

PINNACLE



ATHLETIC CAMPUS™

Pinnacle Preschool Registration Packet



About Pinnacle Preschool

Dear Pinnacle Preschool Parent:

At Pinnacle Preschool, we provide the opportunity for your child to grow and become more acquainted with a classroom setting while having fun with every step! Every child will be able to explore this fun educational space with hands-on learning activities and games. Our classroom is equipped with a variety of age-appropriate learning tools/games that teaches each child how to build vital skills for their future. These tools will help the development of skills such as physical, social, science, mathematics, arts, and literacy while also offering an environment where they can learn and interact with their fellow classmates. Children at this stage in their learning, are beginning to enhance their social and fine motor skills moving from parallel play to interactive play, and Pinnacle Preschool is here to help foster that growth. Our goal is to help provide tools for your child to find the answers to questions on their own, with our professional and engaging teachers there to help them. We are here to foster growth in your child as they take steps to prepare themselves to be classroom ready!

Sincerely,
Your 2023 Camp Pinnacle Staff

Our Team:

Grace Conklin: General Manager

grace@pinnacle-athletic.com

Patty Clemente: Billing

patty@pinnacle-athletics.com

Rob Morey: Youth Manager

rob@pinnacle-athletic.com

Curriculum and Skills

Physical: Turf & Gym

- Gross Motor: Large muscle development, coordination, and control including arms, legs and torso.

Activities

- Climbing/running/jumping
 - Balancing
 - Hopping
 - Dancing
 - Building with blocks
 - Beginning of cooperative movement games
-

Physical: Classroom

- Small Motor: Beginning opportunities to develop dexterity and facility of manipulation of smaller muscle groups including hands and fingers.

- Using table toys and manipulatives
 - Play dough
 - Art materials
 - Scissors/cutting
 - Water & sand play
 - Drawing
-

Social Studies

- Community
- Developing Self-Control
- Security and safety
- Developing self-awareness, self-confidence and independence
- Relationship of self to group
- Learning a process to solve conflicts
- Working together
- Accepting limits

- Classroom jobs
- Learning group rules
- Learning the schedule
- Working as a group to achieve a goal
- Group discussions about families, friendship and group responsibilities
- Listening and discussing stories
- Circle time
- Making class books
- Free play
- Conflict resolution process
- Singing

Curriculum And Skills

Language Arts

- Discussing
- Listening
- Observing and experimenting with sounds of language

Activities

- Circle time/group meeting
- Listening to others
- Giving your opinion
- Awareness of classmates' names
- Singing and rhyming games
- Drawing

Math

- Counting
- Size and Shape
- Mathematical Language
- Comparing, Sorting, Ordering

- Taking attendance
- Counting song
- Legos
- Block area
- Helping with snack/ one-to-one correspondence

Science

- Life cycles
- Body awareness
- Exploring our natural world

- Exploring light and shadows
- Using our senses
- Mixing colors
- Seasons
- Natural and found object explorations

Art

- Fine Motor
- Language of Art
- Tools of Art

- Using brushes and scissors
- Discussing the art projects of peers
- Exploration of different mediums
- Appreciation of music
- Waiting your turn

Required Forms

Required Forms for the First Day of Camp

The following forms are required before your child can attend camp. Each child needs a packet completed prior to attending Preschool. They cannot be filled out on one packet due to the nature of the information being provided.

These forms can be emailed to rob@pinnacle-athletic.com or brought in on the first day.

- Registration Form
- Emergency Contacts & Authorized Pick-Up
- Code of Conduct
- Copy of your child's medical statement
- Waiver and Release of Liability
- Social Media Release
- Sunscreen Permission

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: / /	
	CHILD'S HOME ADDRESS:			GENDER:
	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 Child	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
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /		FOR PROGRAM USE ONLY 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 (Please 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 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.....	<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: / /

Registration/Rates

Please mark on the right column below which session your child will attend. Payment will be made every Friday during during the duration of the program.

Child's Name: _____

3's & 4's Program

Time: 9:00am-11:30am

Tuesday and Thursday: \$45

Monday/Wednesday/Friday: \$65

Monday-Friday: \$110

Children's Code of Conduct

BEHAVIOR POLICY

Pinnacle Athletic Campus will provide discipline in a fair manner. Punitive methods are never acceptable. Pinnacle Athletic Campus does it's best to provide a nurturing environment for children of all different backgrounds, and encourages each child to reach their full potential. This is achieved through the following:

Role Modeling, Positive Reinforcement, Use of Problem Solving Skills, Providing Corrective Tools.

Any student who commits an act of physical aggression or gross disobedience will complete a behavior incident report with preschool staff. Reports will be shared with the child's parents/guardians, and may result in any of the following actions as determined by the camp director or director designee:

First Offense: Parents will be contacted and the child will be suspended for the next day of the program.

Second Offense: Child will be suspended from program for the remainder of the session.

Third Offense: Child will be expelled from program for the remainder of the year.

There will be no refund or fees or deposits for days a child is suspended. Please go over these policies with your children. Your cooperation is needed to ensure that the right of each camper to have a safe and happy environment is attained.

