



gearing up for
Kindergarten

Dear Parent(s) of incoming Kindergartener,

For those of you who are new to the school district, we welcome you to Nanuet. For kindergarten parents who already have sons and daughters in our schools, we welcome you back! Our school district has all the advantages of a small community, and its diverse and talented staff provide for experiences that go well beyond those found in a typical small learning community. Our Family Resource Center is a place where families can find support and information, participate in programs, access services, and get to know other parents and children.

The Nanuet Schools offer a quality education in a warm and nurturing environment. The voyage begins here at George Miller, and we encourage you to get involved with your son or daughter's education. Today starts a thirteen year relationship between the school, you and your child. As your child develops, we encourage you to develop partnerships with the teachers, principals, your Family Resource Center and other parents.

We know that there may be some level of nervousness in late August as the first day of school approaches. This is very typical. We believe that there are specific activities you can engage in that will make this exciting endeavor as smooth as possible. Here are some suggestions:

- "Follow" our principal, Ms. Griffin, on Instagram @ nanuetmiller to see great pictures and videos of G.W. Miller. Scroll through with your child.
- Use the school-playground on weekends and holidays so your child can be familiar with it.
- Pick out a lunchbox together. This family involvement is rather comforting and it also creates a level of excitement. By letting your son or daughter participate in the selection of such an important item, you are taking the first step in giving them ownership of their education. By getting involved, you are modeling a level of involvement that we hope will remain through the high school years.
- Leave a special note or picture in his or her lunchbox the first days of school.
- Over the summer, avoid talking too frequently about school starting. Instead, let your child guide you in these conversations.

To mark your visit today and to let you know how much we care, the Nanuet Family Resource Center, the Nanuet Teachers' Association, which represents teachers and teaching assistants, and the Elementary PTA have joined together to provide a special backpack with a box of crayons and a copy of the book *The Kissing Hand* by Audrey Penn. This book is intended to help make your child's transition from home to school as smooth as possible. This touching story addresses separation anxiety in a simple and meaningful way. We would like to thank the NTA members, PTA, and the Family Resource Center staff that volunteered their time to prepare the materials for this day. Have a wonderful summer!

With warm regards,

Rose Ann Mercado

Rose Ann Mercado, Director
Nanuet Family Resource Centers
In partnership with Rockland 21st Century
Collaborative for Children & Youth

JoAnn Fastiggi

JoAnn Fastiggi, President
Nanuet Teachers' Association

Dena Demersky

Dena Demersky, President
Nanuet Elementary Parent Teacher Association

Attention Class of 2031



By attending your Principal's Evening Tour and Orientation

Hosted by the Nanuet Family Resource Center

In partnership with Rockland 21st Century Collaborative for Children & Youth

Families will hear a story in the **Library**

Sing a song in the **Music Room**

Create your Art smock in the **Art Room**

(Please bring a large white T-Shirt)

Have fun in the **Gym**

Students will have a snack in the **Cafeteria**

Parents will meet with the

principal, **Ms. Griffin** and assistant principal, **Ms Leahy**,

for a discussion on important information about

our kindergarten program.

Place: GW Miller Elementary School

Time: 6:00 pm

Dates: May

other dates will be added as needed

Please sign up, call the Nanuet Family Resource Center at

627-4889 or e-mail rmercado@nanuetd.org

to reserve one of the dates.

(Only 25 students per session)

Registration is Required

***Please remember to bring a large white T-shirt for your Art Smock.**



Nanuet Union Free School District
GEORGE W. MILLER ELEMENTARY SCHOOL

50 Blauvelt Road • Nanuet NY 10954 • Phone: 845-627-4860 • Fax: 845-624-1534

Maryellen Griffin
Principal

Catherine Leahy
Assistant Principal

Mark S. McNeill, EdD
Superintendent of Schools

Frequently Asked Questions about Kindergarten

1. What time does school start?

- The student's school day starts at 9:05 am and ends at 3:35 pm.

