

Outdoor Preschool
 127 Forest Hill Rd.
 Anytown, VT 02213
2015-2016 Admission Form

(Once your child has been accepted, 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

If a parent does not have custodial responsibility, please attach related documents and briefly explain below.

Who is financially responsible for tuition payment?

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 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.

