the Inchworm Summer Program at the Scarsdale Congregational Church
Nursery School. I have disclosed all known allergies and relevant past medical history in
the application form. In the event an emergency occurs, and I cannot be reached, I
hereby give my permission to the Director or her designate to secure proper medical
treatment for my child. I agree to hold harmless from any liability the staff and
volunteers of Inchworm Summer Program at the Scarsdale Congregational Church
Nursery School for securing such treatment for my child.

Signed: _____ Date: _____
(parent or legal guardian)

PERMISSION TO CHANGE/ASSIST WITH TOILETING

I hereby give the staff of the Inchworm Summer Program permission to change my child’s
diaper or clothing, if needed. I hereby give the staff of the Inchworm Summer Program
permission to assist my child with toileting, if needed, including assisting with wiping
and adjusting clothing.

Signed: _____ Date: _____
(parent or legal guardian)

MEDICAL / HEALTH FORMS

PLEASE NOTE: WE FOLLOW NEW YORK STATE PUBLIC HEALTH LAWS REGARDING IMMUNIZATIONS

A current medical form including all up-to-date vaccinations is required. Please submit your physician’s form no later than June 1, 2019. Your child will not be permitted to begin camp without a recent (within 1 year) form signed by a physician. Should you need a blank form to provide to your physician, please contact Melissa DiCostanzo.



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PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency care if warranted. These steps may include, but are not limited to the following:

- Attempt to contact a parent or guardian.
- Attempt to contact child's physician.
- Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
- If we cannot contact you or your child's physician we will do any or all of the following:
 - A) Call another physician or paramedics;
 - B) Call an ambulance;
 - C) Have the child taken to an emergency hospital in the company of a staff member;
 - D) Any of the expenses incurred will be borne by the child's family
- The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed _____ Date _____
(Mother or legal guardian)

Signed _____ Date _____
(Father or legal guardian)