Outdoor Preschool

127 Forest Hill Rd.

Anytown, VT 02213

2015-2016 Admission Form*

*please return with signed Enrollment Contract, Immunization Record and Tuition Deposit

Child's Full Name: _____

Date of Birth:_____ Age:_____ Gender: _____

Primary Address:_____

_____

Secondary Address: _____

_____

Parent/Guardian #1 Contact Information

Name: _____   Email:_____

Relationship to Child:_____

Cell phone #:_____ Home #:_____ Work #:_____

Please circle your preferred daytime mode of communication

Employment:_____

Address:_____

_____

Parent/Guardian #2 Contact Information

Name:_____   Email:_____

Relationship to Child:_____

Cell phone #:_____ Home #:_____ Work#:_____

Please circle your preferred daytime mode of communication

Employment:_____

Address:_____   Office-use ONLY

_____   Date Admitted:_____

Date of Withdrawal:_____

Is a parent/guardian deceased?   Yes   No

Please circle all that apply for parents/guardians:

                        live together   live apart   married   divorced   separated

If a parent does not have custodial responsibility, please attach related documents and briefly explain below.)

_____

_____

_____

Who is financially responsible for tuition payment?

_____

_____

Who lives with child? (names+ages of family members/significant others+siblings+half-siblings+step siblings+pets)

_____

_____

_____

_____

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

_____

_____

_____

_____

Emergency Contact Information*

Additional Emergency Contact #1

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

Additional Emergency Contact #2

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

*In the event on an injury, I authorize staff to administer first aid to my child as deemed necessary. First Aid may include, but is not limited to: washing affected area with mild soap and water, using sterilized tweezers to remove debris or splinters, applying antibiotic ointment, dressing wound with a bandage. In the event of a medical emergency, I authorize emergency medical personnel to care for my child and to transport him/her to the hospital. I understand that every effort will be made to contact me in case of emergency. I hereby authorize the Outdoor Preschool to obtain emergency medical care for _____(name of child).

Parent/ Guardian Name: _____

Signature:_____

Date:_____

Child Pick-up Authorization

If you would like anyone else besides Parent/Guardian #1 and #2 to be able to pick up your child, please provide their information below. The following information must be verified by a Driver's License or State ID card.

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:_____

_____

Medical Contact Information

Child's Physician:_____

Phone #:_____

Address:_____

_____

Child's Dentist:_____

Phone #:_____

Address:_____

_____

Hospital Preference:_____

Please list any allergies your child has:

_____

_____

_____

If any, what might an allergic response look like? Ex. hives, difficulty breathing

_____

_____

Please list any medications your child takes regularly*:

_____

_____

(*If you would like us to administer medication to your child while he/she is in our care, please fill out a permission form. 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.

Signed (parent/guardian): _____ Date:_____

Signed (parent/guardian): _____ Date:_____

Child and Family Background

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

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

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

Strict   Mostly Strict   In the middle   Mostly Flexible   Flexible

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? If so, have they received services? Please explain below:

_____

_____

_____

_____

_____

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.

Authorizations and Waiver of Liability (Initials Required)

_____ I understand that Outdoor Preschool is a nature-awareness preschool and involves a significant amount of time spent outside in the elements. I acknowledge that Outdoor Preschool has provided me with a general description detailing types of outdoor activities and clothing required.

_____I understand that enrolling my child in Outdoor Preschool means that I give permission to educators to take my child for walks along nearby trails. These walks will involve crossing small bridges and streams, wading in shallow streams, climbing on trees, hills and other unknown factors, which can contribute to injury, such as but not limited to scrapes, bumps and bruises.

_____ I understand that the program has a password-protected web portal, accessible only to currently enrolled families. The program shares daily notes, photos and videos from the day's activities on this portal. I understand that my child's photos will be shared with other currently enrolled families who visit the password-protected website.

_____ I give educators permission to assist in applying sunscreen or bug spray on my child if the product has been provided by me.

_____ I acknowledge that I have read the handbook and I agree and understand all the policies, terms and conditions therein.

Please circle:

     I do   I do not

give permission for my child's photo to appear on the program's website.

Parent/Guardian Name: _____

                 Signature: _____

          Date: _____

Parent/Guardian Name: _____

                 Signature: _____

                 Date:_____