2. When will the bus come?

- You will receive a post card in the mail at the end of August notifying you of the location of your bus stop and time. Please go outside at least ten minutes early until the bus has established a routine.
- Drop off - If you choose to drop your children off at school, pull into the middle lane and drive up to the drop off lane next to the side walk. Children exit the car independently from the right side of the car only and enter the building from the platform. **Student drop off begins at 8:45 am and ends promptly at 9:05 am. Students cannot be dropped off earlier.**
- If you want to walk your child to the platform, you must park at the Elks Club. All parking lot spots are reserved for teachers and staff.
- If your child is buying breakfast, they may arrive at 8:45 am. Breakfast costs roughly \$1.50. It is served until 9:05 am for all students who purchase it.

3. What happens if my child is late to school?

- The doors on the platform are locked at **9:05 am**. If a student is late, they must be walked by a parent/guardian to the front office to get a late slip. Without a late slip, they will be marked absent for the school day.

4. When will my child arrive home from school?

- Student dismissal begins at 3:25 pm. Parents can pick up their children from the back gym at 3:25 pm. These students are referred to as walkers. The gym doors will not be open until then.
- Parents are allowed to park in any empty spot **after 3:00 pm** in order to pick up a child at the end of the day.
- If your child needs to be dismissed before 3:20 pm from the main office, please send in a note to your child's teacher that day. Children cannot be picked up from the office after 3:20 pm.

5. What happens if my child is sick?

- Please call the nurse's office to report the absence (627-4864). The child will be marked with an unexcused absence if no call is received.
- If your child is diagnosed with strep, they must remain home until they have been medicated for 24 hours.
- If they have fever, diarrhea or vomiting, they must remain home for at least 24 hours after being symptom free.
- Please send in a note when your child returns to school.



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Principal

Catherine Leahy
Assistant Principal

Mark S. McNeill, EdD
Superintendent of Schools

- Please call the nurse if you have any questions or concerns.

6. What will my child eat during the day?

- Each class has a snack period, so **send a healthy snack everyday please**. You will be notified if your child's classroom is peanut free. This pertains only to snack.
- School lunch can be purchased everyday. The menu is posted on our school website at the beginning of each month. You will be receiving a packet with information on lunch accounts.

7. Are there rules for the bus?

- Bus safety is a major priority for us. You will receive a packet at the start of school with a parent contract so you can discuss the bus rules with your child.
- We review the rules regularly and hold assemblies to teach students what is expected.
- Riding the bus is a privilege and not a right. Multiple disciplinary actions may result in a bus suspension.

8. Where do I park when I visit?

- There are 5-6 visitor spots on the left when you pull in the parking lot; all other spots are assigned to teaching staff.
- During any school functions, please park at the Elks Club.
- Only after 3:00 pm can you take a parking spot.
- When dropping off quickly after 9:05 am, you can pull into the main driveway for a brief time period.

9. Are before-school and after-school programs offered?

- Yes, please call Rose Ann Mercado at the Family Resource Center at 627-4889, rmercado@nanuetsd.org or Shannon Pollack at the SAC office at 627-4891, spollack2@nanuetsd.org.


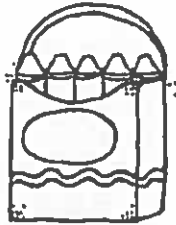




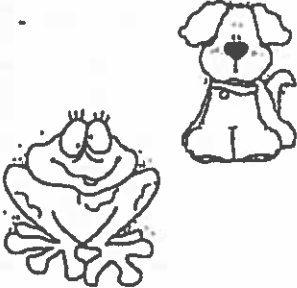
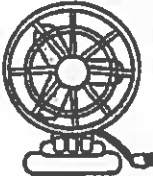
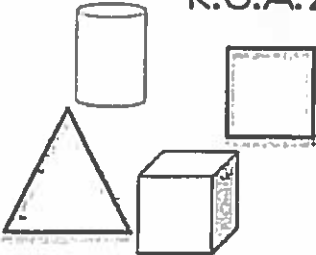



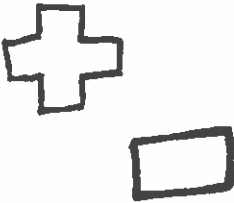
10. Follow us on SOCIAL MEDIA!

