

Parent Agreement & Permission

I have received, understand and agree below;

No.	List of Document	Parent's initial
1	The Appletree Preschool Policies stated on the Parent's Handbook	
2	The Guidelines for Positive Discipline + The policy of communicable diseases	
3	The policy on the release of children + The expulsion policy	
4	The information to parents documents	
5	Infant information (if applicable, under 18 months old)	
6	School Year Calendar	
7	Universal health record form	
8	Applying topical lotions Permission: I hereby give my permission for the staff of Appletree to apply the following topical lotion to my child: Brand Name-_____	
9	Photo Release Permission: I hereby give my permission for the administration to take my child's photo or video in any press release of Ads or website.	
10	Policy on the Release of Children I hereby give permission to take my child to the person below; 1.Name:_____ Relationship:_____ Contact Number:_____ 2.Name:_____ Relationship:_____ Contact Number:_____	
11	Emergency Medical Permission I hereby give my permission for the administration of any treatment deemed necessary by the designated physician above or, if the doctor is not available, by another physician and transfer of my child to any hospital reasonably accessible.	<u>Signature:</u>
12	Financial Agreement & Vacation policy The tuition pay due is every 5 th of the month. One week (25% of the paid invoice amount - the prior month) vacation credit per family will be applied for summer vacation (during July & August) or winter vacation (during December & January) within calendar year. Vacation credit eligibility: at least 5 consecutive months attendance prior to vacation month.	<u>Signature:</u>

I understand that by the New Jersey state regulation,

- 1) **universal health form and**
- 2) **immunization records must be submitted within 2 weeks from the enrolling date.**

Alternative Contact Information (Must have 2 people, Other than Parent)

Name: _____ Name: _____
 Phone #: (____) _____ Phone #: (____) _____
 Relationship to child: _____ Relationship to child: _____

More information about child and family

1. Have your child been any other school? Yes _____ No _____

If yes, list name of the school(s) and when _____

2. Has your child had any developmental testing / diagnostic? Yes _____ No _____

If yes, what type of it: _____

3. What type of play does your child prefer (please check as many behaviors as apply.)

Active play		Quiet play		Indoor play		Outdoor play	
Alone		With a peer		With an adult		Dolls	
Crafts		Dress-up		Manipulative		Music	
Imaginative play		Trucks & cars		Blocks		Other:	

4. What works the best to sooth your child when he/she is upset?

5. Does your child have any special attention or learning issues that you are aware of?

6. What method of discipline is used in your home?

7. Is there anything else that you would like us to know about your child that would help us to better understand her or him?

8. Are there any other adults living in the household beside parent?

Name: _____ Relationship to child _____

9. Language(s) other than English spoken in home: _____

10. Parental status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

11. Does one parent have custody? Yes _____ No _____ If Yes, Who has it? _____

12. Are you in the NJ Child Care Subsidy Program (WFNJ or NJCK)? _____

If yes, CASE # _____

13. Other information that might be helpful to the school regarding your child and the family situation.

Parent's Name (Print) : _____ Child's Name: _____

Parent's Signature: _____ Date: _____

Appletree Preschool

I read and understand all policies and rules on the parent's handbook
and
I agree to it for my child's safe and valuable school experience.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____