

LLL PRESCHOOL
Child Face Sheet/Enrollment Form

Child's Name _____ Sex: M F Skin Color _____

Home Address _____ Height _____ Eye Color _____

City/State/Zip _____ Weight _____ Hair Color _____

Home Telephone _____ Primary Language _____ D.O.B. ____/____/____

Identifying Marks _____ Date of Admission ____/____/____

Allergies _____

If your child has allergies, are any life threatening? Yes/No. *Individual Health Plan if Yes.

If yes, which ones? _____

Chronic Health Concerns _____

Current, regular medications _____

Special Limitations or Concerns _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Address (if different) _____ Address (if different) _____

Home Telephone _____ Home Telephone _____

Cell _____ Cell _____

E-mail Address _____ E-mail Address _____

Business Name _____ Business Name _____

Business Telephone _____ Business Telephone _____

Days/Hours at work _____ Days/Hours at work _____

List the names of people who have permission to pick up your child from LLL Preschool for non-emergency, routine picks-ups in the event that a parent/guardian is unable to receive your child.

Name Phone number Relationship

Name Phone number Relationship

LLL PRESCHOOL
First Aid and Emergency Medical Care

Child's Name _____ D.O.B. ____/____/____

Child's Physician/Practice Name _____

Address _____ Telephone _____

I authorize the staff members of LLL Preschool, who are trained in the basics of First Aid, to administer First Aid to my child when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize LLL Preschool to transport my child to the _____ hospital (or nearest hospital) to secure necessary medical treatment for my child.

Signature of Parent/Guardian

Date

EMERGENCY CONTACTS

Please list three persons who are familiar with your child and are able to act on your behalf in a medical or other emergency. Local or in-area persons are requested. Persons listed will be contacted in the order listed.

Name _____ Relationship to child _____

Address _____ Home Phone _____

Work Phone _____ Other Phone _____

Name _____ Relationship to child _____

Address _____ Home Phone _____

Work Phone _____ Other Phone _____

Name _____ Relationship to child _____

Address _____ Home Phone _____

Work Phone _____ Other Phone _____

I hereby give my permission for my child to be released from the program and/or to be received at the end of the program to the above persons. This could include relieving LLL Preschool staff at an emergency medical facility and making treatment decisions.

Signature of Parent/Guardian

Date

LLL PRESCHOOL

First Aid/Emergency Medical Authorization Form

Child's Name _____ D.O.B. ____/____/____

This form serves to outline the First Aid and emergency medical procedures for LLL Preschool. All staff are required to have current First Aid certification: based on this training, the first step for each procedure will be for the staff to evaluate the situation at hand and proceed as deemed appropriate.

PROCEDURE: MINOR FIRST AID TREATMENT

1. LLL Preschool staff will administer treatment
2. Parent/guardian will be informed on the same day

PROCEDURE: SECONDARY FIRST AID TREATMENT

1. Parent/guardian or designee will be called immediately
2. If above unavailable, LLL staff will proceed with basic first aid while simultaneously contacting emergency medical professionals to proceed under their instructions
3. LLL Preschool staff will accompany child to emergency facility and remain until relieved.

PROCEDURE: CRITICAL MEDICAL EMERGENCY

1. LLL Preschool staff will administer First Aid/CPR and immediately contact emergency medical professionals for assistance and instructions
2. While step one is in progress, LLL Preschool staff will contact parent/guardian or designee.
3. LLL Preschool staff will accompany child to emergency facility and remain until relieved.

The staff at LLL Preschool has my permission to administer First Aid treatment and CPR or seek professional medical treatment for my child. I understand that the staff will make every effort to contact me or my designated emergency contacts and that my child will be accompanied and supervised by LLL Preschool staff in the event that transport to a medical facility is necessary.

Signature of Parent/Guardian

Date

Health Insurance Co. _____ Policy # _____

Parent(s) Name(s): _____ Phone (c) _____

LLL PRESCHOOL

Developmental History and Background Information

Child's Name _____ D.O.B. ___/___/___

DEVELOPMENTAL HISTORY

Any speech difficulties? _____

Special words to describe needs _____

Ability to help/care for self without assistance _____

HEALTH

Any known complications at birth? _____

Any serious illnesses and/or hospitalizations? _____

EATING HABITS

Special characteristics or difficulties? _____

Favorite foods: _____ Foods refused: _____

Child eats with ___hands ___spoon ___fork

TOILET HABITS

Is your child potty trained? _____

How does your child indicate bathroom needs (special words)? _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child become tired or nap during the day (include when and how long)? _____

