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|  | Chickadee Hollow |

# New Student Application

Please fill out the following information and either print or email with e-signatures along with the $90 application fee and a copy of your child’s immunization record. Fee is payable to Chickadee Hollow Preschool and cash, check, money order, Venmo or Paypal are accepted. Per Washington State licensing regulations, a certificate of exemption is required for missing vaccinations.

## Basic Information

**Child’s full name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **M** [ ]  **F** [ ]

Name they go by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: Year\_\_\_\_\_\_\_Day\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_

# Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit #:\_\_\_\_\_

# City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custodial Parent?** [ ]  Yes [ ]  No

**Father’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custodial Parent?** [ ]  Yes [ ]  No

Who should be contacted first and what is the ***best*** phone number and email address to reach that individual:

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** **number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact persons**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** *We will ask to see photo ID of anyone who does not regularly pick up the child, including the other parent.*

****

#### **Medical Information**

**Doctor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone/pager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s last physical exam, if available: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Dentist’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/pager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s last dental exam, if available: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Health insurance provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Allergies* |

# Known allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your child carry an epipen? Y: [ ]  N: [ ]

# Do you know or suspect your child has a bee sting allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Any suspected allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Medical history* |

# Special needs (hearing, vision, developmental, mobility) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Suspected or diagnosed sensitivities (such as ASD, ADHD, sensory issues)\_\_\_\_\_\_\_\_\_\_\_

#

# Other health care professionals involved in your child’s life

# (physical/occupational/speech therapist, alternative practitioner, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Any history of seizures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Any hospitalizations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Any medical diagnoses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Other concerns (constipation, asthma, frequent ear infections, rashes, etc.) \_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Current medications and reasons\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Current tetanus immunization: Y: [ ]  N: [ ]  Is your child fully vaccinated? Y: [ ]  N : [ ]

**Toilet trained Y:** [ ]  **N:** [ ]  **What help does your child need during toileting routines? \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How does your child indicate the need to use the toilet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Consent to medical care and treatment of minor children |
| I give permission that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be given first aid/emergency treatment by the child care licensee and or qualified staff at Chickadee Hollow Preschool

|  |  |
| --- | --- |
| Parent/guardian signature | Date:Click or tap to enter a date. |
|  | Date: Click or tap to enter a date. |

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child’s health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

|  |  |
| --- | --- |
| Parent/guardian signature | Date:Click or tap to enter a date. |
|  | Date: Click or tap to enter a date. |

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| ***School History*** |

**Does your child have experience playing with children other than relatives?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child been in preschool or daycare before?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How was the experience?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child ever been expelled from a child care program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *This does not necessarily exclude your child from consideration for admission.*

**Is your child currently attending or will he/she be concurrently attending another preschool, and which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What may help ease your child’s transition into the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why are you looking for a preschool for your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***Life*** |

**Are there any recent changes in the home environment (birth of a sibling, move, illness of a family member etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child used to daily outdoor play?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have or will you be able to acquire outdoor clothing for your child? \_\_\_\_\_\_\_\_\_\_**

**What is your normal method of discipline?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any security objects such as a blankie, lovey, binky, or bottle?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *Please leave all other toys at home.*

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| ***Family*** |

**Does your child have any brothers or sisters:**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_**

**Are there any household pets?**

# Names/types\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Is English your child’s primary language? Y: [ ]  N: [ ]

# What languages are spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Family’s religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cultural practices:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Holidays celebrated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there any other information which will help us to get to know and understand your child to help him/her settle happily in outdoor preschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***Language***  |

***Note:*** *Despite challenges with speech, hearing, or language, many children are good candidates for a language immersion program. This helps us understand and dialogue about any challenges related to beginning or continuing a second language.*

**Has your child ever been diagnosed with a speech impairment or delay?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has your child ever been diagnosed with a language processing issue such as Specific Language Impairment or auditory neuropathy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your child have compromised hearing?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have a history of ear infections?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child had surgery on his/her ears, such as tubes, and when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you rate your child’s current level of *comprehension* in Spanish?** Excellent: [ ]  Good: [ ]  Some: [ ]  Just a little: [ ]  Not at all: [ ]

**How would you rate child’s current level of *speaking* in Spanish?** Excellent: [ ]  Good: [ ]  Some: [ ]  Just a little: [ ]  Not at all: [ ]

**How would you rate child’s current level of *reading* in Spanish?** Excellent: [ ]  Good: [ ]  Some: [ ]  Just a little: [ ]  Not at all: [ ]

