

Your program name Here
INFANT/TODDLER
ENROLLMENT QUESTIONNAIRE

The following information is critical to your child's participation at Your program name Here. You are required to notify staff of any changes to this information so that we may keep accurate information regarding your child. This questionnaire must be completed and on file before your child may attend class.

Child's Full Name	Child's birth date
Child's Nick Name (if applicable)	
Parent One Name	Parent Two Name

Please read and initial next to each item below.

My child may be given any non-prescription medication as indicated on the original container, including ONLY sunscreen, anti-bacterial ointment, and any other first aid ointments or creams necessary. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering any non-prescription pain-relievers to obtain approval prior. Prescription medications must have written authorization for each medication.)

My child may be taken on walking field trips under the direct supervision of Your program name Here staff. I understand that due to the spontaneity of our days and of the children's project ideas parents may not be notified of these trips in advance. Parents must complete a separate permission slip for excursions via bus, train or other motor vehicle.

I understand that by paying my deposit and enrolling my child I am accepting the schedule agreed upon for the extent of the school year and that if I would like to request a schedule change mid-year, I must fill out a Schedule Change Request Form and submit it to the administrative office.

I understand irregular schedules are accommodated only when another family's schedule can meld with ours creating a full time schedule (M-F). I also understand that this schedule can only be offered as long as another family's schedule is able to complete my own child's to fulfill a full time schedule. If given an irregular schedule, there is no

guarantee this schedule will be granted from year to year.

___ I understand that by enrolling my child at Your program name Here I am committing to a full year of enrollment unless I give 2 months written notice of withdrawal. Regardless of when your child is enrolled, Your program name Here requires a 2-month withdrawal notice. Failure to provide a 2-month notice will result in a bill for any tuition lost due to my early withdrawal.

___ I understand that each winter (January-February) families are given the opportunity to request their attendance schedule for the following academic year (beginning in September). To ensure your child's schedule for the next academic year your child must be continuously enrolled through the summer. Exceptions are made only if there are other students that can fill your child's summer vacancy.

___ I understand that my tuition is due by the 5th of each month and is subject to a \$5 per day late fee.

___ I understand that I must pick my child up by their scheduled pick up time (12:30, 4:30, 5:00 or 5:15). I also understand that I will be charged \$1 per minute that I am late to pick up my child from school past my child's scheduled pick up time (pick up times are listed on sign ins).

___ I understand that it is important for my child to have sufficient time to transition into the school day in the morning and late arrivals can be disruptive to community gatherings that happen at the beginning of the school day. Drop off is between 8:15-9 a.m. If my child is not at school before 9 a.m., I will need to notify the school via phone or email.

___ I understand that I am responsible for communicating any absences in attendance to the school.

___ I have read the parent handbook found on the parent page of the website, understand its contents and agree to follow all rules and policies as outlined.

___ I understand that I will be responsible for providing all of the items from the "Items to Bring" list for my child, including emergency supplies in a 1 gallon plastic Ziploc bag.

___ I understand that my family's contact information will be made available to other Your program name Here families in a class roster. I agree to respect the privacy of other families by not sharing this information with people outside Your program name Here and by using this information solely for personal use.

*Please specify here if you would NOT like your information to be included in a class roster.

___ I understand that Your program name Here will be sending out regular announcements and information through Kaymbu, an app used on iPads in each classroom. Messages, documentation (photos/video) and newsletters will be sent directly to my email. In order to stay in better touch with the school and have one central location to view important information regarding my child's school experience, I may download the **Brightwheel APP for parents**. This will be associated with the mobile number that I provide to the school.

___ I understand that staff will be taking photographs and video of all of the children in order to document work and projects. These photos are for documentation purposes and will be used for educational purposes. These photographs will be displayed in the classroom, shared via Brightwheel and on the school's website. All families will have access to these photographs.

Escuela Viva video, and other media documenting classroom and school activities in order to promote the school's mission and philosophies to the outer community. The school uses both a Facebook page and the Escuela-Viva website for such publications. Please indicate below with your initials your family's preference regarding Escuela-Viva's publication of media that includes images of your child or children.

_____ Yes, Escuela Viva staff may use documentation (photo and/or video) of my child on their public Facebook page and/or website.

_____ No, Escuela Viva staff may not use documentation (photo and/or video) of my child on their public Facebook page and/or website.

___ I consent to my child participating in daily tooth brushing at school.

*Please specify here if you do NOT want your child to participate in tooth brushing at school.

Parents Signature

Date



Your program name Here
Parent & Child Profile

Please fill out the following questions. This valuable information will help the teacher(s) get to know you and your family a little bit better. Use additional paper as needed. There are no “correct” answers. Every child and parent is unique. Use this form as a way to reflect on your family, personal values, and child.

Child’s name and age

Date of Birth is _____ and was _____ of Weeks Premature (if applicable)

Parents’ names:

Phone and e-mail:

Parent one: _____

Parent two: _____

Best time for teacher to call:

Best mode of communicating with you about general class information (newsletters, announcements, etc)

◇ Email / Electronically

◇ Phone

◇ Brightwheel– PLEASE DOWN LOAD THE PARENT APP!

