

# Little Pals Preschool and Day Care, Ltd.

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845-783-3006; 845-782-9424 (fax)



Today's Date: \_\_\_\_\_

## STUDENT INFORMATION - INFANT & TODDLERS

Child's current age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

First

Middle

Last

Child's Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip

Home or Best Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

*We frequently use email to communicate with families. Please print clearly.* Email address: \_\_\_\_\_

### Parent 1

Name: \_\_\_\_\_

(please circle Mother Father Guardian)

### Parent 2

Name: \_\_\_\_\_

(please circle Mother Father Guardian)

Occupation/Employer: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Parent 1 Cell Phone: \_\_\_\_\_

Parent 2 Cell Phone: \_\_\_\_\_

Parent 1 Work/Other Phone: \_\_\_\_\_

Parent 2 Work/Other Phone: \_\_\_\_\_

Address/Home phone if different than child's:

Address/Home phone if different than child's:

Does child live with both parents  Yes  No. If no, with whom does the child live? \_\_\_\_\_

Is a language other than English spoken at home?  Yes  No. If yes, what language? \_\_\_\_\_

## BACKGROUND & DEVELOPMENTAL HISTORY

Child's birth weight: \_\_\_\_\_ A.  Pre-Mature or  Full term B.  Vaginal or  Cesarean

Has your child stayed with anyone else besides parents? If yes, in what type of situation (day care, baby sitter, relatives, etc.)

Does your child have siblings? If so, please list names and ages:

What previous group experience, if any, has your child had?

Describe your child briefly (personality, general mood, abilities, etc.)

If child is upset what usually calms them? (music, singing, rocking, being silly, etc.)

**Toddlers only:** Can your child communicate their needs, wants, etc.  Yes  No  
How? (ie. points, uses words or sentences)

### **SLEEPING AND NAPPING**

Does your child have a regular bedtime schedule?  Yes  No

What time does your child usually go to bed at night? \_\_\_\_\_ Wake up in the morning? \_\_\_\_\_

For infants: How does your child sleep?  stomach  side  back

Does your child use a pacifier?  Yes  No. If yes, when?

Does your child have trouble falling asleep or sleeping?  Yes  No. If yes, please explain.

What helps them fall asleep? Are there any special dolls, songs, routines, etc that your child needs to go to sleep?  
(Please note: Infants will not be permitted to nap with pillows or blankets):

What time(s) and for how long does your child usually nap? Morning: \_\_\_\_\_  
Afternoon: \_\_\_\_\_

What is your child's disposition upon waking? Happy, grouchy, clingy, slow?

Please list any other important information or special instructions on the care of your child:

## FEEDING / EATING

Is your child on formula, milk or breast milk? What type of milk/formula?

At what temperature do you serve the bottle -- warm, cold or room temperature?

Please list child's eating routine, amounts of food, types of food, likes/dislikes and times your child usually eats:

Breakfast (at Day Care or at home?)

Lunch

Snack

Does your child have allergies?  Yes  No

What is your child allergic to? (food, environment, etc). Also complete food check list for toddlers

Symptoms and severity include:

My child:  can or  cannot be at the same snack\*/ lunch table with children who are having

\_\_\_\_\_ as a snack or lunch.

(please fill in)

My child:  can or  cannot have snacks produced in a factory on equipment shared with nuts

**For Toddlers Only: Infants will only be given food provided by parents. Please note – Infant Room is Peanut Free.**

For Toddlers, our nutritional curriculum may include introducing some of the foods listed below. Please take the time to go over each food item **carefully** and check off either:

- ❖ **Yes**, that your child may have that snack
- ❖ **No**, that your child will not have that snack, please give reason below
- ❖ **Allergic**, that we ensure that your child will never be given that snack

	Yes	No	Allergic		Yes	No	Allergic
Animal Crackers				Grapes			
Apples				Grape Juice			
Apple Juice				Ham( <i>for Green Eggs &amp; Ham</i> )			
Apricots				Mangoes			
Bananas				Milk			
Beans				Orange Juice			
Blueberries				Oranges			
Bread/Bagels				Peaches			
Broccoli				Peanut Butter			
Carrots				Pears			
Cantaloupe/Melons				Peppers (all colors)			
Celery				Pineapple			
Cheese				Potatoes			
Cheez-its				Pretzels			
Chex Mix (no nuts)				Raisins			
Chocolate cookies				Raspberries			
Cranberries				Strawberries			
Cream cheese				Tomatoes			
Dairy				Vanilla Cookies			
Dry Cereal				Watermelon			
Fruit Juice				Wheat/Gluten			
Eggs				Yogurt			
Graham Crackers							

If you checked no to the above, please explain:

