

EMERGENCY CONTACT/PARENTAL CONSENT FORM

TCDN 1/03

CHILDS NAME	BIRTH DATE
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ADDRESS

MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
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ADDRESS	E-MAIL
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BUSINESS NAME	OCCUPATION	BUSINESS TELEPHONE NUMBER
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ADDRESS	CELL
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FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
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ADDRESS	E-MAIL
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BUSINESS NAME	OCCUPATION	BUSINESS TELEPHONE NUMBER
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ADDRESS	CELL
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EMERGENCY CONTACT PERSON (S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON (S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILDS PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
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ADDRESS

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
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MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
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ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
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PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING-WADING
TRANSPORTATION BY THE FACILITY	PHOTOGRAPHS

SIGNATURE OF PARENT OR GUARDIAN	DATE
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SIGNATURE OF PARENT OR GUARDIAN	DATE
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CHILD PICK-UP AUTHORIZATION

I, _____, authorize Early Learning at Beth Shalom to release my child(ren) to the person(s) designated. This is in consonance with the Early Learning at Beth Shalom Emergency Plan.

Child's Name-
Child's Teacher

Designated Custodian(s)
Name & Relationship

Your Signature

Print Name

Address

Home Phone

Work Phone

Cell Phone

Note: parents and guardians should designate themselves as designated custodians. Friends, neighbors, and other relatives may also be designated.

PLEASE PRINT CLEARLY

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)
 YES NO

NOTE: BELOW THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD AND FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

ACCORD DATE OF IMMUNIZATION, BELOW OR ATTACH A Photocopy of THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	VACCINE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



PERMISSION FORM FOR CHILD TO BE PHOTOGRAPHED

I _____, give permission for my

child _____ to be photographed for publicity purposes.

I _____, do **not** want my child

_____ to be photographed for publicity purposes.

Today's date: _____

Please fill out the line above that indicates whether or not you want your child to be photographed for publicity purposes. Children's pictures may be placed in newspapers, magazines, posters, etc.!!!



Allergy/Food Exemption Form

My child, _____ is allergic to _____.

Medications that he/she uses are _____.

Medical documentation is attached _____.

My child, _____ cannot eat the following foods due to:

_____ Religious Practices

_____ Medical Restrictions*

(please attach documentation)

Specific Foods:

*Parents need to provide written instructions from a physician including the basis for and the particular elements of the diet being prescribed.

Parent/Guardian signature

Date



PERMISSION TO APPLY SUNSCREEN

Date: _____

Child's name: _____

Parent's name: _____

I give permission to my child(ren)'s teachers at Early Learning at Beth Shalom Congregation to apply sunscreen on my child before going outside for swim or play. I understand that I am expected to do the first application of sunscreen in the morning.

Parent's
Signature: _____



PERMISSION FOR USE OF A PACIFIER AT EARLY LEARNING AT BETH SHOLOM

The caregivers have my permission to give my child,

Please print child's name _____

Her/his pacifier.

Any instructions or preferences that the caregivers need to know about the use of

the pacifier: _____

I understand that I must send in 2 pacifiers, labelled with my child's name.

Parent's name _____

Parent's signature _____

"GETTING TO KNOW YOU"

Dear Parents,

We are requesting that you take a few minutes to complete this form. We want to do our best to get to know all of our children. Some of the questions have to do with the safety and health of your child. Thank you.

Child's

name: _____

Names of

Parents: _____

Parent's

email _____

1. Who lives in your house? _____

2. Does your child have any parents that do not live in the home? _____

If yes, when does your child see this parent? _____

3. Do you have any pets? _____

4. Does your child have a nickname? _____

5. Has your child been in another preschool/daycare? _____

6. Are there any special problems or fears we should know about?

7. Does your child do any of the following:

Nail biting? _____

Thumb sucking? _____

Stuttering? _____

8. Does your child have any special needs that we should be aware of?

9. Does your child have an IEP (Individualized Education Plan)? _____

10. Does your child have any allergies? _____

11. How are your child's allergies treated? _____

12. Describe your child's daily schedule



PARENT QUESTIONNAIRE PRESCHOOL

Child's name _____ Date of Birth _____
Today's date _____ Start Date _____

A. Eating Habits

Does your child have a good appetite? _____
What foods does your child like? _____
What foods does your child dislike? _____
Does your child feed him/herself? _____
Any eating problems that we should know about? _____

B. Sleeping Habits

Does your child nap? _____ If yes, how many naps per day and how long are the naps?

