



The Poplar School

Child's Name		Child's Date of Birth
No. of Days	What Days M T W TH F	Male / Female (circle one)
Mother's Name (or Legal Guardian)		Father's Name
Rhode Island Address		Father's Address if different
Street		Street
City	State/Zip	City
If less than 1 year at above address Previous Street Address		
City		
Home Phone No.		Home Phone No.
Cell Phone No.		Cell Phone No.
Email Address		Email Address
Occupation		Occupation
Place of Employment		Place of Employment
Work Phone No.		Work Phone No.
Health Issues		Child's Dr. Name/Location
Known Allergies		Doctor's Phone No.
Other Information (Please include names of those living in the home)		

Mail to Administrative Office at 55 Washington Street, Newport, RI 02871 401-849-4722. Director Nancy Coll



Parent Authorization for Emergency Treatment

In consideration of admittance, I hereby authorize

Name of Preschool

to arrange for medical examination and/or treatment of my child,

Name of Child

should an emergency arise at the preschool or on a field trip. It is understood that a conscientious effort will be made by the preschool to contact me at the emergency numbers I have provided below before any medical action is taken. I would prefer to have my child taken to the following hospital if the need arises:

_____. I understand that choice of hospital may be limited by service of local rescue squad.

Signature - Mother/Guardian

Home Phone

Business Phone

Signature - Father/Guardian

Home Phone

Business Phone

Relatives or other persons to be contacted in an emergency:

Name Name

Address Address

.....

Phone Phone

Relationship Relationship

to Child to Child

Date


The Poplar School

The Poplar School maintains a website, publishes in local newspapers, and posts bulletins for public viewing. Please sign below to authorize publication of your child's photo for such purposes.

Signature

Dated

Please tell us how you came to know of The Poplar School

If you are planning/expecting to leave The Poplar School prior to June  please provide us with you estimated withdrawal date. _____

Please tell us why you have chosen The Poplar School. (*ex., location, favorable program, friends attend here, etc.*)

What information do you want us to know about your family?

Does your child suffer from any strong fears? (*ex., dogs, or bugs*)

What goals do you have for your child this year? (*ex., make friends, learn to write name, learn to share, learn to recognize letters and numbers*)

How do you like to receive information? What school information is important to you? (*ex., email, newsletter, verbally at pick up, school signboard*)

Revision Date: September 2007

Pre-admission history of child

Parent's signature: _____ Date: _____

"history of child"

Surname: _____ First Name _____

Birth Date: _____ Place of Birth: _____

Child's Name: _____

Child's Nickname: _____

Brothers: _____ Ages: _____

Sisters: _____ Ages: _____

Parents at Home: _____

Adults other than parents living at home: _____

eating

Breakfast at home: _____ Parents: _____ Child _____

Is child able to feed him/herself: _____ Slow eater: _____ Quick eater: _____

Good appetite: _____ Poor appetite: _____

Child's likes: _____

Child's dislikes: _____

Allergy: _____

sleeping

Fun Questions

How did you choose their name?

What is the funniest story about your child?

What is their favorite book, movie?

What do you like to do as a family?

When is she/he silly?

Child's usual bedtime: _____ What time does he/she get up? _____

Does he/she sleep through the night? _____

Does he/she wet bed? _____ How often? _____

Is the child accustomed to take a nap? _____ If so, how long? _____

Who else shares the bedroom? _____ Children: _____

Adults: _____

dressing and toilet

Can child dress him/herself? _____ In what areas does he/she need help? _____

Manage buttons: _____

Manage zippers: _____ Tie laces: _____

Does he/she tell an adult when he/she needs to go to the toilet? _____

Can child manage himself completely? _____

What expression does child use to tell that he/she needs to go to the toilet? _____

Child's term for urination: _____ Bowel movement: _____

development

Weight at birth: _____

Bottle or breast fed: _____ Weaned: _____

What age could child walk? _____ Talk? _____

At what age was child toilet trained? _____

Is speech clear to those outside family? _____

Any particular fears or habits? _____

Thumb sucking: _____ Biting nails: _____

Does child have strong temper? _____ Is he/she self-reliant? _____

Does he/she like his/her own way? _____

discipline

How is child disciplined? _____

Reward for good behavior? _____

Who is responsible for discipline? _____

Any special problems? _____

Is child permitted to make choices? _____

Does he/she help around the house? _____ Doing what? _____

play and relationships with others

Chief play interests: _____

Favorite toys: _____

Facilities at home: _____ Yard, etc.: _____

Plays alone: _____ With others (ages): _____

With adults: _____

Does child play well with other children? _____

Is it hard for child to share? _____

Has child had other group experience? _____ Sunday school: _____

Nursery school: _____

Stories especially liked, read by mother: _____

By father: _____ By others: _____

Reactions to strangers: _____

Any other important information which might help us in looking after your child? _____

Permission to take pictures for publication in paper? _____

Permission to go on trips with teachers or board members? _____