

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
SIGNATURE OF PARENT OR GUARDIAN	DATE

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) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: BELOW IF 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 CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	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.



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



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 FOR INFANTS
AND TODDLERS**

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

A. Physical Development

Check all that apply to your child

_____ sits _____ walks assisted _____ goes up steps _____ goes down steps
 _____ stands _____ walks unassisted _____ crawls

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 a bed or crib? _____

Does your child have any sleep disturbances? _____

C. Eating Habits

Is your child on breast milk or formula? _____

Type of formula using now _____

Eats table food _____

Drinks from cup _____

Uses a pacifier _____

Holds own bottle _____

Can feed self _____

D. Toileting

My child wears diapers _____, training pants _____, underpants _____ (check what is worn)

Training process: bowel control(date) _____, bladder control(date) _____

Does your child ask to go to the bathroom? _____

What words does he/she use for urinating/bowel movements _____

If toilet training is in process, describe your method here _____

E. Play/Social Interaction

Has your child ever attended ?

- A child care center _____
- A family day care home _____
- A babysitter's home _____
- A babysitter in your home _____
- A parent/child playgroup _____

How did your child adjust to these situations? _____

How often does your child like to be held? _____

How does your child communicate? _____

Does your child have any fears? If yes, describe _____

Your child's favorite activities are _____

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

How does your child express anger? _____

F. Special Physical limitations or Allergies

Please list any:

Are there any restrictions? _____

Any special diets? _____

Does your child have any distinguishing birthmarks? _____

Other pertinent medical information including medication taken regularly _____

G. Parental Concerns/Expectations

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

Parent's signature

Date



Parent Instructions for Feeding Infants

Feeding Schedule for _____ Date _____

Bottles

ounces

_____	every _____ hrs.	_____ Formula _____
_____	every _____ hrs.	_____ Breast milk
_____	every _____ hrs.	_____ Juice
_____	every _____ hrs.	_____ Water
_____	every _____ hrs.	_____ Other(specify) _____

Food

_____ cereal(name) _____ loose _____ thick #tablespoons every _____ hrs.

_____ mixed with _____ formula _____ milk
 _____ other(specify) _____

_____ cheerios _____ crackers _____ other(specify) _____

COMMENTS _____

*Note- please complete a new form each time there are changes



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

INFANT/TODDLER SUPPLY LIST

CHANGE OF CLOTHING

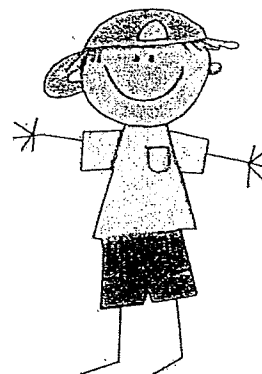
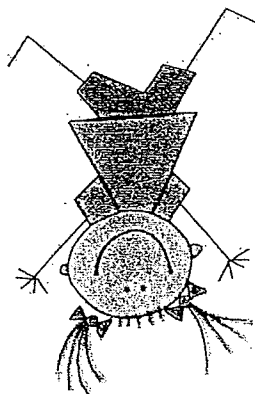
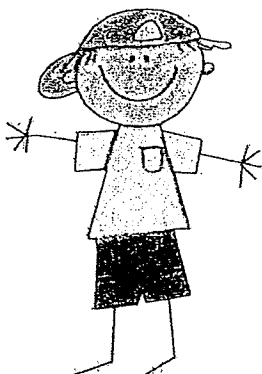
- 2 shirts
- 2 pair pants or shorts
- 2 undershirts
- 2 pair underpants or 1 box diapers and 1 wipes (cream if needed)
- 2 pair socks
- 1 sweater, sweatshirt or jacket

OTHER SUPPLIES

- Sippy cup or bottles, if needed
- 1 box tissues

NAP SUPPLIES

- Small blanket
- Small pillow
- Sleep toy (if needed)
- 1 pillowcase for covering the cot or 2 sheets for portacrib
- Sleep sack (bag/pillowcase to hold sleep supplies)





Infant Room Procedures/Supplies

Dear Parents,

Here are the infant room procedures:

1. **Diapers** are to be brought in and will be stored in your child's cubby and placed in the diapering area for daily use. Notification will be given when diapers are low.
2. Information about your child's **eating and sleeping patterns** should be communicated daily by you to your child's teacher.
3. A **daily report** will be completed which gives you feedback on your infant's moods and eating and sleeping patterns and diapering needs.
4. Bring in 2 **crib sheets** at the beginning of each week. 1 lightweight blanket is required for cooler weather. Take your infant's sheet home at the end of each week for washing. Also, please bring in 1 set of **port-a-crib bumpers** if you would like them.
5. **Wipes, tissues, creams and bib** should be brought in as needed. You will be notified on the daily report.
6. Keep your child's cubby stocked with at least 2 **extra sets of weather appropriate clothing**.
7. A daily supply of **bottles** must be brought in with **formula** already mixed or **breast milk**. Bottles must be clearly labeled with your child's name.
8. All **bottles** should go home at the end of each day for sterilization. Return bottles filled the next day.
9. Please make sure we have enough **bottles** for drinking and to mix with cereal as needed.
10. Extra **formula** can be stored in your child's cubby. Extra **breast milk** can be stored in our freezer.
11. If you want your child to have **whole milk or juice**, please supply this in their bottles.
12. If your child is to be given water, please supply sterilized **water** for babies younger than 3 months. For older infants, please supply empty bottles.
13. All **foods** sent in must be **Kosher**. No meat is permitted. Please send in a week's supply each Monday. Please label all food with your child's name and date.
14. **Cereal** should be sent in dry and will be mixed with formula here.
15. **All new foods must be introduced at home first before sending here. We request this because of possible allergic reactions.**
16. Finger foods may be sent in if Kosher. We will provide cheerios and crackers at your request.

We appreciate that you are entrusting your infant to us and will work with you to insure that your child's experience here is safe and happy!

Sincerely,
Infant Staff



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.