



**FAMILY INFORMATION**

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Circle One

New Student or Continuing \_\_\_\_\_ If Continuing: Last Year's Teacher \_\_\_\_\_

Name your child wants to be called at school \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Does child live in home with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Names of siblings \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Is English the child's primary language? \_\_\_\_\_ If not, what language? \_\_\_\_\_

Is English the parent's primary language? \_\_\_\_\_ If not, what language? \_\_\_\_\_

Does child speak in single words, phrases, or sentences? (Please circle one)

Is child right or left handed? \_\_\_\_\_

Has child attended any other day care/nursery school/preschool? \_\_\_\_\_

If so, where? \_\_\_\_\_

What is your child's general health? (Please list any allergies or conditions such as diabetes, epilepsy, food allergy, etc.)

Is there anything about your child's developmental history that the teacher should know?  
(Premature birth, extended hospital stay, slow in learning to walk, talk, etc.)

Generally, who will be bringing and picking up your child? \_\_\_\_\_

Generally, who will be working in the classroom on your assigned days? \_\_\_\_\_

Is Parent CPR certified? \_\_\_\_\_ Name of parent \_\_\_\_\_ Certification Exp. Date \_\_\_\_\_

I have gone to LaurelwoodPreschool.com and read through the Parent Information Handbook. YES

Serving on the Board? Position \_\_\_\_\_ Not on Board, but would like to Serve \_\_\_\_\_

**OFFICE USE ONLY** Kumar AM Kumar PM DeShera AM 5DAY Gradwhol AM Lieberman AM Lieberman PM

Missing: TB BC ADD EM DIS OTHER \_\_\_\_\_ Forms Completed

Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Online Receipt \_\_\_\_\_

As a parent co-op preschool, the success of our program requires all members of our preschool family to read and adhere to the Parent Handbook. When all members of our preschool community work together, following the rules established by the Preschool Board, all aspects of the preschool thrive.

Please read the Parent Handbook at [www.LaurelwoodPreschool.com](http://www.LaurelwoodPreschool.com) for the complete guide of the requirements for enrollment at Laurelwood Parent Co-op Preschool.

<input type="checkbox"/>	I understand that it is my responsibility to download all required Admission Forms from <a href="http://www.LaurelwoodPreschool.com">www.LaurelwoodPreschool.com</a> , fill them out and turn them in, with my <u>April 2019 Tuition &amp; Cleaning Deposit check</u> , by <b>the May 1<sup>st</sup> due date</b> .
<input type="checkbox"/>	I understand that I am required to attend the Mandatory Parent Orientation before school starts. I know my student will not be able to start school if I do not attend. This meeting is for adults only and if my children come I will be asked to leave. We will not be able to start school until I make-up the meeting and pay the \$25.00 fee.
<input type="checkbox"/>	I understand that as a member of a parent co-op I will be working in the classroom, assisting the teacher and am responsible for providing a qualified sub if I am unable to work.
<input type="checkbox"/>	I understand that May 2020 tuition is paid with registration, April 2020 Tuition is paid with Admission forms, and September 2019- March 2020 tuition must be <b>postmarked by the first of each month</b> . April and May Tuition <u>cannot</u> be used for your "last months" tuition if you leave early.
<input type="checkbox"/>	I understand that Laurelwood Preschool holds classes September through May and I am committing to attend for the entire school year ( <u>we do not run on semesters</u> ). I understand that if I withdrawal before the end of the year I am required to notify the <b>business manager at laurelwoodpreschool@yahoo.com four weeks before our last day</b> . I am responsible for all tuition AND work days during those four weeks. <b>After January 10, 2020 I am responsible for ALL remaining workdays for the year.</b>
<input type="checkbox"/>	I understand that May 2020 & April 2020 Tuition is refunded ONLY if the registrar is notified of your withdraw by <b>July 1, 2019</b> , regardless of acceptance day. <u>No Exceptions</u> . I understand that these months tuition are non-transferable and cannot be used for your last month's tuition if I withdraw early.
<input type="checkbox"/>	I understand that as a member of the Parent Co-op I will be contributing to Laurelwood Preschool by working and contributing items to our annual fundraisers.
<input type="checkbox"/>	I have read the Parent Handbook on-line and understand how the preschool is organized and my responsibilities as a parent at the preschool, (I will receive a hard copy at the Parent Orientation Meeting).
<input type="checkbox"/>	I understand that my child is expected to participate in appropriate preschool activities, such as, sitting in circle time, following directions, keeping hands and feet to themselves. If my child is disruptive to the experience and learning of other students my child may be dismissed from school without a refund.

