

A Typical Day at Kid's Kottage Preschool

Arrival
Free Play
Learning Centers



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Circle Time
Daily Job Chart
Music & Movement
Group Activity
Special Visitor
Social & Cultural Studies
Group Discussion



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Arts & Crafts
Cooking
Math Games
Science Experiments
Language Arts
Pre-Writing Skills
Dramatic Play



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Group Story Time
Show and Tell
Snack Time



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Outdoor Play
Dismissal



Kid's Kottage Preschool

1055 U.S. Route 6 Mahopac, NY 10541

(845) 621-2425

REGISTRATION FOR 2026-2027

(Please Check Program Selection)

2's Program (age 2 yrs by 9/1/26)

[] 8:45 am - 10:45 am (M & F)

3's Program (age 3 by 12/1/26)

[] AM Session: 8:45 am - 11:30 am (2, 3, 4 or 5 days)

[] Full Day : 8:45 am - 3:00 pm (2, 3, 4, 5 days - M-F)

4's & 5's Program (age 4 by 12/1/26)

[] AM Session: 9:15 am - 12:00 pm (3, 4, or 5 days)

[] Full Day: 9:15 am - 3:00 pm (3, 4, 5 days- M-F)

Before School Program: (drop off starts 7:30am) Drop Off Time: _____

After School Program: (pick-up ends 4:30 pm) Pick-up Time: _____

DAYS (please circle):

Monday

Tuesday

Wednesday

Thursday

Friday

Child's Name: _____
first middle last

Gender: _____ BirthDate: _____ Starting Date: _____

Street Address: _____

City/State/Zip: _____

E-mail Address: _____

1. Parent's Name: _____ Birthday: _____
first last month/day

Home Telephone : _____ Cell Phone: _____

Employer/Address _____ Bus. Phone: _____

2. Parent's Name: _____ Birthday: _____
first last month/day

Home Telephone: _____ Cell Phone: _____

Employer/Address: _____ Bus. Phone: _____

Siblings Names/ Ages (if any): _____

What is your elementary school/district? _____

Please provide the following information if someone other than parents picking up your child:

Pick Up Password: _____ Hint Word: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Any physical limitations? _____ Explain: _____

Any allergies? _____ Explain: _____

Any health problems? _____ Explain: _____

Dentist 's Name _____ Phone: _____

Any other concerns? _____

Please tell us in addition to any food allergies, if there are any dietary restrictions or limitations you would like us to observe:

Has your child previously attended preschool, daycare, play groups, or any type of specialized class? If so, please list their experiences

What would you hope for your child to gain from their school experience?

Would you be able to assist in the classroom or during a class trip at least once during the school year? _____ If so, are there any hobbies or areas of special interest that you might be willing to share with the class? _____ If so, please elaborate: _____

What, if any, holidays are celebrated or observed in your home? _____

Would you have any objections to discussions and class projects relating to awareness of holidays that are celebrated in our country or in other parts of the world? If so, please elaborate:

Does your child have any special interests? _____

Favorite toy: _____

Specific fears? (animals, loud noises, etc.) _____

Are there any special problems or concerns you may have about your child or school that we should know about?

[] If you do not wish to be included on a class list directory that is distributed to other parents in your child's class please check here.

How did you hear about us? _____

Please mail completed registration form and
Pre-K Program:
\$100.00 registration fee
plus Activity Fee \$150.00 (half day) or \$200.00 (full day)

or
Three's Program:
\$100.00 registration fee
plus Activity Fee \$100.00 (half day) or \$150.00 (full day)

or
Before/After Care Only:
\$ 25.00 registration fee
to:

Kid's Kottage
Main Office:
1055 U.S. Route 6
Mahopac, NY 10541
(845) 276-3272

Kid's Kottage Preschool



September 2026 - June 2027

1055 Route 6
Holy Communion Church Campus
Mahopac, NY 10541
(845) 621-2425

Mommy & Me

(ages 18 mos. & up)
Mondays
Session: 11:15 am - 12:30 pm

Tuition Rate:

Each Session Runs
5 Consecutive Weeks

\$ 125.00 per session

\$25.00 Registration Fee
(applicable to first session)

Parents, grandparents, siblings
welcome to attend with registered
child

2's Program

(age 2 by 12/01/26)
Monday/Friday
Session: 8:45 am - 10:45

Tuition Rate:

2 Hour Session

Full Year: \$2,550.00

Ten Monthly Payments: \$255.00

There is also an additional
non-refundable
\$75.00 registration fee
due upon registration

\$50.00 activity fee due by 8/1/25
which covers all materials and
special events for the entire school
year.