- **Twitter and Instagram:** @nanuetmiller
- Nanuet UFSD website: www.nanuetsd.org
- Nanuet Elementary PTA: Instagram: @nanuet_elementary_pta; website: www.nanuetelementary.com; Facebook: Nanuet Elementary PTA; email: nanuetpta@gmail.com

Read, Read, and Read some more this summer. Please read the **Parent Literacy Handbook** for fun ideas of how to help build your child's literacy skills. It can be found on the George W. Miller home page, under PARENTS tab.

WELCOME TO MILLER!!! Your children will be in good hands. Thank you for your trust in us.

My Kindergarten Goals

 <p>I can write my first and last name!</p>	 <p>I know my colors!</p>	<p>K.RF.1.d</p>  <p>I know all my letter names!</p>	<p>K.RF.1.a</p>  <p>I know all my letter sounds!</p>
<p>K.RF.1.b</p> <p>a e i o u</p> <p>I know all the vowels and their sounds!</p>	<p>K.RF.3</p>  <p>pig bug</p> <p>I can read CVC words!</p>	<p>K.RF.3.c</p> <p>the can</p>  <p>see my</p> <p>I can read all my sight words!</p>	<p>K.RF.3.c</p> <p>the can</p>  <p>see my</p> <p>I can write all my sight words!</p>
<p>K.RF.2.a</p>  <p>I can rhyme!</p>	<p>K.RF.2.d</p>  <p>/f/ /a/ /n/</p> <p>I can segment words!</p>	<p>K.G.A.2</p>  <p>I can identify shapes!</p>	<p>K.CC.A.3</p>  <p>I can identify numbers 1-20!</p>
<p>K.CC.A.1</p> <p>100!!</p>  <p>I can write the numbers 1-20!</p>	<p>K.CC.A.1</p>  <p>I can count to 100 by 1's!</p>	<p>K.CC.A.1</p>  <p>10's</p> <p>I can count to 100 by 10's!</p>	<p>K.OA.A.1</p>  <p>I can add and subtract!</p>



Nanuet Public Schools

101 Church Street ♦ Nanuet NY 10954 ♦ Phone: 845-627-9831 ♦ Fax: 845-623-4282

Mark S. McNeill, EdD
Superintendent of Schools

MaryAnn Gregor
Food Service Director

Dear Parents/Guardians:

On behalf of the Nanuet Union Free School District, my staff and I would like to welcome you and your child to the School Lunch Program.

To familiarize yourself and your child with the process of purchasing lunch and breakfast, I have enclosed the following:

- *Sample Menus
- * Sample Snacks Available at George Miller
- *Explanation and Sample of your Child's PIN
(Personal Identification Number)
- *All available on district website under Food Services

In August, you will receive information about your child's PIN # and an application for the Free/Reduced Meal Program.

If you would like to familiarize yourself with the district online payment plan, please visit "Pay Pams" Parent Account Management Systems under food services.

If you have any questions, please contact the Food Service Department @ 845-746-5549

Sincerely,

MaryAnn Gregor
Food Service Director



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101 Church Street ♦ Nanuet NY 10954 ♦ Phone: 845-627-9831 ♦ Fax: 845-623-4282

Mark S. McNeill, EdD
Superintendent of Schools

MaryAnn Gregor
Food Service Director

Please be informed that our cafeteria is using a computerized cash register system that requires each student to enter a PIN (Personal Identification Number) to pay his/her meal from his/her account balance. Your child's PIN number is 1234 (sample)

Please help your child to remember this number and keep it confidential. Your child will enter that number on the PIN pad at the register when paying for his/her meal. Please continue to make payments to your child's account by sending cash, check or online with PayPams (www.paypams.com). In order to sign-up for PayPams you will need your child's Student ID which is (123456789-sample). Checks should be make payable to **"Nanuet Union Free School District Lunch Room Acct"**.

