

SAND HILLS PRESCHOOL

EMERGENCY INFORMATION FORM

CHILD'S FIRST & LAST NAME: _____ DOB: _____

HOME ADDRESS _____ HOME PHONE# _____

Town _____ Zip _____

PARENT'S NAME: _____

(First, Last)

PLACE OF BUSINESS _____

Address: _____

PHONE: _____ CELL PHONE: _____

PARENT'S NAME: _____

(First, Last)

PLACE OF BUSINESS _____

Address: _____

PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACTS (List a local person in the order of who to call first, second, etc.)

1) Name _____ 2) Name _____

Address _____ Address _____

PHONE # _____ PHONE # _____

CHILD'S PHYSICIAN:

Name _____

Address _____

PHONE # _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Please explain:

IN THE EVENT OF SERIOUS INJURY, MY CHILD MAY BE TAKEN TO THE HOSPITAL:
WHICH HOSPITAL: _____

IN THE EVENT OF SERIOUS INJURY AND PARENTS CANNOT BE CONTACTED, I GIVE PERMISSION FOR THE NURSERY SCHOOL TO USE WHATEVER MEANS POSSIBLE TO SAVE THE CHILD'S LIFE:

PARENT/GUARDIAN SIGNATURE _____ DATE _____

.....
EMERGENCY LATE PICK-UP AUTHORIZATION: In the event that no one arrives at dismissal time to pick-up the child, and the parents cannot be reached, we authorize the school to call the above emergency contact person(s) to be notified to pick up the child, and provide subsequent supervision for the child.

**SAND HILLS PRESCHOOL
CARPOOL INFORMATION**

In addition to the emergency contact names and numbers already provided, please list below the name, addresses and phone numbers of all carpool drivers that have your permission to sign in/out your child. Where indicated, provide the plan for the carpool with regard to days and drivers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give specific details of carpool arrangement, who will pick up, drop off, what days, etc.

All carpool arrangements are to be made parent-to-parent directly. The school does not arrange for carpools and shall have no further responsibility for these arrangements, or for ensuring transportation to and from school if such arrangements are made by you. WE CANNOT release your child to drivers not listed by you.

Signature of Parent or Guardian

Telephone

Date

**SAND HILLS PRESCHOOL
SIGNATURE RETURN FORM**

In keeping with the New Jersey Child Care Licensing Bureau Requirements, we are obliged to provide you, as the parent of a child enrolled at our school, with the INFORMATION TO PARENTS statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards, and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Department of Children and Families.

Please read the statement (begins on page 9 of the Family Handbook) and, if you have any questions, feel free to contact the school.

* * * * *

I have been advised of the **INFORMATION TO PARENTS** statement at Sand Hills Preschool, I understand the statement, and I am in receipt of a copy of the statement.

Signature of Parent or Guardian _____ Date _____

Please initial that you have received each of the following policies contained in the Family Handbook and sign the bottom of the form. Thank you.

I have received Sand Hills Preschool's Family Handbook and I have been advised of the following policies of Sand Hills Preschool, I understand the statement, and I am in receipt of a copy of the policies.

- _____ Tuition Policy
- _____ Policy on Active Play
- _____ Policy on Television, Computers and Video Usage
- _____ Release Policy/Approved Escorts
- _____ Accident and Injury Policy
- _____ Health, Illness and Disease Policy
- _____ Snack Policy
- _____ Discipline Policy
- _____ Expulsion Policy
- _____ Toilet Training Policy
- _____ Social Media Policy
- _____ Transportation/Parking Lot Safety Policy

Signature of Parent or Guardian _____ Date _____

SAND HILLS PRESCHOOL
WALKING PERMISSION FORM

I give my permission for my child, _____

to participate in walking trips on the school/church property with the class and supervised by the Preschool Staff. Such trips are taken to visit and return from the fenced playground area, to and from the sanctuary, for fire drills and to exercise and enjoy nature walks around the school/church grounds. I understand that separate information and permission slips will be provided for class field trips off the property where transportation and entry to another building are involved.

Signature of Parent or Guardian

Date

PHOTOGRAPHY/PUBLICITY RELEASE FORM

All our children are stars! Throughout the school year, activities and events of Sand Hills Preschool are photographed and/or videotaped for in house purposes to record these special moments in our history and sometimes for publicity purposes (news releases and on social media). Please sign below authorizing us to include your child's pictures/video/name in this way.

I give my permission for my child, _____, to be included in photos and videos at Sand Hills Preschool as described above.

Signature of Parent or Guardian

Date

CHILDREN'S DEMOGRAPHIC AND FAMILY INFORMATION SHEET

CHILD'S FIRST & LAST NAME: _____ **DOB:** _____

Nickname _____

Daily living

What is your child's typical eating pattern? _____

What foods does your child like? _____

Dislike? _____

What does your child usually eat with (fingers, chopsticks, fork & spoon)? _____

How does your child indicate bathroom needs? Word(s) for *urination*: _____

Word(s) for *bowel movement*: _____

Special words for body parts: _____

What are your child's regular bladder and bowel patterns? _____

What are your child's regular sleeping patterns?

Awakes at _____ Naps at _____ Goes to bed at _____

What help does your child need to get dressed? _____

Family

How did you decide to give your child his/her name? _____

Does your child's name have a particular meaning or translation? _____

Where was your child born? _____

Was your child born prematurely, # of weeks premature _____

Child's birthweight _____

Where else has your child lived and when? _____

Do both parents live at home? _____

If not, what is the custody arrangement? _____

Father's Name _____ Country of Origin _____

Mother's Name _____ Country of Origin _____

Child's primary language _____

What languages do you use to talk to your child?

Father _____ Mother _____

Do other adults live in the home? _____

If so, please list names, relationship to child (i.e. grandparent) and languages spoken _____

Siblings? Please list names and ages. _____

Do they live at home? If no, please explain.

If English is not your home language, please estimate how many English words your child knows (circle one)

Less than 10

10 to 50

50 to 100

more than 100

Please list or share with the staff common phrases in your home language that may be helpful at school:

Social relationships/play

What ages are your child's most frequent playmates? _____

Is your child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

Does your child play well alone? _____ What is your child's favorite toy? _____

Is your child frightened by (circle all that apply)?

Animals rough children loud noises the dark storms anything else _____

Who does most of the disciplining? _____

What is the best way to discipline your child? _____

How do you comfort your child? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____

Parent/Guardian Signature _____

Date _____