

School for Little Children Forms Check List

Please download and complete all forms listed below. Return to Cindy Haines in the School for Little Children office by Friday, August 13, 2010. Children will not be allowed to attend until all forms are complete and have been submitted to the office.



Introduce Us to Your Child

*Note that there is a form for Preschool children (Turning Threes, Threes and Four year-olds) and a form for Mother's Day Out (15 months through 2 year-olds) Give this information sheet careful thought.



Emergency Information and Release Form

Fill out both pages completely.



Health Sheet (attach immunization record to this form)

We must have a current sheet for each child to comply with state licensing requirements.

The "well child" statement must be signed by the child's doctor.



Handbook Signature Sheet and Class Roster Info

Read the handbook (available online) thoroughly before signing this sheet. A hard copy of the handbook and school calendar will be given to you during your visitation day.



Media Waiver and Release from Liability

INTRODUCE US TO YOUR PRESCHOOL CHILD
SCHOOL FOR LITTLE CHILDREN
BELLAIRE UNITED METHODIST CHURCH - 4417 BELLAIRE BLVD., BELLAIRE, TX 77401
713-666-1111

NOTE: This information is for the **CONFIDENTIAL** use of teachers and staff who will work with your child.

The more completely you answer the questions the better understanding they will have of your child.

Child's full name _____ Name called _____

Birthdate _____ Sex _____

Home address & zip _____

E-mail address _____ Home phone _____ Cell _____

Mother's name _____ Business/profession _____

Business address _____ Business phone _____

Father's name _____ Business/profession _____

Business address _____ Business phone _____

Parents' marital status: _____ Married _____ Separated _____ Divorced

Are there special custody or visitation arrangements we should be aware of? _____

Siblings names and ages: _____

Pets and names: _____

Caregiver name (if applicable): _____ Caregiver's primary language _____

What adults live in the home? _____

Primary language spoken in the home: _____ Second language? _____

Previous school experiences: _____

With whom does the child play? _____ Enjoying playing alone? _____

Favorite play materials _____

Special skills and favorite pastimes _____

Does child listen to stories? _____ Enjoy books? _____

Family music experiences (piano? CDs?, etc.) _____

Does child go to Church School? _____ What church? _____

Cultural Background _____

Activities outside the home _____

How much television/videos does your child regularly watch? _____

Family experiences which have influenced child such as trips, serious illness, moves:

Describe your child at mealtime? _____

Does child take a nap? _____ When is bed time? _____

Does your child have a comfort item (lovey)? _____ If so, what is the name of the comfort item (lovey)? _____

Describe your child's school day routine (Wake-up time, routine before school, etc.):

Is your child unusually nervous or anxious? _____

What causes a show of temper? _____

What form of discipline is used? _____

How does child act when disciplined? Angry? _____ Pout? _____ Sullen? _____ Sorry? _____ Hurt? _____ Other:

Tell us about fears & how you handle them:

Birth history (Full term? Premature? Adopted? Difficult birth or post-natal problems?)

Is your child toilet trained? _____ Yes _____ No If yes, for how long? _____

If no, is toilet training in progress? _____

Allergies: Food? _____ Other? _____

Instructions for special health needs, if any? _____

Food restrictions, if any _____

Have you detected or suspected difficulties in: Hearing _____ Vision _____ Speech _____ Other _____

Other health problems we should be aware of?

Hand preference: _____ Right _____ Left _____

Do you have any specific concerns about your child? _____

Do you have any specific goals for your child? _____

Can we help you find any specific needed services for your child? _____

NOW TAKE IT FROM THERE AND TELL US ABOUT YOUR CHILD. Is he or she imaginative, jealous, independent, talkative, easily angered, happy, active, for example. Attach another sheet if needed.

Parent's signature

Date

**INTRODUCE US TO YOUR MOTHER'S DAY OUT CHILD
SCHOOL FOR LITTLE CHILDREN**

BELLAIRE UNITED METHODIST CHURCH - 4417 BELLAIRE BLVD., BELLAIRE, TX 77401
713-666-1111

NOTE: This information is for the CONFIDENTIAL use of teachers and staff who will work with your child. The more completely you answer the questions the better understanding they will have of your child. Please complete front and back.

Child's full name _____ Name called _____

Birth date _____ Sex _____

Home address & Zip _____ Home phone _____

E-mail address _____

Mother's name _____ Business/profession _____

Business address _____ Business phone _____

Father's name _____ Business/profession _____

Business address _____ Business phone _____

Parents' marital status: _____ Married _____ Separated _____ Divorced

Are there special custody or visitation arrangements we should be aware of?

Sibling's names/ages _____

Pets & names _____

Caregiver name (if applicable) _____

What adults live in the home? _____

Primary language spoken in the home _____ Second language spoken? _____

Favorite play materials _____

Special abilities and/or favorite activities _____

Does your child listen to stories? _____ Enjoy books? _____

Family music experiences (piano? records?) _____

Previous school or group experiences _____

Religious/Cultural background _____

Activities outside the home:

Family experiences which have influenced child such as trips, serious illness, moves, etc.:

Is/was your child breast fed? _____ Presently, how often? _____ Bottle fed? _____

Describe your child at mealtime? _____

Allergies: Food _____ Other _____

Is Benadryl or an Epi-Pen required for sever allergic reactions? _____

Instructions for special health needs, if any? _____

Food restrictions (if any) _____

What is your child's naptime routine? _____

Is a bottle, pacifier, or comfort item required at naptime? _____

What does your child call the comfort item ? _____

Does your child usually cry when going to sleep? _____ When waking up? _____

Describe any special ways of helping your child go to sleep:

Is your child toilet trained? _____ Yes _____ No If no, is toilet training in progress? _____

Is your child unusually nervous or anxious? _____

What causes a show of temper? _____

Tell us about any fears & how you handle them:

Birth history (Full-term? Premature? Adopted? Difficult birth or post-natal problems?)