If you have any questions concerning your child's account contact the Food Service Department at 845-627-9831 or 845-746-5549

Sincerely,

MaryAnn Gregor
Food Service Director





♥ Welcome to
Kindergarten

And The
School Lunch Program

Welcome to George W. Miller Lunch Program

At George Miller, we offer a hot entrée, an alternative, assorted sandwiches and salads every day.

Snack offerings will be limited to wholesome choices such as fresh fruits and snacks approved by the “Smart Snacks in School Program.”

It is our mission to help your children learn to eat and enjoy foods with the highest nutritional value.

It is our commitment to reduce or eliminate Trans Fat and unnecessary food additives from your children’s lunch

Our dining program boasts menus that are delicious and highly appeal to young children. We provide the wholesome foods so important to nurturing the health and growing bodies at every stage of development.

“Serving Lunch that is Nutritious & Delicious!”



ELEMENTARY SNACKS

ELEMENTARY SNACKS

2017-2018 School Year



ITEM	PRICE
Baked Chips - Assort. Varieties	\$ 1.00
Chex Small	\$ 0.75
Fruit Snacks - Motts	\$ 0.75
Heartzels	\$ 0.50
Home Free Cookies (Gluten & Allergy Free)	\$ 1.75
Ice Cream - Assort. Varieties	\$ 1.00
Ice Cream Sandwich	\$ 1.25
Lindens Chippers -Chocolate Chip	\$ 1.00
Pop Tarts 1 CT.	\$ 0.75
Rice Krispie Treats	\$ 1.00
Soft Baked Pretzel	\$ 0.75
Vanilla Yogurt Cups	\$ 1.00
Water - Poland Spring 16.9 oz	\$ 1.25
Water - Poland Spring 8 oz.	\$ 0.80



**Nanuet Family Resource Center School Age Care
Application/Registration 2018-2019 School Year**

(Please print clearly; applications that can not be read will not be processed)

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

Home Address: _____

Home Phone _____ Family e-mail _____

Date of Birth: ___/___/___ Age as of Sept. 2018: _____ Gender: Male Female

Original Program Start Date: ___/___/___ 2018-2019 Start Date: ___/___/___

Grade 9/18: _____ Teacher: _____

Please circle all that apply:

FRC Program Site: Miller Highview Barr

Days attending: AM: Monday Tuesday Wednesday Thursday Friday

PM: Monday Tuesday Wednesday Thursday Friday

Please Note: Kindergarten students must register for all 5 days in the PM program
Barr only has a PM program

Parent/ Guardian Information:

Parent 1: Name: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Address: if different from child's (include city, state & zip) _____

Parent 2: Name: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Address: if different from child's (include city, state & zip) _____

Emergency Treatment Release:

I, _____ give permission for my child _____
to receive emergency medical treatment or other treatment deemed necessary.

Emergency Transportation Release:

I, _____ give permission for my child _____
to be transported by the Nanuet FRC program to a safe location in case of an emergency.
(We do not transport children unless there is an emergency)

Waiver:

If I am unreachable, I hereby give permission to the staff to obtain proper medical care in case of injury or illness. The student's personal insurance company is the primary company on any medical claims and I remain liable for anything not covered by insurance.

Medical Information: please be as specific as possible when answering the following questions. Doctor & Dentist information MUST be complete for entry in to the program.

Doctor: Name: _____ Phone: _____

Dentist: Name: _____ Phone: _____

Allergies: _____

Medications: _____

Does your child have an IEP? (Individual Education Plan) Yes/ No

2018-2019 School Year

Please list other household members:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Emergency Contacts: At least two contacts other than parents/guardians already listed, must be provided. We will always try to contact you first.

Name _____ Cell Phone _____

Secondary Phone _____ Relationship to child _____

The above person is authorized to pick up my child: Yes ___ No ___

Name _____ Cell Phone _____

Secondary Phone _____ Relationship to child _____

The above person is authorized to pick up my child: Yes ___ No ___

Authorized Pick-ups: Adults, other than the parent/guardian and emergency, contacts that have your permission to pick up your child. Their ID is required at pick up.

You must provide at least one adult.

