

## Kindergarten / 1<sup>st</sup> Grade Shadow Day Information

We are excited to welcome your child to participate in a Shadow Day at Stonehaven. This interaction helps both you and Stonehaven determine if we are a good fit for each other. It will be a fun, informative opportunity for your child to experience a day in the life of a Stonehaven student!

Please complete and sign the attached Emergency Release Form and bring with you, along with the items listed below. Rising Kindergarten and 1<sup>st</sup> grade students will shadow for 1 ½ hours in our Kindergarten classroom.

**Time:** 9:30am – 11:00am

**What to bring:** Snack, Water and Emergency Release form

**What to wear:** Comfortable clothes for sitting, standing, and playing. Closed-toed shoes.

### **Drop-off and pick-up:**

Drop-off and pick-up your child in the front office. We will walk to the classroom right at 9:30. We find that the transition is easier for students if they say good-bye to parents in the front office instead of at the classroom door.

### **What to Wear/Bring:**

Students may wear modest casual clothes appropriate for school. During winter months, send warm clothing for playing outside. We have a “no character” policy at our school (no Disney, Barbie, etc.). Students will start off the day during the Kindergarten snack time. Our allergy policy for the Lower School is no nuts. If a snack is processed on equipment that processes nuts, that will work. Please ask the Front Desk once you arrive if you have any questions regarding snacks.

See reverse side for release form to be completed.

# The Stonehaven School Emergency Release Form

**Parents' Names:**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Rising Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone #:      Mother: \_\_\_\_\_      Father: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please review the "Student Health & Medication Policy" section of the Student / Parent Handbook found on our website to insure you understand these policies.

**MEDICAL ALERT:** Please provide **ANY** information pertaining to the health of your children that we should know in the case of an emergency (medical conditions, allergies, medications, surgeries, etc.).

I hereby authorize The Stonehaven School to call an emergency ambulance in case an accident or acute illness occurs and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician may treat and do whatever is medically necessary for the health and well being of my child. Every attempt will be made to contact parents and their designated physician.

I also agree to accept responsibility for the cost of the above medical services that are above and beyond the insurance carried by The Stonehaven School.

*Parent/Guardian Signature:*

*Date:*

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