*Please initial as you read each statement.*

Student Name \_\_\_\_\_ Parent Signature \_\_\_\_\_



## **PRIVACY AND INFORMATION POLICY**

In a parent-participation preschool we have no centralized office and therefore your information, not including information we consider sensitive, is often transmitted via email or other electronic means between various board members, business manager, and teachers.

In addition to internal use, we require the use of PayPal, our Payment Portal (for billing) and the use of Shutterfly.com (for the message board, photo sharing, calendar, email, document distribution and contact management)). Please refer to their Privacy Policies and Terms of Service for additional information if needed.

We (Laurelwood Preschool Association) take reasonable steps to protect the data we collect from unauthorized access, disclosure, alteration, or destruction. We do this by implementing industry-standard security procedures for storing and accessing information. However, you should be aware that we cannot ensure that all of your private communications and other personally identifiable information will never be disclosed in ways not otherwise described in this Privacy and Information Policy. By way of example (without limiting the foregoing), we may be forced to disclose information to the government or third parties under certain circumstances; third parties may unlawfully intercept or access transmissions or private communications; or users may abuse or misuse your information that they collect from the third party sites we utilize at the preschool.

I, the undersigned parent or guardian, have read the above statement and understand this Privacy and Information Policy. I hereby acknowledge and accept the risks to my personal information and that of my Student(s), and I expressly release and waive any claims against Laurelwood Preschool Association, and any officer/employee or members thereof, that might arise out of the loss or unauthorized disclosure of that personal information. This release and waiver includes, but is not limited to, any and all loss, damage, cost or expense related to any information that maybe be maliciously, unlawfully or otherwise intercepted, accessed, duplicated or destroyed. I also hereby agree to not collect data obtained through the school or the third party sites named above that we utilize to distribute to non Laurelwood Preschool members.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

## **INSURANCE WAIVER**

The undersigned parent or guardian agrees to indemnify and hold Laurelwood Preschool Association and any officer, employee or member thereof harmless from and against any and all loss, damage, cost or expense for any injury which may be suffered by the undersigned student arising out of or in any way connected with his participation in the activities of said Preschool.

The undersigned further agrees that he/she will not hold the Laurelwood Elementary School, Santa Clara Unified School District or any of its officers, employees or associates responsible or liable and waives all rights to claim for damages for injuries received.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_



## STATEMENT OF RESPONSIBILITY

The Board of Directors and teachers of Laurelwood Preschool are concerned about our children's safety and security. The adult bringing your child to school must walk the child into the classroom and sign the daily attendance log. The log must then be signed again by the adult responsible for picking up the child from school. **Please indicate your understanding of this responsibility by signing this statement.**

I, the undersigned parent or guardian, have read the above statement and accept full responsibility for seeing my child (or children in my care) into and leaving from the classroom. I hereby agree to indemnify and hold Laurelwood Preschool Association and any officer/employee or members thereof harmless from and against any and all loss, damage, cost or expense for any injury which may be suffered by the undersigned student arising out of his or her proceeding to or leaving from the classroom.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

### GENERAL PERMISSION FORMS

1. My child, \_\_\_\_\_, has permission to participate in all preschool activities.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

2. My child, \_\_\_\_\_, has permission to go for walks in the neighborhood with the class, including to Raynor Park.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

### PARENT VOLUNTEER HEALTH VERIFICATION

I, \_\_\_\_\_, who will be working in the classroom at Laurelwood Preschool as a parent volunteer, do hereby certify that I am in good physical health.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

### ADULT FLU VACCINE DECLARATION

This is required instead of having all parents submit a flu vaccine.

I have declined the flu vaccine for this school year.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

### MEDICAL AUTHORIZATION

In case of minor illness or injury, first aid will be administered. If serious illness or injury occurs, we will attempt to notify the parent/guardian. If we are unable to reach you, this authorization assures medical attention can be given.

In case of serious illness or injury, I authorize any duly licensed physician or surgeon to administer necessary treatment to my son/daughter.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

## **BITING POLICY**

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Biting is not an unexpected behavior for young children, but most children who bite outgrow the habit by age 4. However, biting can be harmful to other children, helping parents and teaching staff.

Procedures have been developed with both of these positions in mind.

As a preschool, our main priority is maintaining a safe environment for all our students, staff, and working parents. By working together we can help our students learn proper ways of managing and expressing emotions, both positive and negative.

### **If a Biting Incident Occurs**

- State regulations require the parents of the both child biting and the child bit be notified.
- Names of children involved are not shared with the other parent.

