



# 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/ Guardian  
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? \_\_\_\_\_



# Puckihuddle Preschool



## **Parent Goals**

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

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Please describe your child's special interests and strengths.

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Please describe your child socially.

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

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

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Additional Comments:

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\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



# Puckihuddle Preschool



## 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 <input type="checkbox"/> No <input type="checkbox"/>	Call this person first if my child needs to go home due to illness: Yes <input type="checkbox"/> No <input type="checkbox"/>
Call this person first if my child needs medical attention beyond Basic First Aid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Call this person first if my child needs medical attention beyond Basic First Aid: Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>	

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 <input type="checkbox"/> NO <input type="checkbox"/>	

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 <input type="checkbox"/> NO <input type="checkbox"/>	

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 <input type="checkbox"/> NO <input type="checkbox"/>	

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/ Guardian 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/ Guardian 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 /Guardian 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.

\_\_\_\_\_  
Child's Name Date

\_\_\_\_\_  
Parent/Guardian Signature Date



# Puckihuddle Preschool



## Individual Health Care Plan

**Attach Photo Here**

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.

Child's Name:		
Date of Birth:		
Condition (ex. specific allergy, asthma, heart murmur, etc.):		
Symptoms:		
Medical treatment required <b>while at school</b> :		
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/Guardian:	Date:	
This form is valid for one year from the date signed.		



# Puckihuddle Preschool



## 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. This list may be used for birthday parties, the PPG or to plan play dates.

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Child's name \_\_\_\_\_ Date \_\_\_\_\_

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Parent/ Guardian- Please print \_\_\_\_\_ Please sign \_\_\_\_\_

Information to be shared on the class list:

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_