

# **LEARNING TREE PRESCHOOL REGISTRATION FORM**

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**CHILD'S INFORMATION RECORD** School year: Sept \_\_\_\_\_ -June \_\_\_\_\_

*Please fill out completely-include addresses and phone#'s*

CHILD'S NAME: \_\_\_\_\_  
ADDRESS (street, town, state): \_\_\_\_\_

D.O.B.: \_\_\_\_\_  
PHONE#: \_\_\_\_\_

Starting DATE ENROLLED: \_\_\_\_\_  
Last date of enrollment: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
Address: Street/# \_\_\_\_\_  
town/city \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
Address: Street/# \_\_\_\_\_  
town/city \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_  
WORK PHONE#: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: Street/# \_\_\_\_\_  
town/city \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_  
WORK PHONE#: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: Street/# \_\_\_\_\_  
town/city \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_  
and/or PAGER#: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_  
and/or PAGER#: \_\_\_\_\_

Name of person(s) to be reached in case of emergency: (other than parents)/**must live locally**)

Name: \_\_\_\_\_  
Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cell # \_\_\_\_\_

Name: \_\_\_\_\_  
Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cell# \_\_\_\_\_

Who has permission to pick up child other than parent: (if different from above)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cell# \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cell# \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any known allergies or health conditions your child may have. Does your child have any special needs?  
Please list. Include any important information regarding your child we should know.

*Please sign below:*

**I give Learning Tree Preschool permission to seek medical assistance (*hospital, physician*) if my child needs quick medical attention and no parent, or listed party, is able to be reached. Medical Emergency card offers all pertinent information.**

Parent/Guardian signature: \_\_\_\_\_ date \_\_\_\_\_

# LEARNING TREE PRESCHOOL

## FINANCIAL AGREEMENT

For the school year: September \_\_\_\_\_ – June \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

AGE GROUP ATTENDING: (check one) \_\_\_\_\_ 3 YR OLDS T-TH  
\_\_\_\_\_ 4 YR OLDS M-W-F

I agree to make monthly payments of (check one):

\_\_\_\_\_ 3 YR OLDS: Payment: monthly \_\_\_\_\_ yearly \_\_\_\_\_  
\_\_\_\_\_ 4 YR OLDS: Payment: monthly \_\_\_\_\_ yearly \_\_\_\_\_

### PLEASE READ CAREFULLY:

The monthly payments run for a 10-month period, from September through June. **Regardless of the number of weeks in any given month, the payment is the same (vacations, holidays, partial months). The payments should be made promptly the first of each month.**

**There will be a charge of \$25.00 for any returned checks having insufficient funds. Checks are made payable to Learning Tree Preschool, LLC.**

**If your child leaves the program after enrollment, the parent will offer a 2-week notice, and be required to uphold the financial requirements during that 2-week period. If you leave in the middle of the month, a full month's payment is required.**

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I have read the agreement above and understand my financial obligations.

Signature of parent \_\_\_\_\_

DATE \_\_\_\_\_

# Parent Release of Information

School Year: Sept \_\_\_\_\_ –June \_\_\_\_\_

Birthday parties and play invitations are some of the times parents need to have a telephone number or address of their child's classmates. Any information regarding your child is confidential unless stated otherwise. Please check your wishes below regarding releasing a class list with telephone number and address of each child. School directories will be offered.

**CHILD'S NAME** \_\_\_\_\_

\_\_\_\_\_ My child's information MAY be published

\_\_\_\_\_ My child's information MAY NOT be published

**E-mail address:** \_\_\_\_\_

*Learning Tree uses e-mail for exchange of information, reminders, and monthly information. CHECK EMAILS OFTEN.*

\_\_\_\_\_ keep e-mail address in school file only

\_\_\_\_\_ you may release e-mail address with child's information

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# PARENT PERMISSION TO PHOTOGRAPH CHILD

School Year: Sept \_\_\_\_\_ –June \_\_\_\_\_

In this day and age with a concern for privacy, we are asking that you sign the following form allowing *Learning Tree Preschool* permission to take photographs of your child for the following purposes:

## IDENTIFICATION

A photograph of your child is secured on the back of your **child's emergency medical information** cards for added identification of your child.

