

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

**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:

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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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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

*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, so that Forest School educators can better advocate for your child and meet their needs.*

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