Name: _____ Phone: _____ Relations to child: _____

Name: _____ Phone: _____ Relations to child: _____

Name: _____ Phone: _____ Relations to child: _____

Attach an additional page if adding additional Authorized Pick-ups. You may add people to this list at anytime. Please send an e-mail or written notice to your Site Leader.

- **Every family that registers a student for SAC/MAP must be on the district's K12 Alert. This is how parents will be notified when SAC/MAP is cancelled due to bad weather or other circumstances. Students will be instructed to go home on their regular dismissal bus unless you provide an alternate plan. When changes in this plan occur, please contact your child's school directly to ensure they are dismissed to the proper place. If you are unsure if you are on the K 12 Alert or need to update your information, please contact: Kathleen Maier at 845-627-9883.**

Please indicate your choice below:

_____ If SAC/MAP is cancelled my child is to take the bus home.

_____ If SAC/MAP is cancelled my child will be picked up.

If special instructions are required please contact your child's teacher or the front office of their school. Staff does not arrive until 3:05 at Miller and Highview and 2:45 at Barr.

2018-2019 School Year

Fee Statement:

The billing for this program is divided into 10 equal payments throughout the school year and remains the same each month regardless of school holidays, absences or snow days. These fees take into account the exact number of days the program will be in session according to the school's calendar. We do not pro-rate, refund or exchange for days missed for any reason. The fee is determined by the number of days a week a child is enrolled. Additional siblings signed up for the program receive 10% off their monthly fees.

Fees due at registration:

- **Returning Families only:** \$50 registration fee will be waived if all payments and completed application are turned in by **July 1, 2018**
- **New Families:** With this registration packet there is a \$50 per family annual registration fee; this fee is non-refundable. By August 1 you will need to submit **June 2019 tuition deposit for each child enrolling**. These fees will be processed on August 1, 2018.
- Signing up after August 2, 2018 you will need to submit the \$50 registration fee, June 2019 tuition deposit and your first month's payment at time of registration.
- Registration forms **MUST** be completely filled out and returned to Nanuet FRC with payment information a minimum of **two business days prior to your child's anticipated start date**. All information must be brought to the Nanuet FRC office at 50 Blauvelt Road.
- Monthly payments can only be accepted by the site supervisors, the program director, or the Nanuet FRC office.

Monthly Fees: (please circle to select your child's rate plan)

# of days A week	Miller Morning Program 7:00-9:05	Miller After School 3:20-6:20	Miller Both Morn. & After	Highview Morning Program 7:00-9:05	Highview After School 3:20-6:20	Highview Both Morn. & After	Barr After School 2:45-6:00
5 days	\$225.00	\$325.00	\$515.00	\$225.00	\$325.00	\$515.00	\$325.00
4 days	\$195.00	\$285.00	\$447.00	\$195.00	\$285.00	\$447.00	\$285.00
3 days	\$155.00	\$235.00	\$358.00	\$155.00	\$235.00	\$358.00	\$235.00
2 days	\$105.00	\$185.00	\$270.00	\$105.00	\$185.00	\$270.00	\$185.00

- This contract is for the entire school year.
- Rotating schedules can not be accommodated.
- Kindergarten students must sign up for 5 days after school.
- Please note that changing schedules will result in a fee.

Payment Information:

- Payment is due by the 10th of each month.
- Checks/money orders are to be made out to **Nanuet FRC**. Tuition can be paid at the program or mailed to the FRC office. We do not accept cash.
- Tuition payments received after the 10th of the month are subject to a **\$25 late fee**.
- There is a charge of \$40 for checks returned by the bank for insufficient funds.
- Families whose tuition payments fall more than two months behind may be withdrawn from the program.
- The June 2019 tuition is refundable until March 31, 2019.
- If I withdraw or reduce my child's enrollment during the month, no tuition will be refunded for that month.
- If I choose to cancel the contract before the end of the school year, I understand that there is a \$100 fee for cancelation of services.
- Receipts will be generated monthly to your email. It is your responsibility to keep these receipts for tax purposes.
- Please write in the memo section of your check your child's full name, school they attend and the month the payment is for.