◇ Printed materials to take home

◇ Printed materials posted in classroom

Getting to know your child....

1. List previous experience(s) in day care and/or preschool. Include length of time, name of facility, number of children attending and your child's overall experience. If not prior school experience, list experience with care prior to Your program name Here (i.e. grandma, nanny, solely with parents, etc.).

2. When you think of your child's unique qualities, what comes to mind? What makes you laugh? What amazes you? What inspires you? What does your child teach you? What drives you nuts?

3. How does your child behave when frustrated or angry? What things might set your child off? What strategies have you found successful for dealing with such behavior? How does your child take care of themselves in these moments?

4. Are there any behaviors you would like to see change in your child?

5. Has your child had any recent traumas? If so, please describe.

6. What types of play and learning activities do you currently pursue at home? Does your child take any classes or lessons outside of school?

7. What is your child's exposure to the media (radio, movies, television, video games, computers, etc.)?

8. Who does your child live with? (parents, siblings, grandparents, room mates, pets, etc.) Tell us a little about these special people or animals in your child's life.

9. Please tell us about other special people in your child's life. Does he/she have special peers? Does he/she have opportunities to spend time with grandparents or other extended family?

10. Describe the following for your child:

· Sleeping habits and rituals (i.e. how often and long sleeps, what are your rituals and routines around bed time, strategies that work, challenges, etc.). Does your child have any items that aid

them in their sleep routine (binky, bottle, stuffy, special blanket, etc)?:

· Daipering/bathrooming (daipering specifics or rituals, is your child starting to potty train, language used around bathrooming or diaper changing, etc):

· Fears:

· Likes/Dislikes:

· Special sounds, words, signals or signing & their meanings:

· Sign language:

11. Does your child have any allergies or foods they are not eating yet? If so, please share more with us about foods he/she is not eating and/or your child's allergic reactions and the steps needed to help him/her during an allergy attack. If your child has a specific allergy medicine you will need to fill out a separate medication authorization form for each medication. We would also like for you to meet with our staff to discuss further the administration of this medication

Eating:

What kinds of milk are you feeding your child?

(Check all kinds your child drinks)

breast milk cow's milk: (Kind: whole/Vitamin D lowfat skim evaporated) formula
goat's milk Other _____

**Your program name Here provides cows whole milk, rice and soy milk upon request. You will need to supply your own milk if your child drinks a different type of milk.*

If you feed your child formula, check which type you use and tell us how you mix it.

concentrate: _____ ounces of water mixed with 1 can (13 oz) of formula.

powdered: _____ scoops of powder mixed with _____ ounces of water.

ready to feed: Do you add water? Yes No

**This allows staff to know how to prepare your child's milk.*

How often do you feed your child/baby?

Breastfeed: every _____ hours. How many minutes is total feeding? _____

Bottle feed: every _____ hours.

How much does the baby drink each time? _____ ounces

Does your baby/child drink water? Yes No

If yes, how many ounces every day? _____

What does your baby/child drink from? breast bottle cup

Do you lay your child down with a bottle? Yes No

If yes, what is in the bottle? _____

Do you feed your baby/child any cereal, baby foods, solids or a combination? List below:

If yes, how? in bottle by infant feeder by spoon

Does your child need assistance to eat? Yes No

Does your child use a spoon? Yes No

What concerns or questions do you have about feeding your baby that would be helpful for us to be aware of?

Your program name Here
Meal Plan Agreement for Infants and Toddlers

You will find details about the meal plan in the Infant and Toddler Parent Welcome Packet. First read the meal plan details and then accept or decline the meal plan below.

Read the two statements below and **sign for only one** of them:

I accept the guidelines for the Infant Toddler Meal Plan for _____ (child's name).

Signature of Parent of Guardian

Date

I decline to participate in the Infant Toddler Meal Plan for _____ (child's name) and agree to bring food from home that meets the schools guidelines.

Signature of Parent of Guardian

Date

If you accepted the meal plan, please answer the following questions:

1) Do you have a preference for the stage your child will begin with? Yes No

If so, which stage?

Stage 1

Stage 2

Stage 3

Stage 4

Stage 5

2) Will you be bringing any supplemental food from home? Yes No

If so, what? _____

3) Would you like to request a food restriction for school provided meals? Yes No

If so, what type of food and for which stage? _____

4) Do you have any special notes, questions or concerns about the meal plan? _____

Getting to know you...

1. Please tell us a little about yourself. Where did you grow up? What do you enjoy doing? What do you do to earn a living? What is your cultural heritage? Do you speak any other languages?

2. Please tell us about your relationship with your child. How do you spend time together?

3. What goals do you have for your child? For yourselves as parents? How can we assist you in obtaining those goals (types of classes to offer, resources, support at home, etc.)?

4. What are some of your family's special traditions?

5. Tell us about other things that are important to you and your family.

6. Is there anything else you'd like us to know about you? Other family circumstances you'd like us to be aware of, other ways you'd like to help out, other ways you feel we can support your family, etc.?

7. Addition comments?

Thank you so much for taking the time to share this information with us. Have a beautiful day!