

WELLESLEY NURSERY SCHOOL IN THE HILLS



PRESCHOOL DEVELOPMENTAL HISTORY 2022-2023

CHILD'S NAME: _____ DATE OF BIRTH: _____

Has your child attended a school prior to WNSH? If so, which school?

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

Is your child receiving other services (hearing, speech and language, OT, PT) at this time? If yes, please describe _____

TOILET HABITS

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

Has toilet training been attempted? _____

What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Bed? _____ Does your child become tired or nap during the day (include when and how long)? _____

When does your child go to bed at night? _____ Get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, comfort items...) _____

WELLESLEY NURSERY SCHOOL IN THE HILLS

SOCIAL RELATIONSHIPS/DAILY SCHEDULE

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

Please describe your child's schedule on a typical day. _____

What would you like your child to gain from this school experience? _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

valid through 6/2023
(Date)

WELLESLEY NURSERY SCHOOL IN THE HILLS



ENROLLMENT FORM 2022-2023

ADMISSION DATE: ____/____/____ DATE OF BIRTH: ____/____/____

PLACE OF BIRTH: _____ PRIMARY LANGUAGE _____
City State

CHILD

Legal Name _____
Name to be called in School _____

PARENT 1

Name _____ Cell Phone _____
Email _____
Home Address _____
Company Name _____
Occupation _____
Business Address _____

PARENT 2

Name _____ Cell Phone _____
Email _____
Home Address _____
Company Name _____
Occupation _____
Business Address _____

SIBLINGS

Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

OTHER family members or adults in the household:

Name _____ Relationship _____

CHILD'S PEDIATRICIAN AND ADDRESS

TELEPHONE NO.

CHILD'S ALLERGIES AND TREATMENT/DAILY MEDICATIONS

Allergies: _____
Daily Medications: _____
Eye color: _____ Hair color: _____ Skin color: _____
Height: _____ Weight: _____
Identifying Marks: _____

WELLESLEY NURSERY SCHOOL IN THE HILLS

AUTHORIZATIONS

I/We release WNSH and its staff from all responsibilities other than program related, including meals, as well as supervised and scheduled activities. In the event I cannot be reached in an emergency, I hereby authorize the nearest emergency facility medical staff to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child. Yes No

I/We understand that my child shall be kept home with the following symptoms: fever, vomiting, diarrhea, conjunctivitis and other contagious diseases. A child must be fever free for a minimum of a 24 hour period *without the use of fever reducing medication* before returning to school. I/We understand that no medication will be administered to my child without written consent from the doctor and/or parent. Yes No

I/We give WNSH staff permission for the following:

To take pictures/video of my child while involved in daily activities. I/We understand that these photographs may be used for educational purposes, for class albums, and class activities. Yes No

I/We understand that occasionally photos with no identifying information may also be used on the school's website. I hereby give permission to use my child's likeness. Yes No

I/We understand that occasionally photos with no identifying information may also be used on the classroom's password protected website or the school's closed Facebook group for the preschool. I hereby give permission to use my child's likeness. Yes No

To take a trip with the class, either walking, in a car, or bus. Parents are always notified in advance of any trip that requires a bus or car. Yes No

For my child/parent's name, address, phone number, and email address, to be printed on a class list and given to other members of the class. Yes No

Parent Signature _____ **DATE** valid through 6/2023

WELLESLEY NURSERY SCHOOL IN THE HILLS

Transportation Plan and Authorization

CHILD'S NAME: _____

I give permission for my child to be released from the program at the end of the day, during the day for an appointment or for an early release to the following people on the list below. Child's parents do not have to be listed. Couples can be listed on 1 line.

(If no one other than the parent(s) is/are authorized to pick-up, please indicate below by writing "PARENT ONLY")

1. NAME _____

RELATIONSHIP _____

2. NAME _____

RELATIONSHIP _____

3. NAME _____

RELATIONSHIP _____

4. NAME _____

RELATIONSHIP _____

5. NAME _____

RELATIONSHIP _____

Please email Melanie if there is a change to this list.

PARENT/GUARDIAN SIGNATURE _____

DATE valid through 6/2023 _____

No child will be released from school to any person who is not listed above without an email sent to the director or the child's classroom.

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EMERGENCY INFORMATION

Child's Name _____ DOB _____

Child's Home Address _____

Parent's Names: _____

Best Contact # _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

Parent #1: _____ Cell Phone: _____

Email Address: _____

Parent #2: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT PERSONS IN PARENTS' ABSENCE

- 1. _____

Name	Relationship to child	Phone #
------	-----------------------	---------
- 2. _____

Name	Relationship to child	Phone #
------	-----------------------	---------
- 3. _____

Name	Relationship to child	Phone #
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MEDICAL EMERGENCY TREATMENT

I hereby give Wellesley Nursery School in the Hills permission to administer basic

First Aid and/or CPR to my child _____
(Name)

and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Medical Insurance Information	Policy Number	Policy Holder
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(Parent Signature)

valid through 6/2023

(Date)

WELLESLEY NURSERY SCHOOL IN THE HILLS

Sign Offs

Injury/Incident Sign off

I give permission to the person who picks up my child to sign any Injury Form or Incident Report at pickup time, in my absence. I understand that in order to protect confidentiality for all children, in the event that my child is going home with any other child's parent, this report will be placed in a sealed envelope and sent home for my signature or will be given to me the following day. I understand that the signed original copy must be returned to the School on my child's next school day.

Child's Name _____

Parent's Name (please print) _____

Parent's Signature _____

Date valid through 6/2023 _____

Handbook Sign Off

I have received and read the Parent Handbook for Wellesley Nursery School in the Hills.

Name: _____

Signature: _____

Date: valid through 6/2023 _____

Tooth Brushing 'Opt Out' Sign Off - Please sign this section

I do not wish to have my child participate in tooth brushing while at Wellesley Nursery School in the Hills.

Child's Name

Name of Parent (please print)

Signature

valid through 6/2023

Date