2018-2019 School Year

Policy Information: A parent handbook will be sent to you via e-mail once this registration is received. Please review our policy information and return the parent signature page prior to your child's start date. Your child will not be able to start the program if the parent signature page is not signed and turned into the director.

- The registration fee is non-refundable.
- There are no credits, exchanges or pro-rations made for missed days for any reason.
- I hereby give permission for my child to be photographed and for the photos to be used in educational and/or promotional materials that include but are not limited to the internet, produced by the Nanuet Family Resource Center. I understand that neither my child's name nor any other identifying information will appear with the photograph. Further I understand that there will be no compensation for the use of these photos.
- I understand that any changes to this contract may result in a \$25 change fee per change made, in addition to any tuition increase based on the change made.
- I understand that there is a \$100 cancellation fee for terminating this contract prior to the end of the school year and that such cancelation **MUST** be in writing a minimum of 30 days prior to cancel date requested.
- I understand that there is a \$50 re-enrollment fee should I cancel the contract and then re-enroll my child during the same school year.
- I understand that there is a \$25 late fee for every 15 minutes or portion thereof that I am late for pick up. I further understand that these fees will be paid at the time of pickup. In addition I understand that if I am late on a regular basis my child may be removed from the program at the discretion of the Nanuet FRC director and that I will not be entitled to any refund of fees paid.
- I understand that I must sign my child in at the before school program and sign my child out at the after school program.
- If I am unreachable, I hereby give permission to the staff to obtain proper medical care in case of injury or illness. The student's personal insurance company is the primary company on any medical claims and I remain liable for anything not covered by insurance
- My child will be enrolled upon receipt of the completed registration package with the \$50 family registration fee, June 2019 deposit, and first month's tuition.
- The registration process takes 48 hours to complete.

I have read, understand and agree to the above terms and conditions

Print name: _____ Signature: _____ Date: _____

Print name: _____ Signature: _____ Date: _____

Please return completed application with payment to:
Nanuet FRC 50 Blauvelt Road Nanuet, NY 10954
(Forms can be mailed, e-mailed, faxed 845.624-1534 or dropped off)
Shannon Pollack, Nanuet Family Resource Center School Age Care Director
845-627-4891-office, 845-558-9630-cell spollack2@nanuetsd.org
RoseAnn Mercado, Nanuet Family Resource Center Executive Director
845.627-4889-office, 845-596-2720-cell rmercado@nanuetsd.org

Page 4 of 4

Parent initials _____ & Date _____

For Office Use Only _____

Completed application received on date: ____/____/____ By: _____

Entry date: ____/____/____ By: _____

Nanuet Family Resource Center
School Age Care
2018-2019

Parent Handbook Receipt

This letter acknowledges that I _____ have received, read and agree to all of the terms, conditions, policies and information provided in the Parent Handbook for the 2018-2019 school year.

- I understand the morning program begins at 7:00am at Miller and Highview and my child(ren) can be dropped off anytime from 7am to 8:35am. Please note that staff may be present before 7:00am, drop off officially does not occur until 7:00am.
- I understand that the program ends at 6:20 at Miller and Highview and 6:00 at Barr. My child(ren) must be picked up by that time.
- I understand all of the fees associated with late pick up, adding a day, change in attendance schedule, early termination of the contract and re-entry.
- I understand that e-mails will go to the e-mail address I provided with tuition reminders, updates, newsletters and important program information.
- I give consent for my child to participate in all program activities.
- I understand that failure to make two consecutive payments in a timely manner may result in an automatic withdrawal from the program, and no refunds will be given.
- I understand my family MUST be registered with the Nanuet School District's K12 Alert because this will be the method used to notify me of SAC/MAP cancelations due to weather or other circumstances.
- I will keep my contact information up to date with the Site Supervisor, Program Director and the K12 Alert program.
- Waiver: If I am unreachable, I hereby give permission to the staff to obtain proper medical care in case of injury or illness. The student's personal insurance company is the primary company on any medical claims and I remain liable for anything not covered by insurance.
- Further, I agree not to hold the Nanuet Family Resource Center, staff, the Nanuet Union Free School District and its employees/officers or related parties liable or to make any claims against them for any injuries suffered during this program or for medical treatment authorized by them.

