The Growing Tree Nursery School
140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 - Fax: (516) 621-3524
www.growingtreenurseryschool.com

Child Required Forms Checklist

The following must be filled out and submitted BEFORE your child can start school.

- ❑ **Emergency Contact Form**
  This form will be kept in a binder in the office. It will help us know who to call if we need to reach an adult who is authorized to pick up your child from school. Please remember any person besides the parents that enter the building will require a photo identification.

- ❑ **Child Information Sheet**
  This will be given to your child's teacher before the start of school. The purpose of this form is to offer your child's teacher some insight on your child. Please feel free to add any personal notes you would like!

- ❑ **Child Medical Statement**
  This form must be completed by your child's physician. Please be sure to have BOTH pages completed. This form must be updated annually. If the physician gives us printed out vaccines we will need our forms stamped on both pages.

- ❑ **Family Handbook Signature Page & Permission and Parental Consent Form**
  Our family handbook is a valuable resource that outlines all of our policies and procedures. It also has some helpful tips for families. The signature page must be signed and returned, verifying that you received and read your handbook. Please read this carefully and sign to give permission for our school to participate in certain school activities and programs

- ❑ **Napping Agreement**
  This form is required for all children under the age of 5.

The Growing Tree Nursery School
140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 - Fax: (516) 621-3524
www.growingtreenurseryschool.com

Emergency Form

Child's Name:_____ Date of Birth:_____

Phone Number: _____

Complete Home Address:_____

Mother's Name:_____ Mother's Email:_____

Father's Name:_____ Father's Email: _____

PEDIATRICIAN INFORMATION

Group Name:_____

Doctors Name:_____

Phone Number:_____ Fax Number:_____

Complete Address:_____

List Emergency Contacts (*Including Parents*) in the order that you want us to call them.

	Name:	Relationship to child	Cell Phone Number	Work Phone Number	Home Phone Number
1st Contact					
2nd Contact					
3rd Contact					
4th Contact					
5th Contact					
6th Contact					

List allergies (to food, bee stings, other)_____

List Medications taken and condition used for:_____

AGREEMENTS

- I consent to emergency medical treatment for my child.
- I agree to review and update this information whenever a change occurs and at least once every year.

SIGN HERE _____ Date_____

The Growing Tree Nursery School
140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 - Fax: (516) 621-3524
www.growingtreenurseryschool.com

Information Sheet & Family Survey

This is given to the Head Teacher

Child's Name:_____ Sex: M_____F_____

Age (Yrs. Mos.)_____ Birthday_____Will enter Kindergarten in Sept 20 _____

General Information

Fathers Occupation:_____ Mothers Occupation_____

Other Children in Family____ Names and Ages _____

Parents living together _____ Primary Language spoken at home_____ Additional Language _____

Social History

How does child act when left by parents?_____

With whom do you leave your child when you go out? _____

Do you anticipate any problems in leaving your child at Nursery School? _____

How often do you leave your child?_____

Has your child worked with these materials before? Scissors_____Glue_____Paint_____Crayons_____

Personality Development

Please circle any that pertain to your child: Happy, Moody, Affectionate to family, Affectionate to others, Jealous, Shy, Outgoing, Calm, Excitable, Hyperactive, Relaxed, Tense, Cries Easily, Mild Mannered, Easily Angered, Self Confident, Insecure.

Experiences affecting behavior: (hospital, recent move, new baby, etc.) _____

Helpful Information Concerning your Child

Does your child receive any individual related services such as speech, occupational therapy, physical therapy, or special education?_____

Do you anticipate needing these services during your child's school days?_____

Allergies (include any food your child can not have)_____

Does your child sleep through the night?_____Does your child nap during the day?_____

Term used for urination_____ Term used for bowel movement _____

Is your child toilet trained?_____When?_____ Does child ever have accidents?_____

Discipline: What methods do you use at home?_____

In what ways would you like Growing Tree Nursery to help your child?_____

_____

OCFS-LDSS-4433 (Rev. 5/2014) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:

Immunizations required for entry into day care ☐ Yes ☐ No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date	2nd Date	3rd Date	4th Date	5th Date
Polio (IPV or OPV)	1st Date	2nd Date	3rd Date	4th Date	
Haemophilus influenzae type B (Hib)	1st Date	2nd Date	3rd Date	4th Date **OR** 1st Date (if given on or after 15 months of age)	
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B	1st Date	2nd Date	3rd Date		
Measles, Mumps and Rubella (MMR)	1st Date	2nd Date			
Varicella (also known as Chicken Pox)	1st Date	2nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative _____ mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

2 years / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Most recent date of lead screening (if different from above):

/ / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics		Comments
Are there allergies? (Specify)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. ☐ Yes ☐ No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

( ) Phone

Date

Religious Exemptions

Growing Tree Nursery School
140 E.Broadway, Roslyn,, NY 11576
Tel: (516) 621- 9009 ~ Fax: (516) 621-3524
Website: www.growingtreenurseryschool.com

FAMILY HANDBOOK SIGNATURE

I have received and understand Growing Tree's policies and procedures. I am aware that Growing Tree reserves the right to change and update policies as they deem necessary.

Parent Signature:_____

Date: _____

PERMISSION & PARENTAL CONSENT FORM

Child's Name:_____ Date:_____

I hereby give my permission For The Growing Tree North to:

- Let my child participate in all school activities conducted on school premises.
- I allow pictures to be taken by a school photographer and/or school staff members. These pictures may be used for display, weekly parent emails, school advertising, the school's website and all of the school's social media platforms such as Facebook and Instagram.
- I agree to review and update this information whenever a change occurs and at least once every year.

Parent's Signature:_____ Date:_____

The Growing Tree Nursery School
140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 - Fax: (516) 621-3524

www.growingtreenurseryschool.com

Child's Name _____ Date_____

Napping Agreement

Appropriate rest and quiet periods, that are responsive to individual and group needs, will be provided so that the children can sit quietly or lie down to rest. Typically rest time lasts from 12:30 PM until 2:30 PM. Children who are unable to sleep during rest time will be offered a supervised place for quiet play. No cot or crib will be occupied by more than one child. Each cot or crib must have clean sleeping surfaces, including bedding, which is removable and washable. Sheets can be ordered from the school below and will be sent home for washing whenever dirty as well as on a weekly basis.

Infants: Infants will nap as needed in their designated cribs. Children may not sleep or nap in car seats, baby swings, strollers, infant seats or bouncy seats unless otherwise prescribed by a healthcare provider. Should an infant fall asleep in one of these devices, he or she will be moved to their crib. Sleeping arrangements for infants require that infants be placed flat on his or her back to sleep, unless the parent presents medical information from the child's health care provider to the office that shows that arrangement is inappropriate for that child. Cribs must not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges, or infant positioners unless medical information from the child's health care provider is presented indicating otherwise. Infants will nap in designated cribs within their classrooms in spaces that are at least two feet apart. Cribs will be placed in areas that allow teachers to move freely and safely within the napping area in order to check on and meet the needs of the children.

Toddlers thru Pre-Kindergarteners: The children will rest in their classrooms on individual cots with clean cot sheets. Cots will be placed in the classrooms a minimum of two feet apart in locations that allow teachers to move freely and safely within the napping area in order to check on and meet the needs of the children. Children who do not sleep will be offered a safe place for quiet play.

Crib/Cot Sheet Purchase Request

Charge will appear on your next monthly tuition bill

❑ Crib Sheet Purchase ($37.00) Quantity:_____
❑ Cot Sheet Purchase ($37.00) Quantity:_____

Parent Signature _____