

Little Pals Preschool and Day Care, Ltd.

121 Harriman Heights Road
Monroe, NY 10950.littlepalsmonroe@gmail.com
845-783-3006; 845-782-9424 (fax)



3 and 4 year old programs; Summer Camp through school aged STUDENT INFORMATION

Child's current age: _____ Date of birth: _____ Today's Date: _____

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: _____

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? _____

Parent 1

Name: _____

(please circle) Mother Father Guardian

Occupation/Employer: _____

Parent 1 Work Phone: _____

Parent 1 Cell Phone: _____

Address/Home phone if different than child's:

Parent 2

Name: _____

(please circle) Mother Father Guardian

Occupation/Employer: _____

Parent 2 Work Phone: _____

Parent 2 Cell Phone: _____

Address/Home phone if different than child's:

BACKGROUND & DEVELOPMENTAL HISTORY

Has your child played/socialized with other children Yes No

Does your child have siblings? Yes No If so, please list names and ages:

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

At what age did your child walk? _____ At what age did your child talk? _____

How does your child communicate their needs, wants, etc. (points, uses words or sentences)?

Children in our 3-year-old program and older must be able to use the toilet by September, to be enrolled in Little Pals. Can your child be relied upon to indicate his/her bathroom wishes?

Describe the assistance needed and words used when your child needs to use the bathroom. Yes No

Please give us any other information on your child's toileting habits that will help us understand their needs.

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

MEDICAL INFORMATION

Was your child's birth vaginal cesarean?

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:

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

Does your child have any allergies to food? Yes No. If yes, see questions on next page.

Any other allergies?

How does your child react to fever?

Special instructions should your child become ill:

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

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.

- 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: _____

MEDICAL ALERT

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 last physical (within the last 12 months) must accompany this information 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.

Child's Name: _____ Date of Birth _____

Pediatrician's Name: _____

Name of Practice: _____ Phone number: _____

Hospital preference (in case of an emergency): _____

My child is allergic to: _____ or my child has no allergies

If your child has allergies the 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.

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

Our nutritional curriculum may include introducing some of the foods listed below. Also, the snacks we use daily typically include Ritz Crackers, Veggi Straws, Goldfish, pretzels, Chex Mix, vanilla wafers, graham crackers and Cheerios. Please take the time to go over each food item below 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 & 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 any of the items above, please explain:

EMERGENCY MEDICAL 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.

PARENT(S)

Name: _____ Best number to call: _____

Name: _____ Best number to call: _____

Alternate phone number: _____

ADDITIONAL EMERGENCY CONTACTS

1. Name : _____ Cell number: _____

Relationship: _____ Home or alternate number: _____

2. Name : _____ Cell number: _____

Relationship: _____ Home or alternate 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:

- Hydrogen Peroxide Benadryl Spray Sunscreen
- Calamine Lotion Neosporin Ice Packs
- Bactine First Aid Spray Antibacterial wipes 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.

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

During the school year, if I/we _____ am/are unable to pick up my child at dismissal time, the following person/persons listed below are authorized to do so:
(parents/guardians)

Name: _____ Relationship to child _____

Telephone # : _____ (cell)
_____ (home or other)

Name: _____ Relationship to child _____

Telephone # : _____ (cell)
_____ (home or other)

Name: _____ Relationship to child _____

Telephone # : _____ (cell)
_____ (home or other)

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.

Preschoolers will nap on a cot or on a mat in the classroom. Rest time occurs from 12:00 - 1:00 pm for children in our 3-year-old program, and 12:45 - 1:30 pm in our 4 year old class. 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 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 cell phone 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. 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: _____