## CRAFTS-SCHOOL PHOTOS/DVD-ADVERTISING-WEBSITE

Pictures may be taken of your child for reasons of identification (as above), **crafts activities**, **school photo/DVD year-end**, **advertising**, or **newspaper articles** reflecting events at the school (on/off campus). Photos will be randomly selected for the **LT website**.

## PICTURE DAY with Peter Swett.

Peter Swett has photographed students at *Learning Tree* for nearly 20 years now on **Picture Day**. He has been a professional photographer for 35+ years. He is amazing! He will be at the school to take individual, group (siblings, family), and class pictures. This photo shoot is optional to parents. You need not have individual shots taken, but can have your child present for the class photo. More information will be offered at Open House and in a handout. This photo event is usually scheduled in March.

If you choose NOT to have your photographed, *Learning Tree* will honor that request. Please check the appropriate box reflecting your wishes: (*read carefully*)

I give permission for *Learning Tree* to take photos of my child for all reasons stated above

I **DO NOT** want my child photographed for any reason

I **DO NOT** want my child photographed for the following:

photo id (medical EM card)

school photo/DVD year end

Activities/field trips

advertising/website

newspaper articles

Comments:

# PARENTS PLEASE NOTE

## Re: Field trips

**Field trips at Learning Tree are offered as an extension of our curriculum.** The trips serve as yet another teaching tool for students to broaden their learning environment. We try to do trips that carry no fee, but there are some that ask for minimal fees up to eight dollars. To avoid the tedious job of accounting for monies each trip, and collect permission slips, and acquire drivers, we are asking you to abide to our system. **We are asking for one yearly fee to cover the cost of all field trips for the school year.** The fees are as follows:

<b>3 year olds</b>	<b>\$50.00</b>
<b>4 year olds</b>	<b>\$60.00</b>

We realize that some might ask, “what if my child doesn’t choose to go on the trip? What if we are away and can’t make the trip?” We reference again the reason for the trips—an extension of our curriculum. If your child misses a day at school for whatever reason—sickness, vacation, entertaining visitors—the curriculum remains constant and there is no refund of monies. Field trips follow the same plot. They are intertwined within the curriculum as part of the student’s extended learning experience. We hope your child is able to join us for all trips.

**The field trip fee is due with the September’s tuition.** If paying the added cost is a burden, please speak to us so that we can work out what works best for you.

Thank you. *L.T. Staff*

**Note: T-shirts must be worn on off-campus field trips and may be purchased through the school.** Speak to us and we’ll see you get one.

**MEDICAL EMERGENCY INFORMATION:**

*Please fill out completely and return to school*

**SCHOOL YEAR:** Sept \_\_\_\_\_ –June \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENTS' NAMES:**

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

**TELEPHONE NUMBERS:** Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACTS:**

1- Name: \_\_\_\_\_ Tele #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2- Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**MEDICAL CONCERNS:** Any allergies? \_\_\_\_\_ no \_\_\_\_\_ yes

Explain  
\_\_\_\_\_  
\_\_\_\_\_

Other medical needs: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION:**

Name of Insurance: \_\_\_\_\_

Insurance #: \_\_\_\_\_

Card holder: \_\_\_\_\_

**Please sign below:** *(this info goes with your child on field trips)*

I give Learning Tree Preschool permission to seek medical assistance (*physician/hospital*) if my child needs quick medical attention and no parent, or listed parties, are able to be reached.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_



# **LT Preschool Student Questionnaire**

*Please read carefully and answer questions thoroughly*

**Child's name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **age** \_\_\_\_\_

Who, if anyone, takes care of the child other than parent? \_\_\_\_\_  
Relationship to child \_\_\_\_\_ How many days/week \_\_\_\_\_  
How long has child known caretaker \_\_\_\_\_ Will he/she be transporting to school \_\_\_\_\_

**List your child's preschool and daycare experience (if applicable)**

Name of facility	starting date/ending date
_____	_____
_____	_____

**If you have left previous preschool/daycare, please explain the reason(s) why.**  
\_\_\_\_\_  
\_\_\_\_\_

**Describe a daily routine your child may experience (common routines, naps, etc.)**  
\_\_\_\_\_  
\_\_\_\_\_

**Is your child toilet-trained?** \_\_\_\_\_yes \_\_\_\_\_no **explain:** \_\_\_\_\_

**How many hours of sleep does your child get at night?** \_\_\_\_\_

**List 5 adjectives that describe your child:**  
\_\_\_\_\_  
\_\_\_\_\_

**How would you describe your child's personality?**  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any hobbies, sports, or special interests?**  
\_\_\_\_\_

