

FAMILY BACKGROUND

CHILD'S NAME: _____

Name of sisters: _____ Age: _____

Name of Brothers: _____ Age: _____

_____ Age: _____

_____ Age: _____

Others living in the home:

What are the child's favorite playthings?

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

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

DEVELOPMENTAL RECORD

Any birth difficulties? If so, please explain.

Allergies: Please list and describe.

Explain any physical/health limitations of child

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

What words does the child use for toilet needs?

Does child need assistance in toileting?

Is your child used to resting during the day? Any challenges?

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

Please explain your method of discipline and what the child's response is.

How does the child show anger?

How does the child show tension?

Has the child played with other children? Yes/no own age___ younger___ older___

How does the child get along with other children, both in your family and outside your family?

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

Does child exhibit any special behavior which concerns you?

What do you expect to get out of child's preschool experience?

Please list hobbies, skills, or training (musical instrument, art, dance, etc.)

What subjects would you like to have presented or discussed during the quarterly parent meetings?

Are there any special days or holidays you do NOT want your child to participate in?

Goals Sheet

Child's Name _____

We recognize that perhaps your goals for your child's early childhood education have changed for the next school year. In an effort to keep abreast of your child's development from the most important influence in their lives (YOU!), please take a moment to answer the following questions. By doing so your child's teacher can begin this school year knowing specifically what you believe is important for your child.

SOCIAL GOALS:

PHYSICAL GOALS:

EMOTIONAL GOALS:

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?

Comments:

THANK YOU!

Consent Form

I, _____ the parent/legal guardian of _____ give my consent for Little Acorn Preschool and Kindergarten 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 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.

Signature: _____ Date: _____

Parent Handbook

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

Signature: _____ Date: _____

BLOG Release

_____ Yes, I give my permission for my child's teacher to post his/her picture on the classroom BLOG.

_____ No, I do not give my permission for my child's teacher to post his/her picture on the classroom BLOG.

Child's Name: _____

Classroom: _____



FIELD TRIP PARTICIPATION FORM AND LIABILITY RELEASE

Name of child_____

Address_____ Phone_____

We the undersigned and the parents 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.

Being fully aware that Little Acorn Preschool and Kindergarten will do everything in their ability to provide safety and assistance for my child. I will not hold Little Acorn Preschool and Kindergarten, 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 2010 - 2011.

_____ 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 and Kindergarten will make every effort to provide medical treatment at the closest facility available. Little Acorn Preschool and Kindergarten 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 and Kindergarten responsible or liable for any action necessary in the emergency care of my (our) child.

Signature_____ Date_____

Relationship to child_____

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

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Permission to Release

In addition to yourself, who is authorized to remove your child from the premises?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____