



Little Scholars Profile

Child's Full Legal Name: _____

Child's Preferred Name: _____

Date Of Birth: ____/____/____ Date Of Enrollment: ____/____/____

Sex: _____

Address: _____ City: _____ Zip: _____

Child's Legal Guardian(s): _____

Relationship: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Mother's Name: _____ Phone: _____

Home Address: _____ City: _____

State: ____ Zip: _____

Work Address: _____ City: _____

State: ____ Zip: _____

Fathers's Name: _____ Phone: _____

Home Address: _____ City: _____

State: ____ Zip: _____

Work Address: _____ City: _____

State: ____ Zip: _____

People Permitted To Pick & Drop Off Child

Please fill out the following page and submit a copy of the individual's driver license.

Name: _____ Phone: _____

Home Address: _____ City: _____

State: ____ Zip: _____

Work Address: _____ City: _____

State: ____ Zip: _____

Relationship To Child _____

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: ____ / ____ / ____

Child's Physician / Healthcare Provider: _____

Phone: _____ Address: _____

City: _____ State: ____ Zip: _____

Child's Dentist: _____

Phone: _____ Address: _____

City: _____ State: ____ Zip: _____

Authorized Individuals to be notified and permitted to remove child in case of emergency when a parent or guardian cannot be reached, copy of drivers license to be submitted:

Authorized Individual 1:

Name: _____ Phone: _____

Address: _____ City: _____

State: ____ Zip: _____

Authorized Individual 2:

Name: _____ Phone: _____

Address: _____ City: _____

State: ____ Zip: _____

Has Child Had Any:

Surgery: _____

Serious Illness: _____

Allergies: _____

Accidents: _____

Burns: _____

Other: _____

List All Identifying Scars, Birthmarks, Skin Discolorations:

Special Needs Of Child:

Child's Habits, Fears, ETC.

Previous Preschool Experience If Any:

I give permission to consult the child's physician / healthcare provider listed above in case of emergency if parent / legal guardian cannot be reached.

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____ / _____ / _____

EMERGENCY CONTACT INFORMATION

STUDENT: _____ DATE OF BIRTH: _____ / _____ / _____

I. Mother / Guardian's Name: _____

Phone: _____ Address: _____

City: _____ State: ____ Zip: _____

=====

II. Father / Guardian's Name: _____

Phone: _____ Address: _____

City: _____ State: ____ Zip: _____

=====

III. If Little Scholars cannot get in touch with either of the above, name a friend or relative who may be called upon if there is an emergency at school (please submit a copy of drivers license:

Name: _____

Phone: _____ Address: _____

City: _____ State: ____ Zip: _____

=====

IV. Doctor's Name: _____

Phone: _____ Address: _____

City: _____ State: ____ Zip: _____

=====

V. If one of the above can not be reached by phone, WHAT DO YOU WISH THE SCHOOL TO DO in case the child is sick or injured?

It is understood that in the final disposition of any emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above, will be respected as far as possible) In the event of an emergency in which I cannot be contacted, the physician above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child and I agree not to hold Little Scholars liable. Little Scholars will not be responsible for providing or paying for the child's health care treatment or any related costs. If at any time the above information must be changed, the Principal / Director must be notified in writing.

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VI. Relevant Items From Health Record (If activity is restricted):

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____ / _____ / _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE HOSPITAL RELEASE

Child's Full Legal Name: _____

Child's Date Of Birth: _____ / _____ / _____ Sex: _____

Last DPT or Tetanus Shot Date: _____ / _____ / _____

Name Of Family Physician: _____

Phone: _____ Emergency Phone Number: _____

Allergies: _____

I / We (Names Of Parents / Legal Guardians), _____, _____
Hereby authorize the staff of Little Scholars, Inc (Little Scholars Day School) to obtain medical treatment to my/our child, in the event of an emergency, and after every possible effort and attempt has been made to contact me / us. I / we give consent to any hospital and or / licensed physician to administer necessary treatment to the above-named child in the event of an emergency at which time treatment is imperative and I cannot be reached. I also hereby authorize the transfer of my child's medical health record to the local hospital / emergency care provider. I give consent for my child to be transported by ambulance/car or other transportation to the local hospital if the situation warrants, and agree not to hold Little Scholars liable in any way. Any expenses incurred for such emergency medical treatment to my/our child will be fully accepted by me / us.