Child(ren)s Name: _____

Parent/ Guardian (print): _____

Parent/Guardian (signature): _____

Date: _____

Please return this form to the Nanuet Family Resource Center before your child(ren)'s first day:

Nanuet Family Resource Center
50 Blauvelt Rd.
Nanuet, NY 10954

Emergency Medication 2018-2019

If your child needs emergency medication, please see the next 2 pages.

The form is very specific and needs to be read carefully and completed before your child begins the program. If you are unsure of what an emergency medication is please contact Shannon Pollack at 845-627-4891 and we can discuss your child's needs.

- Medication needs to be in original container- if you are giving an epi-pen, it must be in the original box given from the pharmacy. If you get a 2 pack please try to get the box with the original instructions to the SAC/MAP program. If this is not possible please have the pharmacy print off an extra label form and put it in a sealed zip lock bag.
- If it is a medication like Benadryl for allergies, the medication should be unopened, and the measurement tool provided must match the doctor's orders on the medication consent form.
- There is a parent portion on the form that must be filled out by you, so please fill that portion out.
- You must fill out a form for each medication, if your child needs 2 medications then you need to fill out 2 forms.
- You must reserve time to meet with the site supervisor to go over the medication consent form, giving the medication and looking over the forms, and time to instruct the staff on how to administer the medication.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name:		2. Date of Birth:		3. Child's Known Allergies:	
4. Name of Medication (including strength):			5. Amount/Dosage to be Given:		6. Route of Administration:
7A. Frequency to be administered: _____					
OR					
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters): _____					
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (parent must supply)					
AND/OR					
8B: Additional side effects: _____					
9. What action should the child care provider take if side effects are noted:					
<input type="checkbox"/> Contact parent		<input type="checkbox"/> Contact health care provider at phone number provided below			
<input type="checkbox"/> Other (describe): _____					
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)					
AND/OR					
10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.) _____					
11. Reason for medication (unless confidential by law): _____					
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?					
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#33 and #35) on the back of this form.					
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?					
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#34 -#35) on the back of this form.					
14. Date Health Care Provider Authorized:			15. Date to be Discontinued or Length of Time in Days to be Given:		
16. Licensed Authorized Prescriber's Name (please print):			17. Licensed Authorized Prescriber's Telephone Number:		
18. Licensed Authorized Prescriber's Signature: X					

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the licensed authorized prescriber write 12pm?) Yes N/A No

Write the specific time(s) the child day care program is to administer the medication (i.e.: 12 pm): _____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name): _____

21. Parent's Name (please print): _____

22. Date Authorized: _____

23. Parent's Signature:

X

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name: _____

25. Facility ID Number: _____

26. Program Telephone Number: _____

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name (please print): _____

29. Date Received from Parent: _____

30. Staff Signature:

X

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on _____

(Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: _____

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:

X

Extra Day Form
2018-2019 School Year

The annual tuition is divided into ten equal payments and remains the same each month regardless of school holidays, absences or snow days. If you require an extra day please fill out this form and return it two business days prior to the extra day that is needed to ensure we have space available. Payment for the extra day is due that day and should be given to the site supervisor. Fees for an extra day are as follows: \$17 Morning program; \$22 Afternoon Program; \$35 Morning and Afternoon program completed in one day. (This is for enrolled SAC/MAP students only)

Please write in the memo section of your check your child's full name, school they attend and the day the payment is for:

Name of Child: _____

Name of Parent: _____

Childs Schedule: _____

Day/Date Requested: _____

Fee Paid: _____

Check Number: _____

Late Pick Up Form
2018-2019 School Year

- I understand that there is a \$25 late fee for every 15 minutes or portion thereof that I am late for pick up.
- I further understand that these fees will be directly given to the site supervisor in cash at the time of pickup.
- In addition I understand that if I am late on a regular basis my child may be removed from the program at the discretion of the Nanuet FRC director and that I will not be entitled to any refund of fees paid.
- Please write in the memo section of your check your child's full name, school they attend and the day the payment is for.

