

Children's Records must be maintained for at least five (5) years after a child has left the program

SSU Preschool ENROLLMENT PACKET FACE SHEET

*PHOTO OF CHILD PLUS PHYSICAL DESCRIPTION

Eye Color _____
Hair Color _____ Sex _____
Height _____ Weight _____
Other: _____

Thank you for your interest in the Salem State University Preschool! Please fill out these forms and bring this completed packet to registration. The forms must be in the educator's possession before your child begins care. Please notify your educator if any of the information changes.

General Information

Date of Admission _____ Age at Admission: _____

Date of Discharge _____

Reason for Discharge: _____

Child's full name _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Nickname _____

Primary Language of Child _____ Primary Language of Parents _____

Allergies/Special Diets _____

Name of Parent(s)/Guardian(s) _____

Home address (if different) _____

Telephone Number: _____

Email Address: _____

Parent(s)/guardian(s) business address/location during child care:

Parent/Guardian: _____ Parent/Guardian _____

Where: _____ Where: _____

Telephone: _____ Telephone: _____

Cell Phone: _____ Cell Phone: _____

Instructions: _____ Instructions: _____

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: _____ Address _____

Telephone _____ Cell Phone _____

(2) Name: _____ Address _____

Telephone _____ Cell Phone _____

Child's Name _____

TRANSPORTATION PLAN / AUTHORIZED PICK- UP

My child will arrive to the program by:	My child will depart the program by:
<input type="checkbox"/> Parent Drop-Off	<input type="checkbox"/> Parent Pick Up
<input type="checkbox"/> Supervised Walk	<input type="checkbox"/> Supervised Walk
<input type="checkbox"/> Public/Private Van	<input type="checkbox"/> Public/Private Van
<input type="checkbox"/> Private Transportation Provided by Parent	<input type="checkbox"/> Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name _____ Address _____

Telephone _____ Cell Phone _____

Name _____ Address _____

Telephone _____ Cell Phone _____

Anticipated Days/Time of Attendance

Day	Arrival Time	Departure Time	Day	Arrival Time	Departure Time
Monday	_____	_____	Friday	_____	_____
Tuesday	_____	_____			
Wednesday	_____	_____			
Thursday	_____	_____			

☐ Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes:

Child's Name _____

Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (You can find the handbook on our website).

Parent/Guardian _____

Date _____

Parental Visit Notice

I understand that I may visit this Preschool Program unannounced at any time during the hours that my child is in care.

Parent/Guardian _____

Date _____

Child's Physician or Health Care Professional

Name: _____ Telephone: _____

Address: _____

Information on **allergies**, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

*We must have a copy of your child's **most current physical exam and immunizations** on file. Evidence of a physical exam is valid for one (1) year from the date the child was examined and must be renewed annually thereafter. Please bring a copy to your child's registration appointment.

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ **DATE OF BIRTH** _____

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____
Any speech difficulties? _____
Special words to describe needs _____
Language spoken at home _____ *Any history of colic? _____
Does your child use pacifier or suck thumb? _____ *When? _____
Does your child have a fussy time? _____ *When? _____
How do you handle this time? _____

HEALTH

Any known complications at birth? _____
Serious illnesses and/or hospitalizations: _____
Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____
Favorite foods: _____
Foods refused: _____

TOILET HABITS

Are bowel movements regular? _____ how many per day? _____
Is there a problem with diarrhea? _____ Constipation? _____
Is your child toilet trained? _____
Please describe any particular procedure to be used for your child at the program _____

What is used at home? Potty chair? _____ special child seat? _____ regular seat? _____
How does your child indicate bathroom needs (include special words): _____
Is your child ever reluctant to use the bathroom? _____
Does the child have accidents? _____
Does your child need bathroom reminders? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Bed? _____

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

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc.) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/child care: _____

Reaction to strangers: _____

Able to play alone: _____

Favorite toys and activities: _____

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

How do you comfort your child: _____

What is the method of behavior management/discipline at home: _____

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

DAILY SCHEDULE: Please describe your child's schedule on a typical day.

***Please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.**

Is there anything else we should know about your child? _____

Parent/Guardian Signature: _____

Date: _____

Permissions

General Permission

Walking Field Trip Consent

As a component of our curriculum, we take neighborhood walking field trips to the following:

- 1> Forest river Conservation Area
- 2> Walk around South campus Lower and Upper Levels
- 3> Walk to South Campus Gym and use facility.

Teachers take appropriate safety precautions such as carrying a mobile phone, first aid kit, parent/guardian contact information and epi-pen/medication if prescribed for a child in the group.

- ☐ I give my consent for my child to participate in walking field trips.
- ☐ I do not give consent for my child to participate in walking field trips.

Photography Consent

I authorize SSU Preschool to have, use, publish and reproduce photographs, slides, videotaping of my child for records and for displays of our classroom activities inside the classroom, office and list serve.

- ☐ I do authorize such use.
- ☐ I do not authorize such use.

Consent for Classroom Observation

As part of our program, we often have college or graduate students observe/student teach in our classroom as well as consultants, specialists, and therapists, either to further their understanding of early child hood, or to provide feedback to us about our work with young children. This is one of the ways we learn about and implement best practices in early childhood education at SSU preschool. Observers will never be left alone with a child.

- ☐ I grant permission for my child to be observed in his or her classroom and for consultants to provide feedback to the teaching and administrative staff.
- ☐ I do not grant permission for my child to be observed in his or her classroom.

