Forest School
2015-2016 Admission Form

Once your child has been offered a space in the program, please return this form with the signed Enrollment Contract, Wellness Exam, Immunization record, and appropriate payment.

Child's Full Name: _____ Date of Birth:_____

Emergency Contact Information   (in the event that Family Contacts cannot be reached)

#1 Emergency Contact

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

#2 Emergency Contact

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

Child Pick-up Authorization

If you would like anyone else (age 18+) to be able to pick up your child, besides Family Contacts, please provide their information below. The following information must be verified by a Driver's License or State ID card by an educator at the time of pick-up.

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

Allergies and Medical Conditions

Please list any **allergies** your child has and what might an allergic response look like (i.e. hives, difficulty breathing):

_____

_____

_____

Please identify your child's chronic or acute medical conditions, current medications, and any previous or existing serious illness:

_____

_____

_____

*If applicable, educators will work with families to document an appropriate medical action plan for children with allergies or existing medical conditions. Staff will not administer over-the-counter and prescription medications without written consent and administration forms.

Medical Contact Information *(to be used in cases of emergency or prior consent from family member)*

Child's Physician:_____

Phone #:_____

Address:_____

_____

Child's Dentist:_____

Phone #:_____

Address:_____

_____

Health Insurance Company and Medical Coverage ID #: _____

Hospital Preference:_____

The following questions are aimed at helping educators better understand your family's culture, values, and routines so that we can support and uplift your child's unique identity at school.

Who lives with your child? (please include pets and family member nicknames your child uses)
_____
_____
_____
_____

Who frequently cares for your child? (please list all relevant caregivers)

_____

_____

How would you describe your caregiving or parenting style? (circle one)

Strict   Mostly Strict   In the middle   Mostly Flexible   Flexible

Please circle all that apply for child's primary caregiver(s):

live together   live apart   single   married   divorced   separated

If a parent does not have custodial responsibility, please attach related documents (i.e. copy of current restraining order, sole-custody decree, divorce decree stating sole custody) and briefly explain:

_____

_____

How do you identify your family's race, ethnicity or heritage, religion, and language?

_____

_____

_____

How do you identify your child's race, ethnicity or heritage, religion, and language?

_____

_____

_____

What holidays or other special days do you value, celebrate, or observe?

_____

_____

_____

How do you expect your child to adjust to Forest School?

           Easy adjustment   Shy at first then quick to adjust

      Shy at first then slow to adjust   Frightened   Not Sure

Do you have any concerns regarding your child's success in our program?

_____

_____

_____

For children receiving additional support services, we request that you provide a copy of your child's IFSP/One Plan, IEP, or contact information for the Service Coordinator and Provider(s), along with permission to contact them, so that Forest School educators can better advocate for your child and meet their needs. If your child has ever been referred for developmental and/or behavioral screenings, please explain below:

_____

_____

_____

If your child is currently receiving support services, may we contact the Service Coordinator and/or Provider?   Yes   No

Is there anything else you think we should know about your child in order to support their success in our program (e.g. eating and sleeping habits, diet restrictions, special words for comfort items, toileting or body parts, particular struggles or routines that work well at home)?

_____

_____

_____

Please attach necessary documents:

-   Copy of child's annual well-care examination
AND
-   Evidence of immunization appropriate to your child's age
OR
-   An immunization exemption form due to medical, religious, or moral beliefs

Form completed by:

Printed Name: _____ Date: _____

Signature: _____

Printed Name: _____ Date: _____

Signature: _____