



## LLPS Enrollment – About My Child

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

Child's Eye Color: \_\_\_\_\_ Child's Hair Color: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Birthmarks or other distinguishing characteristics:

\_\_\_\_\_

### Does your child wear:

Glasses \_\_\_\_\_ If yes, please describe them:

\_\_\_\_\_

Dental braces \_\_\_\_\_ Prosthesis \_\_\_\_\_

Special Clothing/Footwear: \_\_\_\_\_

### Does your child have:

Allergies? \_\_\_\_\_ If so, please list:

\_\_\_\_\_

\_\_\_\_\_

Dietary restrictions:

\_\_\_\_\_

\_\_\_\_\_

Daily medications if applicable:

\_\_\_\_\_

**Please let us know:**

How does your child handle separation from parents?

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Any special family situations that will help us to know your child (new baby, divorce, recent move, etc.)

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Previous childcare/daycare/preschools: \_\_\_\_\_

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Phone number of previous childcare/daycare/preschool: \_\_\_\_\_

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Has your child ever had a negative experience in a childcare setting? \_\_\_\_\_  
If so, please explain:

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Things your child enjoys doing, or anything else you would like us to know:

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Security items (blanket, stuffed animal, etc.): \_\_\_\_\_

Toilet Trained: Yes \_\_\_\_\_ No \_\_\_\_\_ Working on it \_\_\_\_\_

Does your child nap at home? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child sleep all night? \_\_\_\_\_

Please list anything else you think we should know about your child:

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How did you hear about our preschool? \_\_\_\_\_

## LLPS Enrollment – Contact & Emergency Information

If applicable, parent the child resides with: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Medical Information**

Pediatrician practice \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name \_\_\_\_\_

*We are required upon admission to our Preschool by the state of Vermont to retain a copy of your child's most recent immunizations, or a recent Medical or Religious Exemption form. Please make sure to provide the Director with an updated copy of your child's immunization records. If needed, have your pediatrician's office fax it to us at 802-879-5272.*

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contacts, other than parents:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Names of persons authorized to take child from preschool  
(Name, Address, and Telephone Number):

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

## LLPS Enrollment - Permission Agreements

\_\_\_\_\_ I give permission to authorize emergency medical care and associated transportation.

\_\_\_\_\_ I give permission for my child to use all the play equipment and participate in all the activities of the childcare center.

\_\_\_\_\_ I give permission for my child to participate in field trips and excursions, under proper supervision.

\_\_\_\_\_ I give permission for my child to take walks with the preschool and daycare staff.

\_\_\_\_\_ I give permission for my child to be included in picture taking that is not used on the internet.

\_\_\_\_\_ I give permission for my child to be included in picture taking and video filming that may or may not be used on our web site.

\_\_\_\_\_ I give permission for the staff to administer the sunscreen and bug spray I have provided.

Should there be a change in this permission agreement, I will notify LLPS and I will notify the preschool staff. LLPS will make the changes in my child's file.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to fill out this information. We are very excited about working with your family. If at any time questions or concerns come up, please feel free to contact us right away!

Warm regards,

*Traci Nicolay*

Director/Teacher – Little Lambs Preschool

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