

LLL PRESCHOOL
Child Fact 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 _____

ALLERGIES?

FOOD ALLERGIES/SENSITIVITIES?

IF YOUR CHILD HAS ALLERGIES, ARE ANY LIFE-THREATENING? YES/NO IF YES, WHICH ONES?

WHAT TREATMENT IS RECOMMENDED?

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 Phone _____	Cell Phone _____
E-mail Address _____	E-mail Address _____
Business Name _____	Business Name _____
Business Telephone _____	Business Telephone _____
Days/Hours at work _____	Days/Hours at work _____

Names and ages of other people living in the home _____

List the names of people who have permission to pick up your child from LLL Preschool for non-emergency 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 two people who are familiar with your child and are able to act on your behalf in a medical or other emergency. Local or in-area people are requested. People listed will be contacted in the order listed.

Name _____ Relationship to child _____
Address _____ Home Phone _____
Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Address _____ Home Phone _____
Work Phone _____ Cell 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 people. This could include relieving LLL Preschool staff at an emergency medical facility and making treatment decisions.

Signature of Parent/Guardian Date

Health Insurance Coverage: _____ **Policy #:** _____

Parent(s) Name: _____ Phone(w): _____ Phone(h): _____
Parent(s) Name: _____ Phone(w): _____ Phone(h): _____

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 basic First Aid and immediately contact emergency medical professionals for assistance and instructions
2. While step one is in progress, LLL Preschool staff will begin contacting 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 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

LLL PRESCHOOL

Developmental History and Background Information

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

DEVELOPMENTAL HISTORY

Any speech difficulties? Therapies? _____

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 with regularly? _____

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

Our licensing body, The Commonwealth of Massachusetts Office of Early Education and Care, 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 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 Form to Send Information Via Email

Dear Parent/Guardian,

Occasionally, the L.L.L. Preschool teachers and Administrative Board members need to communicate information, such as reminders about upcoming events and activities, to the families of our students. Email is a time saving and cost effective method to distribute such information. Please indicate below whether you would be willing to receive school information, bulletins, and/or reminders via your email address. Email addresses will not be distributed to the class and will be used only by L.L.L. staff and Administrative Board members. If you choose not to receive communications via email, you will find L.L.L. information in your child's cubby and/or on the main and class bulletin boards.

Child's Name _____

Yes, I do wish to receive L.L.L. communications via email _____

Preferred email address _____

No, I do not wish to receive L.L.L. communications via email _____

Signature of parent/guardian _____

Date _____

Please notify us of any change in your email address.

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 Administrative Board.

Signature of Parent/Guardian

Date

LLL PRESCHOOL

Health Form to be Completed by Child's Physician

Dear Physician: _____
(Child's Name)

is enrolled in an early childhood program licensed by the Office of Early Education and Care. EEC regulations require (at the time of admission) a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone #: _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance:

Has this child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) that require special consideration or care by the child care provider? If so, please explain: _____

Physician Signature: _____

Date: _____ Comments: _____

Please return to: LLL Preschool, 129 Reservation Rd., Andover, MA 01810