

**Forest School**  
**2015-2016 Admission Form**

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 explain your child's chronic or acute medical conditions, 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. 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 in its original packaging with the child's name and dosage instructions, and given directly to the lead educator by an adult. The medication must also have an appropriate administration and measuring device.

**Medical Contact Information**

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

Health Insurance Company and Medical Coverage ID #: \_\_\_\_\_

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

**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 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 below:

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*Under the laws of the state of Vermont, both parents may have the right to pick up their child unless a court document restricts that right. The enrolling parent who chooses not to include the other parent's name on the authorized list for pick-up must file an official court document such as the following: current restraining order, sole-custody decree, divorce decree stating sole custody, judgment of adoption, foster parent documentation. The parent must provide the program with updated legal documents when any changes occur.*

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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**By providing us with the following information, Forest School educators can better advocate for your child and meet their needs.**

If your child was previously enrolled in a childcare program, may we contact the providers? Yes      No      Not Applicable

Has your child ever been referred for developmental and/or behavioral screenings?  
 Yes      No

If services were or are being received, please explain below:

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May we contact the Service Coordinator and/or Provider? Yes      No

*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 the above permission to contact them.*

Is there anything else you think we should know about your child in order to support their success in our program (i.e. eating habits/diet restrictions, sleeping/napping habits, special words for toileting or body parts, particular struggles or routines that work well at home, 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.

**All information shared with Forest School is kept strictly confidential and will not be shared without written permission from families and as required by law.**

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

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

\_\_\_\_\_

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

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.

Form completed by:

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

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

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

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