### MEDICAL INFORMATION

**NEW YORK STATE LAW: Every child in day care, preschool or prekindergarten in NYS must have diphtheria, tetanus, pertussis, measles, mumps, rubella, poliomyelitis, hepatitis B, varicella, Haemophilus influenzae type b (Hib), and pneumococcal disease immunizations. Children may only attend Little Pals if we have received proof that all age appropriate immunizations have been administered (or a valid medical exemption from their pediatrician has been submitted). A copy of your child's immunization record and proof of physical (within last 12 months) must accompany this packet. A State form for this purpose is at the end of this packet if your child's pediatrician does not have a form of their own. Please submit new immunization records as received.**

Pediatricians Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone number: \_\_\_\_\_

Hospital preference (in case of an emergency): \_\_\_\_\_

Does your child have any health problems, physical limitations, developmental delays, or recent hospitalizations that we should be aware of?

Yes     No    If yes, please explain

Does/has your child received services through Early Intervention or CPSE such as OT, Speech, etc?  Yes  No  
If yes, please explain.

How does your child react to fever?

Special instructions if your child becomes ill?

Is your child on any medication regularly?  Yes  No If Yes, please list below:

Is there anything else you would like us to know about your child? (Vision, hearing, unusual abilities or disabilities):

### EMERGENCY AUTHORIZATION

This authorizes Little Pals Preschool, Ltd. to secure medical care for my child in the event of an emergency. I understand that in the event of an accident or illness every effort will be made to notify the parents as soon as possible. In the event transported to a hospital the director/assistant director will accompany your child. If the parents cannot be immediately contacted, Little Pals will use its best efforts to contact the emergency contact(s) listed below:

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IN CASE OF AN EMERGENCY PARENTS WILL BE NOTIFIED FIRST. ALTERNATELY, THOSE LISTED BELOW THAT (on the following page) WILL BE CONTACTED IN THE ORDER GIVEN. PLEASE NOTE: IT IS IMPORTANT THAT EMERGENCY CONTACTS BE LOCAL TO THE AREA.**

#### 1. PARENT(S)

Name : \_\_\_\_\_ Best number to call: \_\_\_\_\_

Name: \_\_\_\_\_ Best number to call: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

2. Name : \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell or alternate phone number: \_\_\_\_\_

3. Name : \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell or alternate phone number: \_\_\_\_\_

### FIRST AID AUTHORIZATION

I give permission for a Little Pals Preschool and Day Care staff member to treat my child, \_\_\_\_\_ for minor bumps or scrapes with any of the following checked below:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hydrogen Peroxide       | <input type="checkbox"/> Benadryl Spray      | <input type="checkbox"/> Sunscreen         |
| <input type="checkbox"/> Calamine Lotion         | <input type="checkbox"/> Neosporin           | <input type="checkbox"/> Ice Packs         |
| <input type="checkbox"/> Bactine First Aid Spray | <input type="checkbox"/> Antibacterial wipes | <input type="checkbox"/> Adhesive bandages |

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Note: Little Pals cannot administer medications. However, we do have a waiver to administer emergency medication including epipens, asthma spray, & nebulizer with written instructions from your Pediatrician.**

## LITTLE PALS PRESCHOOL ILLNESS POLICY

### **You must have a back-up plan if your child is ill and cannot attend day care, or becomes ill and must be picked up.**

We ask that you keep your child home if he/she is ill and/or contagious. Our school does not have the facilities to provide care for sick children. If your child develops a fever or exhibits other signs of illness during the day, the Secretary or Director will call you (or alternately your emergency contact) and ask that someone come to pick him/her up. Your child will be removed from the classroom, made comfortable, and will be continuously observed by the Secretary or Director until the parent or designated individual arrives.

### **The following are guidelines to use when deciding to keep your child at home or when they can return to school.**

We ask that you please contact the school if your child will be out due to illness.

(continued)

- Fever:** Fever-free for at least the following school day (24 hours) before returning to school.  
**Vomiting:** May return to school when vomit free for 24 hours  
**Diarrhea:** Free from diarrhea for 24 hours  
**Pink-Eye:** A child with conjunctivitis/pink eye needs to be on medication for a full 24 hours before returning to school.  
**Other:** Rashes, heavy coughing, heavy congestion and colds need to be addressed by the family pediatrician. If a child has a persistent cough, it will be assumed that there is an infection present and the child will not be allowed to return to school until well.

If there is any question that your child may still be contagious, a doctor's note is required. If your child develops a contagious disease at home, we ask that you call the school immediately so that other parents may be notified.