What time does your child go to sleep at night? _____

What time does your child get up in the morning? _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

With whom does your child play regularly? _____

(Social Relationships continued)

Child's Name _____

Previous experience with other children/day care: _____

Reaction to strangers: _____

Able to play alone? _____ Favorite toys/activities: _____

Fears (the dark, animals, etc.): _____

Relevant preferences/disposable comfort items: _____

How do you comfort your child? _____

What method of behavior management/discipline do you utilize at home? _____

What would you like your child to gain from this child care experience? _____

Is there anything else you would like us to know about your child? _____

Signature of Parent/Guardian

Date

LLL PRESCHOOL
Photography/Class List Permission Form

Child's Name _____

PHOTOGRAPHY

The Commonwealth of Massachusetts requires written consent by a parent/guardian for activities involving publicity. Publicity includes photographs and participation in the mass media.

Photography of LLL Preschool activities occasionally occurs in the local/area newspapers. Photographers may take photos of field trips or other special/daily activities.

By signing below, the parent/guardian grants permission for the child indicated to be photographed while participating in LLL Preschool activities.

Signature of Parent/Guardian

Date

CLASS LIST

In order to print your child's name, address, telephone number, birthday, and the name of his/her parents/guardians on a class list, we must have written permission from a parent/guardian of the LLL Preschool student. The class lists will be distributed to each child in the class.

By signing below, the parent/guardian grants permission for the above information to be printed on a class list and distributed to the children in his/her child's class.

Signature of Parent/Guardian

Date

LLL PRESCHOOL

Permission to Leave the Classrooms

Our licensing body, the Commonwealth of Massachusetts Office of Early Education and Care, requires us to obtain your written permission for your child to participate in activities that occur outside of our licensed classroom space. Those activities include occasional walks through the West Parish Garden Cemetery located opposite our building on Reservation Road, visits to the Children's Garden opposite our playground, and monthly fitness and movement classes that are held upstairs in our building in the Fellowship Hall.

I give permission for my child to participate in the activities described above.

Child's Name _____

Signature of Parent/Guardian

Date

LLL PRESCHOOL

Permission to Send Information Via Email and Text

LLL Preschool teachers and the Board will need to communicate information such as reminders about upcoming events and activities to the families of our students. Please indicate below your willingness to receive school information, bulletins, and/or reminders via your email address or text messages. Should you choose not to have information sent, you will find LLL information in your child's cubby and/or the main and class bulletin boards.

Child's Name _____

Yes, I do wish to receive information via email and text _____

No, I do not wish to receive information via email and text _____

Preferred email address _____

Preferred number for texts: _____

Signature of Parent/Guardian

Date

LLL PRESCHOOL
Cancellation and Refund Policy

Child's Name _____

- Cancellations or changes in registration must be made in writing to LLL Preschool, 129 Reservation Road, Andover, MA 01810.
- The application fee and the initial deposit made to reserve your child's placement at LLL Preschool for the current school year are **NON-REFUNDABLE**.
- After August 1st of the said year, students are considered enrolled for the remainder of the school year. In the event of voluntary withdrawal, tuition for the duration of the year remains the responsibility of the family, unless LLL Preschool is able to fill the opening.
- Important: Refund of tuition or deposits will be made only in cases of certifiable illness subject to review and acceptance of the LLL Preschool Committee.

Signature of Parent/Guardian

Date

LLL PRESCHOOL
Transportation Authorization Form

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM: MY CHILD WILL DEPART FROM THE PROGRAM:

___ Parent drop off

___ Parent pick up

___ Supervised walk

___ Supervised walk

___ Unsupervised walk

___ Unsupervised walk

___ Public/Private/Van

___ Public/Private/Van

___ Program Bus/Van

___ Program Bus/Van

___ Contract/Van

___ Contract/Van

___ Private trans. arranged by parent

___ Private trans. arranged by parent

___ Other

___ Other

Signature of Parent /Guardian

Date

Hand Sanitizer Permission Form

Child's name: _____

I give LLL Preschool permission to use hand sanitizer on my child's hands.

I do NOT give LLL Preschool permission to use hand sanitizer on my child's hands.

Hand Sanitizer will be stored out of reach of all children.
The teacher will assist children with hand sanitizer.

Please do not send hand sanitizer in or attached to your child's backpack or jacket.

Parent Signature _____ Date _____