Puckihuddle Preschool

Massachusetts Department of Early Education & Care Face Sheet

Child's Name _____ Date of Birth _____

Program: (circle one): HALF-DAY TUTH HALF-DAY MWF

FULL-DAY TUTH FULL-DAY MWF

Parent / Guardian #1		**Parent / Guardian #2**	
First Name	**Last Name**	**First Name**	**Last Name**
Address		**Address**	
City	**State, Zip**	**City**	**State, Zip**
Phone #1 (By Calling Preference)	Cell / Work / Home (Circle One)	**Phone #1 (By Calling Preference)**	Cell / Work / Home (Circle One)
Phone #2	Cell / Work / Home (Circle One)	**Phone #2**	Cell / Work / Home (Circle One)
Phone #3	Cell / Work / Home (Circle One)	**Phone #3**	Cell / Work / Home (Circle One)
Employer Name		**Employer Name**	
Employer Address		**Employer Address**	
City, State	**Zip**	**City, State**	**Zip**
Email Address		**Email Address**	

☐ **Please check if you would like both emails to receive classroom newsletters and teacher emails.**

Name of Physician:	Phone Number:
Allergies or Special Diet Instructions:	Type of Reaction / Special Instructions (more space available on Individual Health Care Plan):
Health Insurance Coverage:	Policy #
Parent/Guardian Names:	

Parent Signature: _____ **Date:** _____

Puckihuddle Preschool, Inc. admits students of any race, color, creed and national origin regardless of disability, sexual orientation, gender, marital or religious beliefs.

Puckihuddle Preschool

Developmental History

Family Background

Child's Name _____Birth Date _____
Nickname _____
Father's Name _____Occupation _____
Mother's Name _____Occupation _____
Current Marital Status of Child's Parents _____

Other Children in The Family	Age	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has there been a divorce, death or illness in the family that might affect your child? Yes ☐ No ☐
If yes, please explain. _____
Is there a second language spoken in the home? Yes ☐ No ☐ If yes, what language? _____

Social Experiences

How would you describe your child? _____
Previous experience with other children? _____
Reaction to strangers? _____
Is your child able to play alone? _____
What outdoor activities does your child enjoy? _____
What indoor activities does your child enjoy? _____
How do you comfort your child? _____
How often does your child read at home? _____
What kinds of books does your child enjoy? _____
What is the method of behavior management/child guidance at home? _____

Child Development

Does your child have any health issues (earaches, headaches, infections, allergies), developmental delays (previous early intervention, speech delays, fine/gross motor), or behavioral concerns that the school should be aware of?

_____

Is your child a difficult eater? _____
Is your child able to easily separate from parents? _____
Does he or she have any fears? _____
Does your child use: Pull-ups Yes ☐ No☐ Diapers Yes ☐ No ☐ Underwear Yes ☐ No ☐
Does your child nap? Yes ☐ No ☐ Sometimes ☐
If yes, what time does he or she usually nap and for how long? _____

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Parent Goals

What would you like your child's teacher to know about your child?

Please describe your child's special interests and strengths.

Please describe your child socially.

Please describe what social goals you have for your child this year.

Please describe what academic goals you have for your child this year.

Additional Comments:

Parent Signature

Date

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Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___ PARENT DROP OFF

___ PRIVATE TRANS. ARRANGED BY PARENT

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT PICK UP

___ PRIVATE TRANS. ARRANGED BY PARENT

Care of your child is your responsibility from the time you get your child out of your vehicle until you or a teacher escorts your child into the building. Your child is also your responsibility as soon as a teacher dismisses your child back to you.

PARENT / GUARDIAN SIGNATURE: _____

Date: _____

THIS SECTION PERTAINS TO CHILDREN WHO WILL BE PICKED UP REGULARLY BY AN ALTERNATE CAREGIVER (i.e. grandparent, nanny, carpool, etc.)

If your child will be picked up regularly by someone other than his/her parents or guardians, please provide that person's contact information here. Please also indicate if we should call this person first in cases of illness or injury.

Name:	Name:
Phone 1:	Phone 1:
Phone 2:	Phone 2:
Relationship to Child:	Relationship to Child:
Call this person first if my child needs to go home due to illness: Yes ☐ No ☐	Call this person first if my child needs to go home due to illness: Yes ☐ No ☐
Call this person first if my child needs medical attention beyond Basic First Aid: Yes ☐ No ☐	Call this person first if my child needs medical attention beyond Basic First Aid: Yes ☐ No ☐

I give permission for the above listed person(s) to pick up my child from preschool at the end of the day or as a result of dismissal due to illness or emergency.

PARENT / GUARDIAN SIGNATURE: _____

Date: _____

REFER TO EMERGENCY CONTACT / RELEASE AUTHORIZATION FORM FOR RELEASE INFORMATION.