Parent/Guardian Signature

Date

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give the SSU Preschool Staff permission to administer basic first aid and/or

CPR to my child _____, and/or take my child to a hospital for medical

treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian

Signature Date

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray)

*Note: Must be supplied by parents

Parent/Guardian Signature

Date

Child's Name _____

Emergency Card Information

REMINDER: *This emergency card information is for the educator's first aid kit. The educators must take first aid materials when leaving the child care premises.*

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone: _____

Instructions to Reach Parent or Guardian

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

1. _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Emergency Medical Treatment

I, _____, authorize the SSU Preschool staff, who are trained in the basics of first aid, to administer first aid to my child when appropriate. In case of a medical emergency, I authorize SSU Preschool staff to administer CPR to my child and/or transport my child to the nearest medical facility for medical treatment, including but not limited to and epinephrine auto injection for suspected exposure to a life threatening allergen, when I cannot be reached or when delay would be dangerous to my child's health. In addition, I give the school permission to contact my child's physician/medical office when necessary.

Parent/Guardian _____

Date _____

Medical Insurance Information

Subscriber's Name: _____

Type of Insurance: _____

Policy Number: _____

Other pertinent medical information: _____

SSU Preschool Listserv

Listserv is an email list of preschool parents and teachers to share information, post notices, and get reminders, post questions and ideas.

_____ Yes, add my name to the Listserv- E mail: _____

_____ No, do not add my name to the Listserv.

The Preschool Program Contract

Please read the following and sign two copies: one copy for the Preschool and one for your records.

I hereby agree to and understand the following policy:

1. To give the Preschool fourteen days written notice in the event that I will need to withdraw my child. If I fail to comply with this requirement, I will be charged two (2) weeks tuition to cover any monetary loss incurred by the Preschool.
2. To give the Preschool Director/teacher any changes in my child's schedule by making an appointment at the Preschool Office two (2) weeks prior to the effective change in schedule.
3. To pay a non-refundable registration fee of \$50.00 per year, per child, made payable to SSU Preschool. NO CASH. Payable at registration.
4. Fees are based on a weekly rate and **no tuition refunds** due to illness, inclement weather, labor strikes, power and/or water outages, holiday closings or other legitimate conditions beyond the control of the University or the Preschool.
5. To pay tuition by check payable to SSU Preschool due on the first of each month unless specified differently. **A late fee of \$25.00 will be charged to me if my tuition is seven (7) calendar days late.** After 30 days, failure to pay will result in termination unless a payment plan is negotiated.
6. An **overtime charge of \$10.00 for every (10) minutes late** in picking up my child. Payment is due immediately on pick up or child cannot return until fee is paid. (Lateness will be judged on the Preschool clock.)
7. Charges for additional pre-approved **extra hours** will be computed by parents and added to the monthly tuition check.
8. To give a minimum of four (4) hours a month on one of the Parent Committees (except during the Summer Program). A description of each committee is included in the Parent Handbook. I will select a committee within seven (7) days after my child is enrolled.
9. I have received a copy of the Parent Handbook and agree to abide by all the rules and regulations. (Handbook can be found on our website)
10. I understand the policy to keep my child at home according to the Preschool Health Care Policy. Children too sick to participate in full program (indoor and outdoor) need to be kept at home. **Parents are to call the Preschool by 8:15 A.M. should the child not be attending. (978) 542-6409 – Preschool Number**
11. To notify the staff when my child is ill or any family member has a contagious disease.
12. To provide morning and afternoon snack (following nutritional guidelines), a complete set of **labeled extra clothes, a recent photo**, and to send each day a rest matt for rest time (12:30 – 1:00) purchased through Kaplan.
13. To provide information on how to contact me in an emergency situation (including address, phone number, employment, and other emergency information) which **I will update when changes occur and every four months.**
14. I give authorization for Preschool Director/Teacher, Teacher and designated Assistant Teachers to have access my child's records, including health information on file in his/her folder.
15. I give permission to print parent name, _____, address, and phone number for the Preschool Directory. (Child's name will not be included.)

16. To notify a teacher and sign in and out every time I, or someone I authorize, enters the Preschool to drop off or pick up my child.

17. To discuss any concerns I may have with the Director/Teacher or Teacher.

18. I will be asked for written permission for each field trip which may be taken by the Preschool.

19. I understand that in the case of inclement weather or at the discretion of the Lead Teacher, the Preschool staff may walk my child to the South Campus Gymnasium rather than hold outdoor play.

20. I will submit all required registration forms including the School Health Form before my child can attend, and follow up on any abnormal tests.

21. To obtain health assessments for my child annually (required by the Preschool, the NAEYC, and the American Academy of Pediatrics). **School health forms and immunization records must be updated annually to meet requirements.**

22. To notify the Preschool Director/teacher when my child is scheduled for routine health visits, and obtain a health form and immunization record to complete and return. My child must be fully immunized or I will provide religious or medical exemption documentation. I understand my child will be excluded immediately if a vaccine preventable disease, to which my child is susceptible, occurs within the program.

23. To cooperate with the Teacher in the follow up of any medical, dental, or developmental needs of my child.

24. To complete a medication consent form when requesting medication administration.

25. As a parent, I will be provided with information, either verbally or in writing, about my child's development and learning on at least a quarterly basis and with written reports at least two times per year.

26. I understand that my child's Lead Teacher will conduct a developmental screening within three months of enrollment and that the results will be shared with me.

27. I understand that the Preschool will keep ongoing assessments of my child as an integral part of the Program. Assessments are gathered through a variety of methods including observations, checklists, and anecdotal records; all information gathered therein will be collected and maintained in my child's portfolio, which is available to me at any time.

Parent's Signature

Date