**PLEASE NOTE:** On a daily basis, we need to know if you have administered any medications, whether prescribed or over-the-counter. In this situation, please inform your child's teacher. It is imperative that these procedures be adhered to in order to protect the health of other students and our staff. By signing below I acknowledge that I understand the Illness Policy of Little Pals Preschool as stated above and will abide by the guidelines.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRANSPORTATION AUTHORIZATION

### **Little Pals Transportation Policy: Parents and guardians must submit a copy of their driver's license along with these forms. These will become part of the child's permanent file.**

If at any time a child will be picked up from school by someone other than a parent or those listed below, Little Pals will require written notification prior to the start of the school day. Please notify the person picking up your child that we will request that they show a driver's license or picture ID. These procedures are essential for your child's safety. Please contact Little Pals if there are any changes to the information below.

Copy of Driver's License attached:  Parent 1                       Parent 2                       Guardian

During the school year, if I/we \_\_\_\_\_ am unable to pick up my child at  
(parents/guardians)

dismissal time, the following person/persons listed below are authorized to do so:

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone # : \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone # : \_\_\_\_\_(home)

\_\_\_\_\_ (cell)

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone # : \_\_\_\_\_(home)

\_\_\_\_\_ (cell)

### **SLEEP/REST TIME AGREEMENT**

As a childcare and education provider, it is our responsibility to maintain a safe sleeping environment for your child. As per OCFS (the NY Office of Children and Family Services) guidelines, an agreement must be made outlining nap or rest time procedures for your child. This agreement must be completed annually.

- Sleep is an important part of healthy growth and development. When a child sleeps, their brain develops, they organize information, and they grow. Regular naps provide predictable routines and help children cope with stimulating activities during the rest of their day.
- In the Infant Room we provide opportunities for babies to nap as their individual schedule dictates. When infants are napping they are placed in an assigned crib and placed flat on their back to sleep, unless medical information from the child's health care provider is presented to the center that states this arrangement is inappropriate. Infant cribs may not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges, or infant positioners, unless medical information from the child's health care provider is presented in writing indicating otherwise.
- Children 18 months and older will nap on a cot or in a playpen in the classroom. Rest time occurs from 12:00 - 2:00 pm. The room is darkened and soothing music is played. No child is ever forced to sleep, however, this is a quiet time and children are asked to rest quietly for a short time until those children needing to nap are settled. Children who do not nap will be offered quiet activities, and reminded that their friends are sleeping.
- As per requirements specified in section 418-1.7 of the NYS OCFS Regulations, all children will have competent supervision by classroom staff during rest times. Children will be within a staff member's range of vision and will be close enough to assist a child who wakes from a nap.

Please sign below indicating your understanding and agreement. If you have questions pertaining to the information above, or your child's individual needs, please discuss your concerns with your child's teacher.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## PERMISSIONS / AUTHORIZATIONS

**CLASS INFORMATION:** Little Pals, with your permission, will make information (student name and parent contact number) available to other families upon request to be used for birthdays, play dates, etc. Your child's name and your home number or best number as indicated on page 1 of this packet will be listed. Please indicate below if you **DO NOT want information to be available** or if you would like a different phone number or means of contact listed. If nothing is checked your contact information will be available, upon request, to other families in your child's class.

- I DO NOT want my contact information to be available to others in my child's class
- I DO want to be included, but use this alternate contact information: \_\_\_\_\_

## MEDIA/PHOTO RELEASE

There are many times we take children's pictures and use them in the preschool environment. There are room displays, school projects, our website (littlepalsmonroe.com) and our public Facebook page. School visitors, such as our community helpers, enjoy taking pictures with the children, parents and teachers photograph the children at special events, and then there is just every day classroom fun.

Please indicate below your preferences for use of photos of your child that may be taken at Little Pals. With your permission our school administrator only will post student pictures on our Facebook page for the enjoyment of all our families. Note that parent's posts to our Facebook page must be approved by our administrator.

Please complete either A or B below, and sign and date

A: I give permission for Little Pals Preschool to take photographs and/or digital images of my child for use as checked below. My child's name and identity will not be revealed in descriptive text or commentary in connection with the images. I authorize the use of these images without compensation to me.

Pictures of my child can be used:

- On our public Facebook page
- On our website (littlepalspreschool.com)

- or -

B. **I DO NOT** give permission to Little Pals Preschool to use photographs or digital images of my child on our website or on the Little Pals Preschool Facebook page.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WALKS

Weather permitting, we take the children for supervised walks on the Little Pal's property. The entire class, including teachers and teacher's assistants, use our loop rope on walks on the paths that run alongside and behind the school property. A stroller is used for Infant walks. We try to take the children on walks during seasonal activities (i.e. autumn leaf search, spring observations, etc.) and when they cannot use our playground due to weather.

I give permission for my child to join the class on supervised walks.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



