

**Forest School**  
**2018-2019 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: \_\_\_\_\_

**Allergies and Medical Conditions**

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

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

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

**Medical and Emergency Transportation Authorization** (initials required)

\_\_\_\_\_ In the event on a medical injury, I/we authorize staff to administer first aid to my/our child when necessary. In the event of a medical emergency, I/we authorize emergency medical personnel to care for my/our child and to transport them to the hospital.

\_\_\_\_\_ In the event of a site-wide emergency evacuation, I/we authorize staff (or the staff's chosen driver) to transport my child off-site to a safer location. I/We understand that every effort will be made to contact me/us in case of emergency. I/We hereby authorize the Forest School to obtain emergency medical care and emergency transportation for \_\_\_\_\_ (print name of child).

\_\_\_\_\_ I/We understand that any costs associated with transportation and treatment provided by emergency personnel are my/our responsibility.

**Emergency Contact Information** (in the event that primary caregivers cannot be reached)

**#1 Emergency Contact**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

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

**#2 Emergency Out-Of-Town 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/Guardian 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: \_\_\_\_\_  
\_\_\_\_\_

**This Form Completed by:**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**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)

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

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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 your 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:

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

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

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

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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?

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*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:*

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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)?

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