Name of Insured: _____

Insurance Company Name: _____

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____ / _____ / _____

Liability Release Form

I / We (Names Of Parents / Legal Guardians), _____,

In Our Individual Capacities As the Parents / Legal Guardians Of (Name Of

Enrolled Child: _____

DO HEREBY RELEASE AND WAIVE EACH AND EVERY CLAIM OR CAUSE OF ACTION THAT MAY ARISE, DIRECTLY OR INDIRECTLY AGAINST LITTLE SCHOLARS, INC., (LITTLE SCHOLARS DAY SCHOOL) ITS AGENTS OR EMPLOYEES, FROM ANY ACCIDENT, INJURY, LOSS OR DAMAGE SUFFERED BY ME (US), MY (OUR) ENROLLED CHILD IN ANY MANNER AT ANY LOCATION, ARISING AS A RESULT OF THE PARTICIPATION OF MY (OUR) CHILD IN THE SCHOOL PROGRAM AND SERVICE, INCLUDING ANY AND ALL CLAIMS FOR MEDICAL OR HOSPITAL EXPENSES INCLUDING ATTORNEY FEES. THE UNDERSIGNED INDIVIDUALS AGREE THAT THEY WILL NOT FILE OR PARTICIPATE IN ANY ADMINISTRATIVE OR JUDICIAL PROCEEDING AGAINST LITTLE SCHOLARS, INC., (LITTLE SCHOLARS DAY SCHOOL), ITS AGENTS OR EMPLOYEES.

THIS FULL AND COMPLETE WAIVER AND RELEASE IS MADE WITHOUT RESERVATION FROM EVERY LIABILITY WHICH MAY BE ASSERTED AGAINST LITTLE SCHOLARS, INC.(LITTLE SCHOLARS DAY SCHOOL) ITS AGENTS OR EMPLOYEES, INCLUDING ANY SCHEDULED ACTIVITIES/ FIELD TRIPS OFF THE PREMISES OF LITTLE SCHOLARS, INC.

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____/_____/_____

School Health Policy

Please keep your child home if he / she is experiencing any of the following:

- Coughs Mucus
- Fever
- Ear Infection
- Diarrhea
- Strep Throat
- Upset Stomach or any other Vomiting infectious illness

All medical / health forms must be completed, signed and notarized where required prior to the child's first day of attendance.

If your child comes down with Chicken Pox, Measles, etc., you must notify the school immediately. Also, please advise us if your child has been exposed to a contagious illness and the approximate date of exposure, even though your child does not display any symptoms of the illness. If child should display signs of any infectious / severe illness during the day, the school will contact the parent / legal guardian and require that arrangements be made for child to be picked up.

We appreciate your assistance in following these guidelines to ensure that the children stay healthy.

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____/_____/_____

Parent / Child Medical Confidentiality

We would like to respect the confidentiality of your child's medical records as well as be able to meet the needs of your child. We ask that you review the following information and advise us of your child's medical history.

If your child has a serious medical condition such as:

- Asthma
- Diabetes
- Seizures
- Anaphylaxis
- Food Allergy
- Attention deficit disorder
- Cardiac murmur
- Kidney disease
- Other

We would like to request that you sign this consent form below allowing Little Scholars to share this important information with the school staff. Please return this form in person with your child when his or her enrollment begins.

NOTE: If your child **does not** have a serious allergy or medical condition, it is not necessary to return this form.

Child's Name: _____ Date Of Birth: _____/_____/_____

Has: _____

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____/_____/_____

LITTLE SCHOLARS SLEEPING AGREEMENT

At Little Scholars, we strive to provide a safe and comfortable environment for all children in our care. As part of our commitment to ensuring the well-being of your child during nap time, we kindly request that you review and sign this sleeping agreement.

Child's Name: _____

Parent / Legal Guardian Name(S): _____

SLEEPING ARRANGEMENTS

1. Location: Children will be provided with a designated area for nap time. This area will be equipped with age-appropriate bedding, such as mats or cribs.

**Infant Room: Crib
Toddler Room: Mat
Nursery Room: Mat
Pre - K Room: Mat**

2. Supervision: Trained staff members will be present to supervise children during nap time to ensure their safety and well-being.

PARENT ACKNOWLEDGEMENT

I / We, _____ & _____, acknowledge that I / We have read and understood the sleeping arrangements outlined above and agree to abide by the daycare's nap time procedures. I understand that the safety and comfort of all children are of utmost importance to Little Scholars.