Date/Day: _____

Name of Child: _____

Name of Parent: _____

Time of Pick Up: _____

Reason for Lateness: _____

Fee for pick up: _____

Check Number: _____

Site Supervisor signature: _____

Schedule Change Form

2018-2019 School Year

The contract that you signed is stating that your child will be enrolled in the SAC/MAP program for the entire school year. If there are any changes, the following applies:

- The registration fee is **non-refundable**.
- There are **no** credits, exchanges or pro-rations made for missed days for any reason.
- I understand that any changes to this contract may result in a \$25 change fee per change made, in addition to any tuition increase based on the change made.
- I understand that there is a \$100 cancellation fee for terminating this contract prior to the end of the school year and such cancellation **MUST** be in writing a minimum of 30 days prior to cancel date request.
- I understand that there is a \$50 re-enrollment fee should I cancel the contact and the re-enroll my child during the same school year.

Date: _____

Name of Child: _____

Name of Parent: _____

Before School Program:

Miller Day Care Miller SAC Highview SAC

After School Program:

Miller Day Care Miller SAC Highview SAC Barr MAP

Original Days Signed Up for: Monday Tuesday Wednesday Thursday Friday

Tuition Paid: _____

New Schedule: Monday Tuesday Wednesday Thursday Friday

New Tuition Payment: _____

Date New Schedule Begins: _____

Permanent schedule changes will take at least 2 business days to process. Once we verify that there is space for your new schedule you will be notified via email that your child may begin the new program schedule.

Fees Charged: \$ 25 Change of Days
 \$100 Termination of contract
 \$ 50 Re-enrollment fee
 \$ ___ Other

Parent Signature: _____

Director's Signature: _____

Site Supervisor's Signature: _____



Girl Scout

It's never too early to start the fun now! Registration is open for the upcoming Girl Scout year (2018-2019). If you have an interest for your daughter to be a part of a great and active community, register her with the **Nanuet Girl Scouts**.

Some activities within the Nanuet Service Community that you and your daughter can be involved in are:

Fall Camporee

Me & My Guy Dance

Turkey Trot Dance

Caroling

Bowling

Bronze, Silver & God Awards

Summer Day Camps

Girl Scout Cookies

Making friends and memories for many years to come!!!

To register, go to:

<https://girlscouts.secure.force.com/girl>

For any questions, contact: Lisa Plunkett 845-642-7465 or lisaplunk@gmail.com



Nanuet Union Free School District
GEORGE W. MILLER ELEMENTARY SCHOOL
 50 Blauvelt Road • Nanuet NY 10954 • Phone: 845-627-4860 • Fax: 845-624-1534

Maryellen Griffin
 Principal

Catherine Leahy
 Assistant Principal

Mark S. McNeill, EdD
 Superintendent of Schools

Nanuet School District Information

Important People:			
School Nurse	Catherine White	cwhite@nanuetdsd.org	627-4864
Family Resource Center and ELO programs	RoseAnn Mercado Kathy Gregory	rmercado@nanuetdsd.org kgregory@nanuetdsd.org	627-4889
FRC Before/After School Care (SAC)	RoseAnn Mercado Shannon Pollack	rmercado@nanuetdsd.org spollack2@nanuetdsd.org	627-4889 627-4891
District Registrar (must contact for change in information)	Kathleen Maier	kmaier@nanuetdsd.org	627-9883
Nanuet Elementary PTA	Pres: Rose Moritz VP: VP:	nanuetpta@gmail.com www.nanuetelementary.com Instagram: @nanuet_elementary_pta Facebook: Nanuet Elementary PTA	
Websites and Social Media			
Home Access Center	To view report cards	https://hac.lhric.org/HomeAccess/	
Instagram	George Miller	@Nanuetmiller	Run by Principal/Assistant Principal
	Nanuet UFSD	@nufsd	Run by district
Digital Backpack	George Miller	http://miller.nanuetdsd.org/digital_backpack	