



## FAMILY BACKGROUND

**CHILD'S NAME:** \_\_\_\_\_

Name of sisters: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Brothers: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Others living in the home:

Allergies/ health concerns:

What are your child's favorite plaything or special interests

Any unusual experiences your child has had (travel, new baby, etc.)

Recent changes in your child's life (move, surgery, death in family, new baby)

Language: Is your child easily understood? Any speech difficulties or concerns? Explain.

What words does your child use for toilet needs?

Does your child need assistance with going to the bathroom?

What fears does he/she have? How do you handle that fear?

Has your child had any previous group experiences? If yes, describe.

Does your child exhibit any special behavior which concerns you?

List 3 goals you have for your child this school year:

- 1.
- 2.
- 3.

What was the main reason for enrolling your child in school this year?

Do you have any specific concerns for your child that you would like the teacher to know about?

What are some attributes your child currently possesses that you would like fostered by the teacher?

Do you have any special skills, languages, talents that you can share with us? What is/are your profession?



# Consent Form

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ give my consent for Little Acorn Preschool to:

\*video tape my child throughout the hallways and entrances into the school building with security cameras.

\*take photographs of my child throughout the current school year. I understand that the pictures may be used in the classroom, on the website, parent app or during all school slide show productions.

\*assess my child throughout the current school year. I will be presented with the information obtained from the assessment at conferences in the fall and/or spring.

\* I acknowledge that I will not post pictures of other Little Acorn Preschool Students without their parent/guardian's consent.

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

Date: \_\_\_\_\_

## Parent Handbook

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ have read the Little Acorn Preschool's handbook, and hereby agree to abide by the school's guidelines and rules.

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

Date: \_\_\_\_\_

## Facebook/Instagram/Parent App Page

*\*\*Please note that children's faces will not be shown in photos posted to the Little Acorn Preschool Facebook page.*

\_\_\_\_\_ Yes, I give my permission for my child's teacher to post his/her picture on the Little Acorn Preschool Facebook/Instagram/Parent App page.

\_\_\_\_\_ No, I do not give my permission for my child's teacher to post his/her picture the Little Acorn Preschool Facebook/Instagram/Parent App page.

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

Classroom: \_\_\_\_\_

# FIELD TRIP PARTICIPATION FORM AND LIABILITY RELEASE



Name of child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

We the undersigned and the parent(s) or legal guardian(s) of the above named child do hereby give permission for participation in fields trips and special events conducted away from the normal premises of this school. A minimum of 48 hours advanced notice will always be provided to parent(s) or legal guardian(s) prior to leaving the school premises.

Being fully aware that Little Acorn Preschool will do everything in their ability to provide safety and assistance for my child. I will not hold Little Acorn Preschool, its board of directors (individually or jointly), director, teacher(s), aide, or parent volunteer(s) or First United Methodist Church-Vancouver responsible for any injury or physical hurt that might result from participation in such activities.

CHECK THE APPROPRIATE SPACE:

\_\_\_\_\_ For the duration of enrollment.

\_\_\_\_\_ I/We do not wish my/our child to take part in off-site activities

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

## MEDICAL RELEASE EMERGENCY INFORMATION

I, (we) the undersigned, parent, parents or legal guardian of \_\_\_\_\_, a minor do hereby authorize and consent to medical treatment deemed necessary in the event of an emergency, accident or sudden illness.

I, (we) are aware that Little Acorn Preschool will make every effort to provide medical treatment at the closest facility available. Little Acorn Preschool will make every effort to contact and work with the Doctors and Hospital of preference listed.

Doctor Preferred \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Phone \_\_\_\_\_

I, (we) do not hold the above named, or Little Acorn Preschool responsible or liable for any action necessary in the emergency care of my (our) child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

# Permission to Release/Emergency Contact

Please list anyone (including parents) who is authorized to remove  
your child from the premises?

If parent or guardian cannot be reached, who should be contacted in the event of an Emergency?

**Parent** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Y/N?

**Parent** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Y/N?

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Y/N?

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Y/N?

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Y/N?

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Address \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Y/N?

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Y/N?