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____ / _____ / _____

Little Scholars Food Policy

Little Scholars is a nut free facility and in addition to this we kindly ask that you follow our school policies in not packing food containing any nuts and the following foods:

- Raw Carrots: Too hard for young children and can easily get stuck in their airway
- Hot Dogs: The skin holds the meat together, making it more likely to be swallowed whole
- Grapes & Cherry Tomatoes: Can accidentally be swallowed whole
- Popcorn: The un-popped kernels can present a choking hazard

Also a kind reminder to be sure to provide, and label all foods, sippy cups, and eating utensils with your child's name. This will help with returning the right items with the children.

We greatly appreciate your assistance in helping us to keep your child & the children of Little Scholars safe.

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____ / _____ / _____

Signing In / Out & Belongings Policy

N.Y. State mandates that we institute a sign in and sign out policy for parents as well as for visitors. Therefore upon arrival, your child will be signed in through our childcare app Procure, by a staff member, with time of drop off, and time of pick up. Please be punctual with dropping and picking up your child, we try not to encourage tardiness with the children. In an effort to be prepared to address snow storms and inclement weather, we will notify all parents through our childcare app Procure. As a general rule, however, if the day begins with snow, we will close our school. Also, please have alternate plans for the care of your child should we have to close school for early dismissal due to weather. If your child is to be picked up from school by someone other than persons listed in your Child's Profile, you **MUST** give signed written permission stating the name and relationship of the person permitted to pick up your child. Their drivers license must also be submitted prior to pickup. It is your responsibility to inform the school in writing if any information on the Child's Profile has changed.

All children who stay past 1 pm start rest at 12:30 - 1:00 PM, after lunch. Mats are spread out in their classroom whereas in the infant room each child has their own designated crib. Sheets for mats and cribs provided by parents or can be purchased through the school to ensure proper fitting. Blankets are not provided. All sheets are sent home weekly to be washed. Remember to label all clothing & personal belongings. We are not responsible for lost or mixing up of belongings which aren't labeled. Your cooperation is greatly appreciated.

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____ / _____ / _____

SUNSCREEN APPLICATION CONSENT

Child's Name: _____ Date Of Birth: _____/_____/_____

It is Little Scholars' policy that parents must apply sunscreen on their child in the morning **before** they arrive at school. If you do not do so before leaving home you may apply sunscreen to your child when you arrive in the front hallway. The teachers will only re-apply in the afternoons before going outside if requested or if the UV is high.

I hereby grant my permission for Little Scholars Day School to apply

_____ to _____
(name of sunscreen) (your child's name)

Parents must supply sunscreen in a labeled bottle for their child. If necessary sunscreen will be applied to the child by the teacher before he or she goes outside for recreational playground activities.

We like to go out everyday for some fresh air, unless the temperature is less than 35 degrees. Please send in mittens and hats to keep your child warm for the days we can go out.

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____/_____/_____

DIAPER CREAM APPLICATION CONSENT

Child's Name: _____ Date Of Birth: _____ / _____ / _____

I hereby give my permission for Little Scholars Day School to apply diaper cream(s) which I have supplied for my child in a labeled container to be used as follows:

Name Of Diaper Cream: _____

When Should We Apply:

- Apply with each diaper change
- Apply with diaper change only following bowel movements
- Apply only if there is a diaper rash
- Apply only after notifying parent / guardian

Please select one of the options listed above:

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____ / _____ / _____

CRIB SHEET PURCHASE FORM

Note: If providing your own sheet disregard this form.

Child's Full Legal Name: _____

Child's Birth Date: _____/_____/_____

Sheet Purchased:

Crib Sheet \$34.00

Signature Of Parent / Legal Guardian: _____

Signature Of Parent / Legal Guardian: _____

Date: _____/_____/_____

Parent Questionnaire

Child's Full Legal Name: _____

Child's Date Of Birth: _____ / _____ / _____ Sex: _____

1. By what name do you usually call your child?

2. Is your child toilet trained? Describe assistance if needed:

3. List names of any siblings and their ages:

4. Please list any pets:

5. What are your child's favorite activities?:

6. Does your child play well alone or in groups?:

7. What are your child's favorite books?:

8. What do you see as your child's strengths?:

9. Is there any area in which you anticipate difficulty for your child?:

10. List three words that describe your child:

11. Has your child previously attended another preschool or child-care facility?:

12. What goals do you have for your child this year?:

13. What other information would you like us to know about your child?:

14. How did you hear about Little Scholars?:

We appreciate you taking the time to fill out this questionnaire. This information will allow our teachers and staff to become better acquainted with your child and will aid in creating instruction geared towards your child's specific needs and interests.

Sincerely,

Miss Anu & The Little Scholars Staff