

**Monkton Ridge Nature Preschool**

60 Bristol Rd.

Bristol, VT 05443

**2015-2016 Admission Form**

(Once your child has been offered a space in the program, please return this form with the signed Enrollment Contract, Immunization Record and required Tuition)

Date: \_\_\_\_\_ Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

**#1 Family Contact Information**

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

**#2 Family Contact Information**

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

Please circle all that apply for parent(s)/guardians(s):

live together   live apart   single   married   divorced   separated

Who lives with the child? (ex. names and ages of family members, significant others, siblings, half-siblings, step siblings, pets)

---



---



---

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

---



---

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

Strict   Mostly Strict   In the middle   Mostly Flexible   Flexible

How do you identify your family's ethnic background, religion and primary language?

---

---

---

---

What are your child's interests, favorite activities, likes and dislikes?

---

---

---

---

---

What do you think your child's strengths are? Fears?

---

---

---

---

How do you expect your child to adjust to Outdoor Preschool? (circle one)

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?

---

---

---

---

What goals do you have for your child in this program?

---

---

---

---

Has your child ever been assessed or recommended to be tested for developmental/special needs? Yes No

If services were or are being provided, please explain them below:

---

---

---

---

If applicable: In order to better meet your child's needs, may we contact the service coordinator and support provider(s) associated with your child's support plan or IEP/IFSP? Yes No

If yes, please provide a copy of your child's IFSP, IEP or contact information for the Service Coordinator and Provider(s).

(By selecting yes and providing the information above, you grant the lead educator permission to view your child's IFSP or IEP and to contact the coordinators to discuss a support plan.)

Is there anything else you think we should know about your child to help them succeed in our program? Ex. struggles at home, eating habits/diet restrictions, sleeping/napping habits, special words for toileting or body parts etc.

---

---

---

---

---

**Please note:** In accordance with VT Licensing Regulations, if you would like educators to provide a medically required special diet, formula or food supplements to your child, we require written instructions from the parent and a registered dietician or a physician.

**All information shared with Monkton Ridge Nature Preschool is kept strictly confidential and will not be shared without written permission from families and as required by law.**

### **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: \_\_\_\_\_

---

**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: \_\_\_\_\_  
\_\_\_\_\_**Medical Contact Information**

Child's Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

**Please list any allergies your child has and what might an allergic response look like**  
**Ex. hives, difficulty breathing**

---



---



---

**Please identify any chronic or acute medical conditions your child has Ex. asthma**

---



---



---



---

**Please list any prescribed and over-the-counter medications your child takes regularly\*:**

---



---

**\*If applicable, educators will work with families to document an appropriate medical action plan for children with allergies or existing medical conditions. If you would like us to administer medication to your child while he/she is in our care, please fill out a permission form at school. All medication must be clearly labeled with the child's name and dosage instructions and given directly to the lead educator by an adult. The medication must have an appropriate administration and measuring device.**

**Please attach necessary documents:**

**1) Evidence of immunization appropriate to your child's age**

**OR**

**2) An immunization exemption form due to medical, religious or moral beliefs.**