



Lollipop Tree Nursery School Enrollment Packet

Child's Information

Enrollment date: _____

Child's Name: _____ Date of Birth: _____

Home Address: _____

Email: _____ Primary Phone #: _____

Reachable phone numbers (these must be numbers that can be answered during school hours)

1. _____ 2. _____ 3. _____

Child's Identifying Information: Primary Language _____ Sex: _____

Eye color _____ Hair color _____ Skin color _____ Height _____ Weight _____

Identifying Marks _____ Allergies _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to child: _____

Home address: _____

Phone Number: 1. _____ 2. _____

Business Name: _____

Business Address: _____

Business Phone: _____ Hours at work _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to child: _____

Home address: _____

Phone Number: 1. _____ 2. _____

Business Name: _____

Business Address: _____

Business Phone: _____ Hours at work _____

Transportation Plan and Authorization (Lollipop Tree does not provide transportation)

My child will be dropped off at the program by: Parent/Guardian _____

Other: _____

My child will be picked up at the program by: Parent/Guardian: _____

Other: _____

Additional Information

Allergies/Special diet: _____

If your child has allergies or needs medication, please attach a Medication Consent Form.

Please attach an Individual Health Care Plan for child with allergies, medication, or chronic health condition.

Copies of any custody agreements, court orders, and restraining orders pertaining to your child should be given to the director.

Does your child have any special limitations or concerns? Please explain. _____

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

Is there anything else you would like us to know about your child? _____

Please attach current physical and immunization records, including a lead screening.

If your child has medication, please attach a Medical Consent Form and an Individual Health Plan. (Both forms can be found on our website.)

Parent/guardian signature: _____ Date: _____

Developmental History and Background Information

Speech

Any speech difficulties? _____

Special words to describe needs? _____

Does your child receive any special services? Speech/OT? Early Intervention? Y _____ N _____

If yes, please explain _____

Health

Any known complications at birth? _____

Serious illnesses or surgeries? _____

Special physical conditions, disabilities? _____

Allergies: asthma, hay fever, insect bites, medicine, food reactions? _____

Regular medications? _____

Eating habits

Special characteristics or difficulties _____

Favorite foods _____

Foods refused _____

Child eats with: hands _____ spoon _____ fork _____ child drinks from: _____ cup _____ sippy cup

Does your child have any food allergies or restrictions? _____

Toilet habits

Is your child toilet trained, in pull ups or in diapers? _____

How does your child indicate bathroom needs? (Include special words) _____

Is your child ever reluctant to use bathroom? _____ Does your child have accidents? _____

If your child is in the process of toilet training, please describe where you are in the process

Sleeping habits

Does your child become tired or nap during the day (include when and for how long) _____

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

Social relationships

How would you describe your child? _____

Previous experience with other children: _____

Has your child previously attended daycare/preschool? _____

What is your child's reaction to strangers? _____

Is your child able to play alone? _____

Favorite toys and activities _____

Fears (dark, animals, storms, etc.) _____

How do you comfort your child? _____

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

Parent/Guardian Signature _____ Date: _____

First Aid and Emergency Medical Care Consent Form

I authorize staff at the Lollipop Tree Nursery School who are trained in the basics of first aid/CPR to give my child first aid and CPR when appropriate. _____ Yes _____ No (please initial)

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to _____, and secure medical treatment for my child. _____ (please initial)

Child's Physician Name: _____

Address: _____

Phone Number _____ Email _____

Health Insurance Coverage _____

Insurance Policy Number _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (Please list in the order they will be contacted if parent/guardian cannot be reached)

1. Name _____

Address _____

Relationship to child _____

Primary Phone _____ Alternate Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

2. Name _____

Address _____

Relationship to child _____

Primary Phone _____ Alternate Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

3. Name _____
Address _____
Relationship to child _____
Primary Phone _____ Alternate Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

4. Name _____
Address _____
Relationship to child _____
Primary Phone _____ Alternate Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Parent/Guardian Name: _____ Phone _____

Parent/Guardian Signature: _____ Date _____

(Valid for one year)

School Participation Authorization, Payment Agreement and School Policies

Initial after each statement.

1. I grant permission for my child to use all indoor and outdoor play equipment in all school activities.

2. I grant permission for my child to be included in evaluations connected with the school program.

3. The school will not be responsible for anything that may happen because of false information given at the time of enrollment. _____
4. I agree to pay the yearly tuition, either in full by June 1st, by using the 10-payment plan or by other arrangements made with the director to satisfy the financial obligation. (Details can be found in the parent handbook) _____
5. I agree to give a 30-day notice if changing my child's schedule or if withdrawing my child from the program. If the 30-day notice is not given, I understand that the next tuition payment is due. Please note if notice is given after February 1st, the 3 remaining tuition payments are due. I understand that all tuition and fees are non-refundable. (Details can be found in the parent handbook) _____
6. I am aware that the Parent Handbook and yearly calendar are available on the Lollipop Tree Nursery School website. _____
7. My child, _____, can have their picture taken to be posted on the private ClassDojo page. _____

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____



Welcome to Lollipop Tree Nursery School!

Enrollment packets and all supporting paperwork are due by June 1st with the first tuition payment.

Please fill out the enrollment packet completely.

- Please sign and date each page where indicated.
- Reachable numbers should be numbers that can be answered during school hours. Please list them in order to be contacted. If for any reason you cannot answer your phone during school hours, please use a number that can be answered, and that someone can get a message to you in case of an emergency. For example, a main office number.
- If your child receives any services (Speech/OT, Early Intervention etc.) please attach a copy of their plan.
- If your child has allergies, asthma or uses special medications, you must fill out the Medical Consent Form and Individual Health Care Plan for each medication. (both forms available on the website) Children must have epi pens, inhalers, and medications at school. Please call/email the school to make an appointment to review paperwork and medication plan with your child's teachers and the director.
- If you have a court order or restraining order pertaining to your child, please send a copy in an envelope with attention to the director.
- Please attach a copy of your child's latest physical and immunization records, including a lead screening. Occasionally the lead screening must be requested separately from the school/camp form from your child's pediatrician. If your child's physical/immunization record is 12 months old or more, please send the copy of record and include a note with the date of their next physical appointment.
- If your child is in the process of toilet training, please describe where you are in the process. Please be as specific as possible. For example, does your child need help pulling down pants or getting onto toilet, etc. If your child wears diapers or pull ups, please send in a supply each day in their backpacks.
- If you move, change your phone number or email address during the school year, please send in updated information.
- Be sure to read the parent handbook (found on the website) for detailed information on Lollipop Tree Nursery School's policies and procedures, including tuition and payment information.

If you have any questions, please call or email the school office.

781-843-8030 or lollipoptreekids@yahoo.com