

# Student Information Form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ (Home or Cell)

Addl. Phone: \_\_\_\_\_ (Home or Cell)

Primary Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child's siblings and ages: \_\_\_\_\_

School District: \_\_\_\_\_

## Emergency Contact Information (other than parents)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## About Your Child

Allergies/Sensitivities:

\_\_\_\_\_

Has your child ever been hospitalized? If yes, at what age? For how long? Why?

\_\_\_\_\_

**The following questions were designed to help us learn more about your child. We appreciate you taking the time to answer all of the questions. Please be as detailed as possible.**

Has your child ever been left with a sitter or someone other than their parents? How does he/she react?

---

---

Does your child have any behaviors we should be aware of? (wandering, biting, etc.)

---

---

How does your child react to people he/she does not know?

---

---

How does your child behave when he/she is asked to mix with a new group, such as at a birthday party or class?

---

---

Are there any family situations we should be aware of? (recent move, new sibling, etc.)

---

---

What else would you like us to know about your child? (Strengths, areas of development, favorite kind of play, etc.)

---

---

---

---

Has your child been in a school/class setting before this school year? Have they attended any classes/library programs, etc? If so, what type?

---

---



Do you have any concerns about school in general?

---

---

Do you have any concerns about your child's development?

---

---

What are your goals for your child this year?

---

---

## Child Pick-Up Form

Little People's of Somers requests to be informed of individuals who have permission to pick up your child when a parent is unable to pick up themselves. This form will allow Teachers/Staff to release your child to individuals designated here. Please advise this individual that they will need to show their license at pick-up.

When possible, send a note, call, or email to let us know if someone NOT indicated here will be picking up your child on a specific day.

My child, \_\_\_\_\_ may be picked up from school by the following people:

Name:	Relationship:	Phone #:

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Permissions/Approval Form

Child's Name: \_\_\_\_\_

**Walks permission:** Supervised walks may be taken during the school year as part of our curriculum. Whenever possible, we try to inform parents prior to the activity. If you do not want your child to participate, they will be placed in one of the other classrooms during the walk and will return when their class is back. (Walks for Two's classes would be within school property)

My child \_\_\_\_\_ may \_\_\_\_\_ may not leave school for walks.

**Media Permission:** Little People's of Somers maintains a website, Facebook and Instagram pages as helpful resources for communicating with families in the preschool and with the community at large. Names or identity of children will never be used on the website or social media pages.

I \_\_\_\_\_ give \_\_\_\_\_ do not give permission for my child's photograph and/or video shared, for the purpose of recording school activities with teachers, parents, and children. Photos/Videos may be shared on the school's social media pages or the school website.

Children may be photographed or videos shared on the class specific communication accounts (i.e. SeeSaw, etc) or 4's End of Year video/photo in which all students will be portrayed. These are shared only with school families through these methods.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

## Parent Handbook

The 2024-2025 Little Peoples of Somers Parent/Student Handbook communicates the expectations, policies, or procedures that we have in place to ensure our school functions as a positive learning community where students thrive and grow. By signing below, I agree that I have received and read the 2024-2025 Little Peoples of Somers Parent/Student Handbook and I agree to follow the policies and procedures indicated. Thank you for your cooperation.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

# Medical Treatment Authorization

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Medical Information

Primary Care Physician's Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Allergies to medications: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

## Allergy Information/Plan

Please complete the following allergy information for your child.

### Check one:

To date, my child has no known allergies

**OR**

My child's allergies and treatment plan is detailed below

Allergic to: \_\_\_\_\_

Treatment plan: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)** As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_