3's Program

(age 3 by 12/01/26)
Monday - Friday
Full Day Session: 8:45 am - 3:00 pm
Half Day: 8:45 am - 11:30 am

Tuition Rates

Full Day / Half Day
(First Month Due by June 1st, 2025
(non-refundable after this date)

2 day (minimum)

Full Year:
\$5,400.00 full day / \$3,250.00 half day
Ten Monthly Payments:
\$540.00 full day / \$325.00 half day

3 day

Full Year:
\$7,600.00 full day / \$4,350.00 half day
Ten Monthly Payments:
\$760.00 full day / \$435.00 half day

4 day

Full Year:
\$8,950.00 full day / \$4,950.00 half day
Ten Monthly Payments:
\$895.00 full day / \$495.00 half day

5 day

Full Year:
\$9,950.00 full day / \$5,750.00 half day
Ten Monthly Payments:
\$995.00 full day / \$575.00 half day

There is also an additional
non-refundable
\$100.00 registration fee
due upon registration
and
\$150.00 full day / \$100.00 half day
activity fee due by 8/1/25
which covers all snacks, materials and
special events for the entire school year

Pre-K Program

(age 4 by 12/01/26)
Monday-Friday
Full Day Session: 9:15 am - 3:00 pm
Half Day: 9:15 am - 12:00 pm

Tuition Rates

Full Day / Half Day
(First & Last Month Due by June 1st, 2025
(non-refundable after this date)

3 day (minimum)

Full Year:
\$7,600.00 full day / \$4,350.00 half day
Ten Monthly Payments:
\$760.00 full day / \$435.00 half day

4 day

Full Year:
\$8,950.00 full day / \$4,950.00 half day
Ten Monthly Payments:
\$895.00 full day / \$495.00 half day

5 day

Full Year:
\$9,950.00 full day / \$5,750.00 half day
Ten Monthly Payments:
\$995.00 full day / \$575.00 half day

There is also an additional
non-refundable
\$100.00 registration fee
due upon registration
and
\$200.00 full day / \$150.00 half day
activity fee due by 8/1/25 which
covers all snacks, materials, special
events for the entire school year and
graduation fees.

Multiple Child Discount:

2nd Child: 10%
3rd + Child: 5%

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES**Medical Statement of Child in Childcare****To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child: _____

Date of Birth: _____

Date of Examination: _____

Immunizations

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

DPT / DT	1 st Date	2 nd Date	3 rd Date	Booster Date	Booster Date
Polio	1 st Date	2 nd Date	3 rd Date	Booster Date	Booster Date
Hib (conjugate preferred)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
MMR	1 st Date	2 nd Date			
Varicella / Chicken Pox	1 st Date	2 nd Date			

Other Immunizations

Type of Immunization: _____	Date: _____
Type of Immunization: _____	Date: _____

TestsTuberculin Test Date: _____ Mantoux Results: ☐ Positive ☐ Negative _____ mm

TB Tests are at the physician's discretion.

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

Lead Screening Date: _____

Attach lead level statement

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	

ADDITIONAL INFORMATION ON REVERSE SIDE →

Medical Statement of Child in Childcare (cont.)



Summary of Physical Exam

Include special recommendations to 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 day care.

☐ Yes ☐ No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions

In accordance with Public Health Law, the sincere religious beliefs of the child's parents prohibit immunization. Do you wish to exercise those rights?

☐ Yes ☐ No

Any child not fully immunized for any reason must be excluded from care whenever there is an outbreak. The child may return only upon approval of the local county health department.

Signature of Parent or Person Legally Responsible

Date