



**Emergency Information:**

Incase of an emergency, who should be contacted first?

Mother     Father     Other \_\_\_\_\_

Please list the names and numbers of two people who can be contacted if we are unable to reach you and your child is sick at school.

1- \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2- \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If medical care is necessary, call:

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical History:**

Does your child have any allergies?    Yes    No    None known

If yes, please list (include food, seasonal, medicinal allergies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What symptoms does your child exhibit when exposed to the allergen? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do any of these allergies require medical treatment?

Yes    No   If yes, what? \_\_\_\_\_

Does your child require daily medication of a chronic medical condition? (asthma, diabetes, allergy treatments...etc)    Yes    No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

**Little Tot Nursery School is not licensed to administer medication. If your child requires daily medication during school hours a parent or guardian must come to the school to administer treatment.**

Does your child have any special dietary needs or restrictions?

(vegetarian, dairy free, peanut free...etc) \_\_\_\_\_

\_\_\_\_\_

## **Background Information:**

Does your child have any previous school, sitter or daycare experience?

Yes  No If yes, where? \_\_\_\_\_

Does your child spend more time playing with:  Children  Adults  Alone

Do you read to your child on a daily basis?  Yes  No  Sometimes

Does your child destroy toys?  Yes  No Put toys away?  Yes  No

How does your child react when separating from you? Is this separation difficult or does your child transition well? Describe how both you and your child deal with separation.

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What do you do when your child misbehaves? What type of consistent form of discipline (if any) do you use?

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Does your child have tantrums?  Yes  No Bite?  Yes  No

Throw things when angry or frustrated?  Yes  No

Use a bottle?  Yes  No Pacifier?  Yes  No

Suck thumb or fingers?  Yes  No

Chew on shirt, blanket or other item?  Yes  No

Use a sippy cup?  Yes  No Bite their nails?  Yes  No

Fears?  Yes  No If yes, what? \_\_\_\_\_

In social situations is your child  quiet  shy (but will come around)

excessively shy  will not speak at all  comfortable  out going

other, please describe?

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Can your child do the following independently? Eat  Yes  No

Dress  Yes  No Wash hands  Yes  No Use toilet  Yes  No

Nap  Yes  No

Does your child have any major fears?  Yes  No If yes, what?

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Do you have any concerns about your child's development (speech, fine motor, gross motor, sensory, cognitive skills)?  Yes  No If yes, please describe your concerns\_\_\_\_\_

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Have you spoken to anyone about these concerns?  Yes  No

Who?\_\_\_\_\_

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Does your child (or has your child) received any therapy for (speech, physical, special ed, counseling)?  Yes  No If yes, please describe.

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Does your child nap?  Yes  No Does your child have a security item needed for nap time?  Yes  No If yes, what?\_\_\_\_\_

Is there anything special we need to know to help your child during rest time?\_\_\_\_\_

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Please describe any special talents or absorbing interests your child has:

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Please list any information you feel will be important for us to know about your child:\_\_\_\_\_

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**Little Tot Nursery School  
Permission Forms**

**Walks**

My child \_\_\_\_\_ has permission to go on walks with Little Tot Nursery School, whenever the outing is planned.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian's Signature

**Library**

My child \_\_\_\_\_ has permission to visit the Library with Little Tot Nursery School.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian's Signature

**Photograph/Video**

Often we take pictures and/or video of special events for our photo album, yearbook, projects and promotional materials. The children enjoy seeing their photos displayed in the classroom as well as on television or in the newspaper.

I hereby give Little Tot Nursery School permission to take pictures/video of my child. I understand that these pictures/video are for educational and promotional purposes and will be done in a reasonable manner.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian's Signature

**Parent Handbook**

I have received and read the Little Tot Nursery School Parent Handbook. I understand the policies of the school and agree to follow the rules and regulations stated within the handbook.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian's Signature