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 last month's Tuition)

Child's Full Name: _____

Date of Birth:_____ Age:_____ Gender: _____

Primary Address:_____

_____

Secondary Address: _____

_____

Parent/Guardian #1 Contact Information

Name: _____ Email:_____

Relationship to Child:_____

Preferred contact info:

Daytime: _____ Early Morning/Evening: _____

Parent/Guardian #2 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: 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. current restraining order, sole-custody decree, divorce decree stating sole custody) and briefly explain below.

_____

_____

_____

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

_____

_____

Who lives with the 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?

_____

_____

_____

_____

Child Pick-up Authorization

If you would like anyone else (age 18+) 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 by an educator at 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 parents/guardians cannot be reached)

Additional Emergency Contact #1

Name:_____ Relationship to Child:_____

Cell phone #:_____ Other #:_____

Address:_____

_____

Additional 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:

_____

_____

_____

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 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, 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? 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.