**Describe your child's peer relationships:**

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**What types of activities does your child enjoy playing?** (circle all that apply):

- Dramatic play      Puzzles, blocks, Legos      Outside play      Playing alone      Playing with others  
Songs/finger plays      Listening to stories      Arts & Crafts      Dance/movement      Helping teacher

**Does your child get along with other children and adults?** \_\_\_\_\_

**Please list any fears your child may have** (ie: thunder, the dark, characters):

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**Does your child have any allergies?** (nuts, chocolate, milk, soy, wheat, bees, etc.)? **Please list:**

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**Does your child use an EPI pen?** Yes \_\_\_\_\_ No \_\_\_\_\_ not available \_\_\_\_\_

**Is your child sensitive to anything** (odors, light, fabric, etc.)? **Please list/describe:**

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The State requires Immunization records. Is your child exempt from immunizations? \_\_\_yes \_\_\_no

**List any siblings:**

Name	DOB	gender (M/F)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Is the child from birth or adoption?** \_\_\_\_\_ Birth \_\_\_\_\_/\_\_\_\_\_ Adoption/(date)

**Do you have any concerns about your child?** Please state any special services (ie Speech, OT, PT) that your child is currently receiving. If child is in service, IEP must accompany this questionnaire.

Are there any special family traditions to be aware of? \_\_\_\_\_

When you think of your child unique qualities, what comes to mind? \_\_\_\_\_

What does your child teach you? What makes you laugh? What frustrates you?

How does your child behave when frustrated or angry? What things set your child off? What strategies have you found helpful in dealing with such behavior?

Are there behaviors you would like to see change in your child? \_\_\_\_\_

Has your child had any recent traumas? (death, huge disappointment, divorce)

How does your child interact with the media? (movies, TV, video games)

Does your child have pets? What kind/names? \_\_\_\_\_

How does child interact with animals? \_\_\_\_\_

Please write down any further information you think would benefit us knowing your child better:

Best mode of communicating with you about your child about general class information:

\_\_\_\_\_ Email                      \_\_\_\_\_ Printed material

Best time for a teacher to call:        \_\_\_\_\_ daytime        \_\_\_\_\_ evening (between 6-8)

Are you able to volunteer in classroom/field trips?        \_\_\_\_\_ yes        \_\_\_\_\_ no        \_\_\_\_\_ sometimes

Are you a working parent during your child's school day? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_sometimes

Why did you choose Learning Tree Preschool?

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What are your expectations and goals for your child in preschool?

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What are your priorities and/or concerns regarding a preschool facility? (circle all applicable)

- |                            |                            |                |              |                    |
|----------------------------|----------------------------|----------------|--------------|--------------------|
| Safety/security            | furnishings/equipment      | Environment    | reputation   | curriculum         |
| Operating hours            | "child first" attitude     | Location       | Cleanliness  | School policies    |
| Child/teacher ratios       | access to director/teacher | State Licensed | Caring Staff | Progress reporting |
| Teacher/parent conferences |                            |                |              |                    |

## A QUICK CHILD SURVEY Just circle the best answer

>Answer the following by ***circling*** the closest answer: **N** never      **S** sometimes      **M** mostly

Naps during the day	N	S	M	unable to answer
Likes to do things on own/independent	N	S	M	unable to answer
Willing to try new things	N	S	M	unable to answer
Shows interest in large motor activities	N	S	M	unable to answer
Enjoys coloring and drawing	N	S	M	unable to answer
Can cut with a pair of scissors	N	S	M	unable to answer
Speech is difficult to understand	N	S	M	unable to answer
Has difficulty with transition	N	S	M	unable to answer
Has difficulty sitting still	N	S	M	unable to answer
Accepts correction	N	S	M	unable to answer
Asks for help when needed	N	S	M	unable to answer
Displays good self-control	N	S	M	unable to answer
Will pick up belongings/toys	N	S	M	unable to answer
Is respectful to toys, peers, teachers	N	S	M	unable to answer
Recognizes numbers 1-10	N	S	M	unable to answer
Recognizes letters	N	S	M	unable to answer
Recognizes simple colors and shapes	N	S	M	unable to answer
Recognizes name in print	N	S	M	unable to answer
Can dress and undress (zip, snap, button, Velcro)	N	S	M	unable to answer

