

**Outdoor Preschool**  
 127 Forest Hill Rd.  
 Anytown, VT 02213  
**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)

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**#1 Family Contact Information**

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

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

Preferred contact info:

Daytime: \_\_\_\_\_ Early Morning/Evening: \_\_\_\_\_

**#2 Family Contact Information**

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

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

Cell phone #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Preferred contact info:

Daytime: \_\_\_\_\_ Early Morning/Evening: \_\_\_\_\_

Is a parent/guardian deceased? Yes No

Please circle all that apply for parents/guardians:

live together   live apart   married   divorced   separated

Outdoor Preschool requires that all families show proof of custody (examples include: copies of the child's birth certificate accompanied by the parents' identification, judgments of adoption and guardianship or foster parent documentation). 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.

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Who is financially responsible for tuition payment? Please attach necessary documentation.

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

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

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**All information shared with Outdoor 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)

## Emergency Contact #1

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

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

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

## Emergency Contact #2

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**

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

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

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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. 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.**

## **Child and Family Background**

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

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

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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?

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

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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:

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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.

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**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.