



Rothschild Early Childhood Center 2019 - 2020 Registration Form (September - June)

Licensed through the New York State
Office of Children & Family Services



Office of Children
and Family Services

Child's Date of Birth: ___/___/___ Sex: Male Female

For office use only	NON-REFUNDABLE *Registration Fee \$25 per family	
<input type="checkbox"/> Forms Booklet	pd	chd
<input type="checkbox"/> Blue Card		
<input type="checkbox"/> Medical/IMM		
Age at Start of Session: ___ yrs ___ mos		
Date Child Will Begin Classes ___/___/___		
Placement _____		

Child's Name: _____
Last Name First Name Middle Name

Address: _____
Number and Street

City State Zip Code Home/Primary Phone

Allergies/Dietary Restrictions or Special Needs: _____ None/Unknown

Parent/Guardian: _____
Name Mobile Phone Daytime Phone

Email: _____

Parent/Guardian: _____
Name Mobile Phone Daytime Phone

Email: _____

Two Names for Emergency Contact (OTHER THAN PARENT OR GUARDIAN):

Name: _____ Day Phone: _____ Mobile Phone: _____

Name: _____ Day Phone: _____ Mobile Phone: _____

- Mon - Fri (5 days)
- Mon, Wed, Fri (3 days)
- Tues, Thurs (2 days)
- Regular Day: 8:30 am - 3:30 pm
- Extended Day: 6:30 am - 5:30 pm



- UPK (must be age 4 by 12/01/19) 3PK (must be age 3 by 12/01/19)
(For Syracuse City Residents only; must attend all 5 days)
- UPK/3PK Wrap Around Care: 6:30 am - 9:00 am and/or 3:00 pm - 5:30 pm
 Mon Tues Wed Thurs Fri (choose any number of days)
- *Registration fee waived for UPK/3PK only.

How did you hear about us?

Flyer Word of Mouth

Website Social Media

Newspaper Child Care Council

School - Age Program: Kindergarten - 12 years old

Grade in Sept 2019: _____ School Attending: _____

Before School Program: 6:30 am until bus pick up Snow Days

After School Program: bus drop off until 5:30 pm School Breaks

Parents must arrange for transportation with the bus garage in the district for their children in grades K-7 in Jamesville-DeWitt and Syracuse City Schools who attend the RECC.

I hereby consent to have my child treated by a physician or emergency medical professional for medical or surgical care should an emergency arise. Every effort will be made to have a staff person accompany a child in the event transport by ambulance is necessary. I understand every effort will also be made to contact the child's parent(s) guardian(s) before such action is taken.

This enrollment form is a binding contract. Termination of enrollment, either before or after your child begins school, must be provided in writing two weeks in advance. If cancellation is received later than two weeks before your child's planned start date, you will be charged for two weeks of school, or any portion thereof, that school is in session.

Signature of Parent/Guardian Printed Name Date

This registration form must be accompanied by a non-refundable \$25/family *registration fee. Please email or drop off this form at the address below.

450 Kimber Road • Syracuse, NY 13224 | ph: 315-445-0049 fax: 315-445-9530
www.rothschildearlychildhoodcenter.org | recc@adath.org