***Thank you for taking the time to answer the questions honestly. LT staff.***

# HAPPY BIRTHDAY TO YOU!



Learning Tree wants to celebrate your child's birthday. Our choice of celebration is changing, however, to NOT include cupcakes, special foods or treats. Instead, we are taking time during CIRCLE to set your child aside for SPECIAL PERSON OF THE DAY! The birthday child will be recognized as he/she shares their favorite things—foods, color, animal, activity, etc.—and have an opportunity to choose a gift from the BIRTHDAY BOX. Happy birthday will be sung to every birthday child!



## **Write your child a note in their lunch box.**

Write a rhyme anytime! Write a note to say I love you...have a great day! Write anything you want to say! Riddles are good and fun to read...jokes make us laugh in stitches that split us in half! See, rhyming is not so hard to do! I just did it and so can YOU! We like it when you draw us pictures, too! Will you?

*Your child will enjoy getting notes in their snack packs and lunch boxes. It makes them feel special. Anything will do...even a smiley face or special photograph. We take time to read all notes at snack. Make your child's day with a special note from home. We love reading them, too!*

## RULES OF SCHOOL:

**These are the rules we discussed on our first day of school. Help your child remember them by talking about them during dinner tonight. Quiz them and see how many they can remember.**

**Rules to know:** *ask the kids what rules they know*

1. be kind to one another-The Golden Rule—no leaving others out of a game
2. play fairly and share...take turns
3. no spitting, no hitting, no kicking, no wrestling, no biting, no pushing, no tongues, no name calling.
4. ALWAYS use kind words – and encourage each other
5. to be a friend...you must be a friend
6. CHORE CHART—responsibilities in class
7. ALWAYS wash your hands after using the bathroom, before snack...you cannot wash your hands too much!
8. Pick up after yourself. From playing to snacking, it'll be your job to clean up and put things away.
9. **Outside:** same rules apply as well as—NO going UP the slides—only down. FEET FIRST—not head first! NO throwing dirt in the sandbox—keep dirt in the box and not on the ground, please.
10. Listen to your teachers—listen to your classmates.
11. raise your hand to speak...say “excuse me” to interrupt conversation
12. a teacher is always around to help...just ask.
13. **NEVER leave the playground without first telling a teacher.**
14. **When your parents get to school, it will be their job to come to YOU...YOU do not go to them! Safety at all times.**
15. Why do we have rules? Rules are to keep us all safe and healthy. Rules help us to become responsible individuals.
16. If rules are broken there will be a consequence. (perhaps sitting outside the circle, finding something else to do (redirect), apology—we *do not use the word Time Out in our class, but find a redirection in some way*).
17. Come to have FUN and LEARN lots of new things!!!!

### **Re: Rule #13**

We explain to the children that we all have jobs. One of their important jobs is to follow the rules so that they and their classmates stay safe and healthy. BUT parents and teachers have jobs to do, too. **One of the parent's job is rule #13.**

The parent or guardian must come to the child (on the playground or inside the building) and retrieve them personally. No child will be allowed to run to their parent (off the playground or outside the classroom) without permission from an adult. Cars are moving on the road and in the parking lot—this rule keeps all children safe! Thanks for helping to follow this rule.

## FOOD POLICY OF LEARNING TREE

Because foods have become such issue with nut allergies and childhood illnesses such as diabetes, we have opted to help limit unfavorable food choices by:

- 1) taking away cupcakes during our B-day celebrations and provide a “special” recognition instead
- 2) provide a “healthy” food (fruit, veggies) during holiday celebration along with “treats” foods to allow for good choices
- 3) encourage good healthy choices in snacks with verbal recognition-talking about what good food choices we can make
- 4) limit choices of foods used during special celebration studies and at least making parents aware of the food to be introduced ahead of time

The kids don't miss what you don't provide and will eat what you place before them. Help introduce them to a new food every week or every month to encourage their vast healthy choice selections!

*Thank you-LT staff*