

The Learning Tree Preschool 2022-2023

Program requested (3 & 4 year-old children must be potty trained)

Two _____ Three _____ Four _____

(for office use only)

_____ Class

_____ Date rec'd

_____ Amount Rec'd

Child's name: _____ Date of birth: _____

Gender: _____ Age on Sept. 1: _____ Potty trained? _____

Child's address _____

(Street name & number)

City

Zip

Mother's name: _____ Cell number: _____

Email address: _____

Employer: _____ Work number: _____

Father's name: _____ Cell number: _____

Email address: _____

Employer: _____ Work number: _____

Brothers & Sisters (name & ages): _____

Please list the person(s) to be called after the parents in case of any emergency:

Name/relationship: _____ Cell number: _____

Name/relationship: _____ Cell number: _____

Name/relationship: _____ Cell number: _____

Safety Provision: Please list persons approved to pick up your child.

Your child will not be released to others without specific permission from a parent.

Please list any medical problems, conditions, allergies, or foods that are restricted from your child's diet.

Parent & Guardian Authorization and release from medical and related treatment bill:

In the event of an extreme emergency, the staff will see that your child is taken to the emergency room of the **Muskogee Saint Francis Hospital**. No medical care will be given without authorization of parents unless it is deemed life threatening. The doctor "on call" will be the examining physician.

I hereby authorize The Learning Tree and its agents to provide delivery for my child to Muskogee Saint Francis Hospital as emergency treatment appears necessary for which the undersigned parents agree to be responsible for and hold harmless The Learning Tree Preschool.

Mother's signature: _____ Father's signature: _____

Family Doctor's name: _____ Phone number: _____

Tell us about your child

Is this your child's first separation from home? _____

If not, has your child had any kind of group experience before? ____ If yes, please describe: _____

_____ Does your child make new friends easily?

_____ Is your child used to playing with others?

Does your child have any particular fears or anxieties? _____

Do you have concerns, comments, or specific instructions pertaining to your child that you would like to share?

Please check all that apply: (skills vary according to age)

_____ Shows curiosity, interest, and need to investigate/explore anything new.

_____ Asks questions

_____ Identifies common sounds

_____ Can pair objects

_____ Engages in simple conversation

_____ Listens to short stories and simple poems

_____ Can follow 2 directions

_____ Names concrete objects in the environment

_____ Points to and names body parts

_____ Tells own full name, sex, and age

_____ Sorts objects into two given categories

_____ Knows alphabet verbally

_____ Recognizes alphabet letters

_____ Can count to _____

_____ Can recognize numbers

_____ Knows shapes: ____ circles ____ square ____ rectangle ____ triangle ____ heart ____ star

_____ Knows colors

_____ Catches a large ball from 5-8 ft.

_____ Rolls a ball to a target

_____ Walk forward & backwards

_____ Moves body in response to simple commands

_____ Uses scissors but not necessarily follows lines

_____ Holds crayon or pencil with fingers rather than fist

Favorite foods: _____

Will not eat foods: _____

Rewards/Consequences used at home: _____

Use 5 words to describe your child (ie . . . quiet, energetic, shy, strong willed, cheerful, defiant)