#### **1st Offense**

1. Child who bites will quickly be placed in "Time Out."
2. Teacher will comfort the child who has been bitten and clean the bite.
3. Teacher will speak with the offending child about what has happened. The child is reminded that teeth are for eating food & smiling, not for biting.
4. Both sets of parents will be notified of the incident.
5. **If the bite is severe enough, your child may be removed from the program.**  
**Refunds are not provided when your child is removed from a program due to a behavioral issue.**

#### **2nd Offense**

1. The parent's of the child who bit will be asked to pick up their child early.
2. Parents and teacher will meet discuss ways to help the child understand that biting is unacceptable.
3. **If the bite is severe enough, your child may be removed from the program.**  
**Refunds are not provided when your child is removed from a program due to a behavioral issue.**

#### **3rd Offense**

The Preschool Executive Committee and teacher will meet to determine next step, possibly including one or more of the following:

- Continued Monitoring and early dismissal for biting incidents.
- 2-3 Days off of school.
- Parents attend school with child until child is able to self-monitor their behavior.
- Dismissal from the program for the remainder of the school year.

**Please Note:** For the purpose of this policy, a severe bite is defined as a bite that leaves teeth marks, bruises or breaks the skin.

Refunds are not issued when your child is removed from a program due to a behavioral issue.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

## **PARENT INVOLVEMENT POLICY**

As part of a co-operative preschool, parent involvement and participation plays a very large role in the success of our classes and ability to provide a positive, healthy working environment for the teachers, students and other parents.

We reserve the right to dismiss your family from Laurelwood Preschool if a Parent or Guardian:

- Fails to fulfill the duties set forth throughout the Information Handbook
- Are a disruption to the class
- Treat any teacher, other parents or board members in a disrespectful manner,
- Are not willing to help address difficulties with their child that arise in the preschool environment.

We strive to maintain a strong, healthy, positive environment at Laurelwood Preschool and cannot tolerate behavior that disrupts the greater good of the preschool community.

Refunds are not issued when your child is removed from a program due to a behavioral issue.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

## **STUDENT BEHAVIOR & READINESS POLICY**

It is the duty of the parents to help children understand proper student behavior.

While attending school, children are to be respectful to teachers, working parents, other children and school equipment.

**Laurelwood Preschool reserves the right to withdraw a student if we determine it would be beneficial to the class as a whole.**

Example:

If a child's behavior is disruptive to class proceedings.

If a child's behavior is dangerous to the child, other students, working parents or the staff.

If separation anxiety is excessive.

If any of these problems are observed by our staff, the parent will be contacted and consulted in designing an appropriate course of action to solve the problem. If a child's behavior problems continue, parents will be asked to supervise their child in class until both the teacher and parents agree that the behavior is no longer a problem. If these problems occur at the beginning of the school year they will need to be resolved by October 31st or the child will be dropped as a student. If these problems occur during the school year, the parent will be consulted and a time-line will be established before the child will be dropped.

Failure to resolve this issue may result in the child's dismissal from school.

We reserve the right to dismiss children who physically harm other students, parents, or staff or display harmful aggressive tendencies, from Laurelwood Preschool without prior notice.

Student behavior policy also applies to field trips.

Teachers are available to schedule conferences at the request of the parents.

Refunds are not issued when your child is removed from a program due to a behavioral issue.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

## **PHOTO POLICY**

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In a parent-participation preschool, photos are taken of the children singly and in groups by Laurelwood Preschool parents and staff. These photos are often posted at school, used in projects, and shared amongst preschool families. It is our intention to make parents aware of all the ways photos may be used.

Photos of classroom activities, projects, visitors, field trips and special events are shared with class members on the members-only portion of the Shutterfly Share Site (accessible only to members of Laurelwood Preschool who have been invited, and uses individually created passwords.) **As a parent, I will not post any photos of other preschool children at preschool sponsored events on personal internet sites without the consent of the parents of that child.**

Photos of children are also used as part of school materials (art projects, etc.) and documents that are distributed only to Laurelwood Preschool members (such as yearbooks, monthly class calendars, etc.). Some of these documents may be posted on the members-only portion of the Laurelwood Preschool Shutterfly Share Site.

Some photos may be used in public ways (such as on a brochure, for newspaper publication, on the public pages of the school website, Facebook or posted in areas outside the classroom) without specific permission from the parents at the time of publication.

Please check if you do not want your child's photo used in a public manner (Facebook/Preschool Website) mentions above with the exception of yearbooks being displayed to the public during open houses and school fairs.

Please sign below to indicate that you have reviewed and agree to the Photo Policy at Laurelwood Preschool.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

## **HANDBOOK ACKNOWLEDGMENT**

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**I have read a copy of the Laurelwood Preschool handbook online** at [www.LaurelwoodPreschool.com](http://www.LaurelwoodPreschool.com) or [NeatSchool.net](http://NeatSchool.net) and I acknowledge that I will receive a hard copy when I attend the Parent Orientation Meeting before school starts.

