

Kids World

Registration Form

Name of child: _____ Date: _____

Name child goes by: _____ DOB: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Mother's name: _____ Work Phone: _____

Father's name: _____ Work Phone: _____

Adult to be reached if you cannot be contacted:

Name: _____ Phone: _____

Name: _____ Phone: _____

Who other than the child's parents has permission to pick the child up from the center?
(Children will not be released without written authorization from parent or guardian)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Health Provider: _____

Card # _____

Family Doctor: _____

Phone: _____

Address _____

Note: I am willing for my child, _____, to have medical attention and be taken to the hospital in the case of an emergency if I/we cannot be reached.

Signature of parent(s) or guardian(s): _____

Background Information:

Please list the other children in the household. First name (last name only if different)

1. _____ Age _____ 3. _____ Age _____

2. _____ Age _____ 4. _____ Age _____

Language(s) spoken at home: _____

If your child has had group play experience, please describe how often your child attended, how long and your child's experiences:

Health and Developmental History:

Does your child have a formal diagnosis? _____

Describe any difficulties or serious illnesses at birth, if any:

Describe your child's general health (i.e. recurrent colds, ear infections, stomach-aches, etc.)

Are there presently any serious medical problems? Yes __ No__

If yes explain: _____

If your child is taking any medication, what medication and what is it for:

Describe how your child communicates:

How would you describe your child's emotional, physical, and social growth, and development to this point:

Describe your child's diet (includes types of food and fluids he or she is now taking):

Fluids/Beverages: _____

Solids: _____

Does your child have any allergies to foods, medications, or contact allergies?

Yes ___ No ___

If yes, please list: _____

Is the allergy severe enough to require medication or emergency treatment?

Yes ___ No ___

If yes, describe in detail any medications required: _____

Diet restrictions: _____

Describe any particular concerns you have about your child's diet and/or eating habits:

Describe your child's sleeping habits and routine: _____

How far has your child progressed in toilet learning, if applicable: _____

Behavior Patterns and Habits:

Describe your child's behavior and habits (i.e. temperament, energy level):

Describe an ordinary day in your child's life, from getting up in the morning to going to bed, including the times for naps, meals and play, interests, activities, etc.

Morning: _____

Afternoon: _____

Evening: _____

Describe your child's particular attachments (i.e. toy, blanket, pet, person) and any particular habits (i.e. thumb-sucking, rocking, flapping, etc.):

Describe any particular fears your child has shown (i.e. to animals, loud noises, strangers):

Describe how your child reacts to stressful situations (i.e. Cries, withdraws, tantrums, screams):

How does your child usually react to new situations?

We would appreciate your views on guiding your child's behavior and setting limits:

Is there anything else you would like to tell us about your child?

How do you discipline your child? Which strategies work best?

Parent's signature: _____

Date: _____

Reinforcer Checklist

Snacks your child likes to eat: _____

What are your child's favorite drinks: _____

Activities your child likes to do: _____

Toys your child likes: _____

Social games your child likes (peek-a-boo, tickle, chase): _____

Places your child likes to visit (store, zoo, grandparents, etc.): _____

What your child chooses to do during "free time": _____

People your child recognizes and with whom he/she enjoys spending time with: _____

Kids World Consent Form

Activities Consent and Release

My child, _____, has my permission to participate in any activities engaged in at Kids World Preschool. My child also has my permission to attend and participate in field trips (parental supervision is required for all off site activities). In the event of injury, I will not hold Kids World Preschool or any Kids World Preschool staff or volunteers responsible.

Parent's Signature

Date

Picture/Video Consent

Kids World Preschool has permission to take photos and or videos of my child, in the classroom, as a means of monitoring class progress and for the purposes of trainings and information.

Child's Name

Date

Parent's Signature

School Policy

Our class times are:

9:15-11:30 AM Class

11:30-12:00 Break

12:00-2:15 PM Class

Private Therapy Sessions

2:15-6:15 PM

- Please be courteous to the other families by picking your child up on time to avoid a late pick-up fee. Fees are \$5.00 after 5 min. and \$1.00 every min. after that.
- Tuition is due by the 5th of the month to avoid a late fee of \$25.00.
- Canceling services need to be in writing and at the beginning of your child's last month to avoid paying the next month tuition.

X

Parent Signature

Illness Guidelines

Children are encouraged to stay at home if they have any of the following:

- a. Children with a temperature of 99 degrees or higher
- b. Nausea, vomiting, or severe abdominal pain
- c. Marked drowsiness
- d. A sore throat, acute cold or persistent cough
- e. Red, inflamed, or discharging eyes
- f. Severe skin rashes or eruptions
- g. Swollen glands around jaws, ears, or neck
- h. Suspected scabies or impetigo
- i. Active lice
- j. Diarrhea or loose stool
- k. Severe earache
- l. Any skin lesion in the weeping stage
- m. Any other symptoms suggesting acute illness

If any of these symptoms are observed in a child already in session the parent will be contacted for pick up.