Have you detected or suspected difficulties in hearing? _____ vision? _____ speech? _____

Other health problems we should be aware of?

Do you have any specific concerns about your child?

Any other information which parents believe teachers should be aware of:

Do you have any specific goals for your child? _____

Can we help you find any specific needed services for your child? _____

NOW TAKE IT FROM THERE AND TELL US ABOUT YOUR CHILD - DISPOSITION, PERSONALITY TRAITS, HABITS, ETC. PLEASE FEEL FREE TO ADD ANOTHER SHEET IF NECESSARY.

Parent's signature

Date
(Revised 4/10)

EMERGENCY INFORMATION

SCHOOL FOR LITTLE CHILDREN • BELLAIRE UNITED METHODIST CHURCH
4417 BELLAIRE BLVD., • BELLAIRE, TX 77401 • 713-666-1111 • FAX: 713-666-2118

CHILD'S NAME _____ HOME PHONE _____

EMERGENCY CONTACT LIST: Include each parent + 2 other **local** emergency contacts.

LIST IN THE ORDER THEY SHOULD BE CALLED in case of illness or emergency.

1. Parent Name _____ Relationship to child _____
Daytime address with zip code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Pager # _____

2. Parent Name _____ Relationship to child _____
Daytime address with zip code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Pager # _____

3. Name _____ Relationship to child _____
Daytime address with zip code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Pager # _____

4. Name _____ Relationship to child _____
Daytime address with zip code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Pager # _____

Child's Physician _____ Phone _____

Complete address with zip _____

Hospital preference (if possible) _____

List medical conditions, medications, allergies, which may affect emergency medical treatment::

In case of accident or illness and in case we, his/her parents or guardians, are not available, I/we authorize School for Little Children personnel to administer or authorize the administration of emergency medical treatment to the child named.

Parent signature

Health Insurance Carrier: _____ Phone: _____ Policy Number : _____

(Revised 4/10)

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM

RELEASE FORM

Please list all persons to whom School for Little Children may release your child. **Include parents,** caregivers, carpool drivers, persons on your emergency form and anyone else who may pick up your child. Please notify the office when you need to drop or add names during the school year.

My child, _____, may be released to the following persons:

NAME

RELATION TO CHILD

PHONE NUMBER

PLEASE COMPLETE THE FIRST PAGE OF THIS FORM

HEALTH SHEET

School for Little Children
Bellaire United Methodist Church
4417 Bellaire Blvd. Bellaire, Texas 77401
713-666-1111 FAX 713-666-2118

This information is **CONFIDENTIAL** and for the use of medical personnel and teachers and staff who will work with your child.

Name of Child _____

Parent(s) _____

Address _____ Phone _____

Birth Date _____ Height _____ Weight _____

Required Immunizations: (Please attach a copy of your child's current and up-to-date immunization record.)

Diphtheria
Pertussis
Tetanus
Polio

HepA
MMR
HiB
HepB

Varicella
Pneumococcal
conjugate (PCV7)

If child has had a TB TEST, date and results _____

History of any chronic or serious illness: _____

Known Allergies: _____

Surgeries: _____

Should we look for unusual problems in case of illness, injury or insect stings? _____

Other health information we should know about: _____

Please provide a health action plan for any special needs such as life threatening allergies or chronic illness. This form is available in the school office or online.

Well-child Statement: I hereby certify that this child is physically fit to attend a weekday program for children.

Doctor's signature

Date
(Revised 4/10)

SCHOOL FOR LITTLE CHILDREN
BELLAIRE UNITED METHODIST CHURCH
This sheet must be returned to the school office.

We have read the School for Little Children handbook for this program (either Mother's Day Out or School for Little Children). We understand the policies as written in the Handbook.

Parent Signature

Child's Name

Date

CLASS ROSTER INFORMATION FORM

The following information will be used for class rosters.

CHILD'S NAME	
MOTHER'S NAME	
FATHER'S NAME	
ADDRESS	
ZIP CODE	
HOME TELEPHONE	
CELL PHONE	
E-MAIL ADDRESS	



MEDIA WAIVER AND RELEASE FROM LIABILITY

I hereby grant full permission to Bellaire United Methodist Church to use any and all photographs, likeness, or video images of my son/daughter, _____, for inclusion on the church or school websites, printed materials or videos the Church and School may develop or maintain. These images may be used in connection with, but not limited to, education purposes, teacher training, or publicity.

I also waive and release any and all claims against the Church that may directly or indirectly arise from my child's photograph or photographic likeness being used in connection with said website or printed materials. It is my understanding that, if requested by me, I will be allowed to view the photograph before its inclusion on the Church's website or printed materials, and that I have the right to have any photographs of my child removed prior to its inclusion on the website or in the printed materials.

SIGNED ON THIS THE _____ DAY OF _____

PARENT OR LEGAL GAURDIAN