**I fully agree to comply with the policies, procedures and regulations of Laurelwood Preschool.**

I understand that failure to do so may result in disciplinary action, up to, and including termination of me and my child. If termination results in litigation and in that event only, the prevailing party in said litigation will be entitled to reasonable attorney's fees and costs.

I understand that the provisions of this handbook may be changed, amended, supplemented, or rescinded at any time and do not constitute a contract of membership.

\_\_\_\_\_  
Parent's name (please print)

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

COURT ORDER  
 MEDICAL ALERT

Required Emergency Card Information

Student ID# \_\_\_\_\_  
Family Number \_\_\_\_\_  
Dwelling # \_\_\_\_\_ Rm # \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: male female  
Last First Middle Teacher \_\_\_\_\_ Grade: EC Pre-K 5DAYPK

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip  
Language Spoken by child: \_\_\_\_\_ Language spoken by parent: \_\_\_\_\_

Student lives with both parents? Yes or No If no, which parent does student live with: \_\_\_\_\_

<u>Name:</u>	<u>Last</u>	<u>First</u>	<u>Work Phone</u>	<u>Hours</u>	<u>Cell Phone</u>	<u>Other</u>
Father	_____	_____	(____) _____	_____	(____) _____	_____
Mother	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

List the persons you authorize to care for your child in an emergency situation if we are unable to reach you. (Must be 18 years or older)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Day Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Health Insurance: \_\_\_\_\_ I.D. #: \_\_\_\_\_

**Siblings In SCUSD:**

<b>Name:</b> _____	<b>School:</b> _____	<b>Grade:</b> _____
<b>Name:</b> _____	<b>School:</b> _____	<b>Grade:</b> _____
<b>Name:</b> _____	<b>School:</b> _____	<b>Grade:</b> _____

The school seeks advice and cooperation of parents and physicians in maintaining the health of pupils. In order that we may know more about your student's health, please complete the information below.  
Please list your student's health problems, if any. (Diabetes, allergies, asthma, heart problems, etc.)

**Vision Difficulties:** Yes or No      **Eye Glasses:** Yes or No      **Hearing Difficulties:** Yes or No

Is he/she able to participate in the regular education program? Yes or No If not, please explain:

Please complete the flowing section if your student is taking medication on a continuing basis:

Name of medication: \_\_\_\_\_ Current Dosage: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Physician supervising treatment: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Re: Medication at School** - Should it be necessary for your child to take medication at school, you must provide the school with the physician's written instructions and your written permission. Forms for this purpose are available from the school. Medication at school must be kept in the original pharmacy container. Students are not to have medication in their possession (including aspirin or cough drops).

**CONSENT FOR EMERGENCY TREATMENT: (IF IT ISDEEMED NECESSARY BY THE SCHOOL AUTHORITIES, YOUR CHILD WILL BE TAKEN BY AMBULANCE AT THE PARENT'S EXPENSE TO THE NEAREST EMERGENCY FACILITY.**

**I AUTHORIZE AND DIRECT THE ATTENDING PHYSICIANS (OR DENTIST) ON DUTY TO PERFORM EMERGENCY TREATMENT ON MY CHILD.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DISASTER RELEASE CARD  
Laurelwood Preschool**

For Office  
Use Only

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Grade Preschool Room \_\_\_\_\_ Teacher \_\_\_\_\_ Family ID Number \_\_\_\_\_

Siblings at the school (Name and Room Number) : \_\_\_\_\_  
\_\_\_\_\_

In the event of a disaster your student will be released **only to persons** authorized **on this** card. Due to anticipated road damage after a major disaster, it may take many additional hours to reach the school. For this reason, choose individuals who live within walking distance. Be sure these people know (1) that they are authorized to pick up your student and (2) at what point you would expect them to pick-up -immediately or only after hearing from you.

***Please Print***

<b>Name/Relationship</b>	<b>Daytime Address</b>	<b>Day Phone #</b>	<b>Cell/Pager #</b>
Parent:			
Parent:			

**Signature (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

If telephone service is interrupted, long distance will be the first service restored. Please list an out-of-area contact your family will use.

Person/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

List any allergies your student has and/or medications needed: \_\_\_\_\_

**Medication in Nurses Office**     **Yes**         **No**

Additional Information: \_\_\_\_\_

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**for staff use only  
STUDENT RELEASE**

Released to: \_\_\_\_\_ Identification shown: \_\_\_\_\_

Destination: \_\_\_\_\_

Has this person been in contact with parents since disaster? \_\_\_\_\_

Date/Time: \_\_\_\_\_ Released by: \_\_\_\_\_