Puckihuddle Preschool

Emergency Contact / Release and Consent Form

Child's Name: _____ **Date of Birth:** _____

These Emergency Contacts can make decisions about your child's care in an emergency – **only when you cannot be reached**. Please list contacts in order to be contacted. At least two of these contacts are required to have permission to pick up your child in case of emergency. DO NOT INCLUDE PARENT/GUARDIAN #1 OR #2 ON THIS PAGE.

Emergency Contact #1	
First Name	Last Name
Address	City, State & Zip
Home Phone	Work Phone
Cell Phone	Relationship to Child
Do you give permission for your child to be released to this person? YES ☐ NO ☐	

Emergency Contact #2	
First Name	Last Name
Address	City, State & Zip
Home Phone	Work Phone
Cell Phone	Relationship to Child
Do you give permission for your child to be released to this person? YES ☐ NO ☐	

Emergency Contact #3	
First Name	Last Name
Address	City, State & Zip
Home Phone	Work Phone
Cell Phone	Relationship to Child
Do you give permission for your child to be released to this person? YES ☐ NO ☐	

Emergency Contact #4	
First Name	Last Name
Address	City, State & Zip
Home Phone	Work Phone
Cell Phone	Relationship to Child
Do you give permission for your child to be released to this person? YES ☐ NO ☐	

Please record if there is an existing restraining order or any other specific instructions that Puckihuddle should be aware of:

NOTICE: We will not release your child to anyone who is not on the list without verifiable written instructions from the child's parent / legal guardian. Upon a child's pick-up, **picture identification** will be required for verification.

_____ _____

Parent/Guardian Signature Date

Authorization for Emergency Care

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I hereby authorize Puckihuddle Preschool to request transportation of my child to the **nearest** hospital or to _____ and secure the necessary medical treatment for my child. I understand the staff at Puckihuddle Preschool is trained in the basics of First Aid and CPR and I authorize them to give my child First Aid/CPR when appropriate.

_____ _____

Parent/Guardian Signature Date

Puckihuddle Preschool

Parent Permission Form

Child's Name: _____ Date of Birth: _____

I grant permission for my child to use all play equipment, inside and outside and participate in all activities of Puckihuddle Preschool, Inc. I recognize that my child may suffer physical injury as a result of participating in the program. On behalf of myself and my child, I hereby release, discharge, hold harmless, and indemnify Puckihuddle Preschool, Inc., and respective officers, directors, employees, and associated personnel, including, without limitation, the owners of the facilities utilized for the program, of and from any claims, demands, actions, causes of action, suits, and liability arising as a result of my child's participation in the program.

_____ _____

Parent's/Guardian's Signature Date

Field Trip Permission

I give permission for my child to take walking field trips on and around the premises of Puckihuddle Preschool. These field trips may include nature walks or a walking field trip to the Manchaug Post Office.

_____ _____

Parent's/Guardian's Signature Date

Hand Sanitizer Permission

I give permission for my child to use hand sanitizer when washing hands with soap and water is unavailable.

_____ _____

Parent's/Guardian's Signature Date

Photo Permissions

Puckihuddle Preschool takes many photographs and videos of the children throughout the school year. These pictures will be displayed or used internally for educational or enjoyment purposes only.

☐ I **DO**

☐ I **DO NOT**

give permission to Puckihuddle Preschool to use my child's picture or video for promotional purposes. This may include articles in the newspaper, our website, Facebook and print advertising. This permission is granted for the 2021-2022 school year.

_____ _____

Child's Name Date

_____ _____

Parent's/Guardian's Signature Date

Puckihuddle Preschool

Individual Health Care Plan

In accordance with EEC regulation 7.11(3), every child with a diagnosed chronic condition (ex. asthma, allergies, or any medical diagnosis requiring regular medication or reactive medication), must have an Individual Health Care Plan on file that includes the following: diagnosis, symptoms, medical treatment plan, potential side-effects and potential consequences to the child's health if the treatment is not administered. This includes conditions that are treated exclusively at home, but would be important for us to know about possible side effects to medication or information that would be pertinent in the event of an emergency at school.

Attach Photo Here

Child's Name:	
Date of Birth:	
Condition (ex. specific allergy, asthma, heart murmur, etc.):	
Symptoms:	
Medical treatment required **while at school:**	
Medications taken at home**:**	
Potential side-effects of treatment (chronic and/or immediate):	
Potential consequences if treatment is not administered:	
Name of educators receiving training from parent/guardian addressing the medical condition:	
Person who trained the educator (ex. pediatrician, parent, program's health care consultant):	
Name of Child's Pediatrician (please print):	
Signature of Pediatrician:	Date:
Signature of Parent:	Date:
This form is valid for one year from the date signed.	

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PERMISSION FOR RELEASE OF CONTACT INFORMATION

I give permission for my contact information, which includes my first and last name, child's name, email address, home address, and phone number, to be shared and distributed to other parents of Puckihuddle Preschool.

_____ _____

Child's name Date

_____ _____

(Mother) Please print Please sign

_____ _____

(Father) Please print Please sign