Please review the following with your child:

As a participant in the Pinnacle Preschool Program, I agree to:

1. Follow all Program rules during mealtimes, activities, and emergency drills.
2. Follow all instructions given by the Preschool Staff.
3. Tell the Program Teachers if I am sick or hurt.
4. Respect all other children, supplies, equipment, property and the Preschool instructors always.

Parent Signature: _____ Child's Signature: _____

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

Waivers & Release of Liability

Illness/Injury

Small cuts and scrapes will be treated by our CPR/First Aid certified staff using standard first aid procedure. In all cases of serious illness or injury, the Youth Manager will contact the parent immediately. If the parent or guardian cannot be reached, we will contact any or all emergency contacts listed on the registration form. The Staff at Pinnacle will contact emergency services at any time it believes it is necessary for the safety of a child. This could involve EMS and/or transportation to an emergency medical facility. If your child is sick, please keep them home from the Pinnacle Preschool. Children with a fever over 104.0 degrees or experience vomiting, diarrhea or other infirmaries are not allowed to attend program. To return to preschool, your child(ren) must be symptom free for 24 hours.

Drop Off/Pick Up

Anyone picking up a child MUST have ID on them and be on the pick up list. If they are not on the pick up list or do not have ID, we will not be able to release the child.

Drop off will be done outside between 8:30-9. Pick up will be between 3:30-4pm and will be done outside. Any children that are being picked up outside of the time from will check in at the front desk.

Damages

The parent/guardian(s) will be held liable for any damage(s) caused by the child(ren) while in the provider's care unless caused by the negligence of the provider. (This does not apply to normal wear and tear on toys or furniture, only to damage.)

Termination

This contract begins on the following date: _____ and may be terminated by either parent/guardian by giving one (1) week's written notice to the other party. The provider terminate the contract without notice if the parent/guardian is over two (2) weeks late with scheduled payments. Parent/guardian may terminate the contract without notice if the provider does not comply with NYS child care regulation/laws. Changes to the contract, desired by either provider or parent/guardian, must be made in writing and acknowledged in writing by the other party at least two (2) weeks before the desired change takes effect. A new contract may be signed at that time to reflect the changes.

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINORITY AGE (Under age 18 at time of registration)

IN CONSIDERATION of my child being allowed to participate in any way in the training, events and activities (“Activities”), related events and activities, the undersigned parent(s) or legal guardian(s), acknowledges, appreciates, and agrees that:

- 1. The risk of injury to my child from the Activities is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and**
- 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Pinnacle Athletics, LLC and Pinnacle Athletic Campus, LLC or others, and assume full responsibility for my child's participation; and**
- 3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and**
- 4. I, for myself on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, hereafter referred to as Releases, with respect to any and all injury, disability, death, or loss or damage to person or property incidental to my child's involvement or participation in these programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.**
- 5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby agree to assume the risk and hold harmless, release, and otherwise indemnify Pinnacle Athletics, LLC and Pinnacle Athletic Campus, LLC, its officers or agents, its affiliated organizations and sponsors and the owners of, in the performance of said fields and facilities utilized for the programs, from any liability from any and all liabilities incidental to my involvement or participation in the Activities, even if arising from their negligence, to the fullest extent permitted by law.**

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement

Signatures

By signing this contract, all parties agree to all above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

Provider: _____ Date: _____

Legal Guardian: _____ Date: _____

Legal Guardian Address: _____

SOCIAL MEDIA

I understand that once I, or my family members, image(s) have been captured, they may be posted on the Pinnacle Athletics Website or social media platforms, the image can be downloaded by any computer user on or off the premises of the Sports Complex. Pinnacle Athletics also reserves the right to discontinue use of photos without notice.

My child can have photos taken of them during preschool

I prefer that my child does not have photos of them taken by Pinnacle Staff, and understand that others in the facility may have photos of them taken.

Parent Signature: _____ Date: _____

SUNSCREEN

Please apply sunscreen to your child every morning before drop off. If you choose to send your child with the face sunscreen, we will assist in applying to bare surfaces including ears and bare shoulders, arms, legs, and feet 15-30 minute before outdoor activity, as needed. Please be sure to clearly label your child's sunscreen.

*Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

I do not want my child to use any sunscreen other than the one that she/he brings.

In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I am the parent or guardian of the minor Participant named above, having legal responsibility for this minor, and I do hereby consent (with the approval of my spouse, if any) to the minor's participation in the Activities and agree to the Release of Liability as provided above and hereby make and enter into each and every representation, certification, waiver, release, assumption and indemnity described above in the Release of Liability on behalf of myself, the minor, any other parent or guardian of the minor, and our heirs, assigns, personal representatives, and next of kin.

I agree to give up my rights, the minor's rights, and the rights of any other parent or guardian to maintain any claim or suit against Releases arising out of the minor's presence or participation in the Activities. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES, and I agree to indemnify and defend the Releases for all liability arising out of any lack of authority on my part to make such waivers and releases.

Parent Signature: _____ Date: _____