Does your child sleep with a special object? _____
Does your child sleep in his/her own bed at night? _____
Does your child have any sleep disturbances? _____
Does your child stay dry when asleep? _____

C. Toileting Routines

Is your child fully trained? _____
Does your child ask to go to the bathroom? _____
Does your child need help in the bathroom? _____
If toilet training is in process, describe your method here _____

D. Self Help Skills

Does your child dress him/herself? _____, undress _____, button, _____, zipper? _____, tie shoes _____

E. HEALTH

Does your child have any physical limitations? _____

Has your child ever had a serious injury or been hospitalized? _____

Are there any restrictions? _____

Does your child have any distinguishing birthmarks? _____

Other pertinent medical including medication taken regularly _____

F. Play/Social Development

Has your child ever attended a child facility? _____

If yes, how did he/she adjust? _____

Does your child have any special habits such as thumb sucking, nail biting? _____

Any fears? _____

What are your child's favorite activities? _____

Explain your child's reaction to sharing his/her toys _____

How does your child express anger? _____

G. Parental Concerns/Expectations

What are your goals and expectations for your child at Beth Sholom Goldman Preschool?

Parent signature

Date

**CIVIL RIGHTS COMPLIANCE
PARENT AWARENESS**

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as a resident of this agency, have the right:

to be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.

to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

Provider's Name: Beth Sholom Goldman Preschool
Address: 8231 Old York Road
 Elkins Park, PA 19027

Department of Public Welfare
Bureau of Equal Opportunity
Room 521 Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675

Department of Public Welfare
Bureau of Equal Opportunity
Southeast Field Office
1400 Spring Garden Street
Philadelphia, PA 19130

U.S. Department of Health
and Human Services
Office for Civil Rights- Suite 372
150 S. Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
711 State Office Building
Philadelphia, PA 19130

Parent/Guardian Signature

Date

Staff Signature

Date



Dear Parents:

This letter is to assure you of our concern for the safety and welfare of children attending **Early Learning at Beth Shalom**. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the Sanctuary building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to relocation facility at **KENESETH ISRAEL CONGREGATION, 8339 Old York Road, Elkins Park, PA 19027**.
- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children but may be necessary in a variety of situations.

Please listen to *your local radio/television stations* for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

I specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask your understanding.

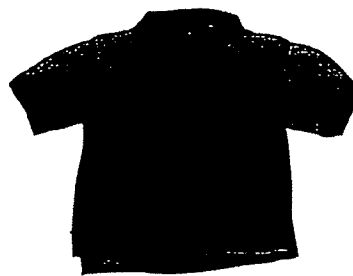
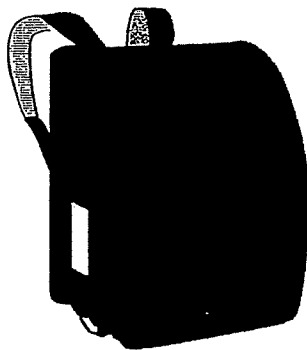
Sincerely yours,

Eileen Weingram

YOUR CHILD WILL NEED FOR SCHOOL:

Please bring the following items to school at orientation or the first day here. Each child will be given his/her own cubby in which to keep the items that are listed below.

1. A completed health assessment form and emergency contact form, food allergy form, parent questionnaire (for new enrollees), photograph permission form, tuition contract, signed-Parent's Civil Rights form, parent directory information and my child's schedule.
2. One large school bag – please place your child's name on the outside.
3. Change of clothing, underwear, socks, pants and top. (Please put these items in a shoebox with child's name.)
4. Full day and extended day children should bring a blanket and a small pillow (optional) for rest periods.
5. Coverall apron for water play and painting. (Plastic is preferred – look for an apron that has no ties and the child can use independently.)
6. Outer clothing for the season...a light sweater or jacket for the fall or spring; heavy slacks or snow pants for winter; a pair of rubber overshoes (totes) or inexpensive waterproofs.
7. If your child is not trained, please bring in one pack of diapers and baby wipes and diaper cream (optional) (infants, young toddlers and toddlers – see your list for more needed items)
8. Many teachers request at least one or two recent photographs of your child.
9. Box of tissues
10. Comb or brush (optional)
11. One sweater or sweatshirt



Remember that your child is growing. Please make sure that all extra clothes are the correct size and weather appropriate!!



LUNCH IDEAS (Dairy/Pareve)

We are now a Peanut and Nut-Free school

Yogurt and Fruit

Hard Boiled Eggs

Cheese Sandwich

Soy Nut or Sunflower Seed Butter and Jelly Sandwich

Bread and Butter

Pasta Salad

Tuna or Salmon

Vegetables and Hummus

Cottage Cheese and Fruit

Bagel and Cream Cheese

Rice and Vegetables

Macaroni and Cheese

Cheese pizza

Please note that you will need to pack a complete lunch, including utensils, and drink and dessert, if desired.