



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? _____

Doctor _____ Phone _____

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)

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 Pike PM Gradwhol AM Lieberman AM Ozel PM

Missing: TB BC ADD EM DIS OTHER _____ Forms Completed

Check# _____ Amount \$ _____ Online Receipt _____



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

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

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

I have read a copy of the Laurelwood Preschool handbook online at www.LaurelwoodPreschool.com 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:

Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____

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

Name/Relationship	Daytime Address	Day Phone #	Cell/Pager #
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: _____

**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: _____