Kid's Kottage

1055 U.S. Route 6 Mahopac, NY 10541
at the Holy Communion Church Campus
(unaffiliated)

Just For Two's

A unique program developed at Kid's Kottage for this special age group -- Two's and almost Two's! Classes run two mornings per week, on Mondays and Fridays. This program incorporates age-appropriate themes and activities to enhance healthy social-emotional development and language skills. Class size is limited to twelve children and three teachers.

Your child's morning will start with a gentle transition from home to school. They'll receive a warm welcome from their teachers and a 40 minute free play period followed by a musical circle time activity. Next comes a group art activity, craft project or cooking session. Diapers will then be checked or the potty will be visited. After hands are washed, a healthy school-supplied snack and beverage will be served. Lastly we look at books together and finish our morning with some special movement and/or musical games and activities. A great introduction to the preschool experience!

Just for Two's Tuition

Rates for 2026-27
(age 2 years by December 1st)

Monday & Friday
8:45 am - 10:45 am

$2,550.00 full school year
(monthly payments of $255.00 available)

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

OCFS-LDSS-4433 (Rev. 7/2005) FRONT

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

Other Immunizations

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.

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