**What motivates you to have your child learn Spanish?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What motivates your partner, if applicable, to have your child learn Spanish? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Care Agreement**

**Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Days and times my child will attend:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| □Sunday | □Monday | ☑Tuesday | □Wednesday | ☑Thursday | □Friday | □Saturday |
| Arrival time |  | 9:00am |  | 9:00am |  |  |
| Departure time |  | 12:00pm |  | 12:00pm |  |  |

*Please note start and end dates and school breaks in the attached calendar.*

**Enrollment Choice:**

 [ ]  **2023-24 Year** (Fall, Winter, Spring. Must choose yearly payment choice below)

 [ ]  **Fall Quarter 2023**

**Tuition Payment Choice:**

[ ]  **Yearly: (5% discount) $2,251 due August 31**

[ ]  **Quarterly: $790 due August 31, December 31, and March 31**

[ ]  **Monthly Payment Schedule: 4 payments of $198**

**Apply 8% sibling discount: Y:** [ ]  **N:** [ ]

One-time application fee of $90 is due immediately unless otherwise specified. Please review late fee policies, overtime fee policies, student withdrawal policies, potential risks to your child of attending an outdoor preschool, and appropriate clothing for attending an outdoor preschool in the school handbook. Having reviewed the aforementioned expectations, I agree to promptly notify the child care provider of any changes of the above information in this application form. I understand that I am responsible for making payments through the end of the quarter, regardless of my child’s attendance. I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understand, and agree to comply with the policy and procedures and information for parents given to me by:

Chickadee Hollow Preschool

*Name of Licensee*

 Click or tap to enter a date.

*Parent or guardian signature Date*

 Click or tap to enter a date.

*Parent or guardian signature Date*

I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.

Licensee signature Date Click or tap to enter a date.

Street address

Click or tap here to enter text.

General Liability

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s full name

In consideration of allowing the previously declared participant(s) to begin participation in Chickadee Hollow Outdoor Preschool activities, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Chickadee Hollow Outdoor Preschool, its owners, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Chickadee Hollow Outdoor Preschool is conducted, or any premises under the control and supervision of Chickadee Hollow Outdoor Preschool, its owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Chickadee Hollow Outdoor Preschool, its owners, officers, agents, or employees.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature Date

Potential Risks Associated with Participation at an Outdoor Preschool

I, parent/guardian to (child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

acknowledge that I have read and understand the following, as provided to me by Chickadee Hollow Preschool.

Please initial on each line to show that you have

read and understand the statements below:

\_\_\_\_\_ I acknowledge that my child/children will attend school in an all-outdoor classroom and may be exposed to the following:

● Domestic or wild animals including dogs

● Poisonous and venomous species including insects, bees, disease-carrying mosquitoes or ticks, plant life (such as wild mushrooms, nightshades, poison oak, poison hemlock)

● Allergens and items commonly associated with allergies, including, but not limited to peanuts,

tree nuts, plant pollen, animal fur or dander, and more

● Inclement weather, including sun, wind (including falling branches and debris), snow, rain, sleet,

heat, extreme cold, smoke, earthquakes, and other weather-related conditions, which may lead to school cancellations or closures

● Hazardous materials such as garbage, broken glass, and other undesirable items found in public

parks

\_\_\_\_\_ I acknowledge that outdoor classrooms in public parks may include potential hazards in the

following areas:

● Shared use of public space

● Interacting with “strangers” (general public)

● Toileting and handwashing in an outdoor preschool space including

▪ Use of portable toilets

▪ Due to limited or no access to running water the use of hand sanitizer or hand wipes will substitute for handwashing

\_\_\_\_\_ I acknowledge that my child/children will use alcohol-based sanitizer as a handwashing

alternative when washing with soap and water is not available.

\_\_\_\_\_\_ I recognize that my child/children may engage in permitted activities including:

● Hiking on public trails and paths

● Going to beaches or being near bodies of water such as streams or rivers

● Tree climbing, as permitted under supervision of staff.

● Climbing on objects that include but are not limited to logs, rocks and stumps

● Jumping from appropriate heights

● Big body play, including but not limited to tumbling, rolling, running, and wrestling in play

● Foraging for, harvesting, and eating plants in the park under close supervision by knowledgeable teachers

● Playing with, building with, and using rocks and sticks

\_\_\_\_\_I understand that my child will interact with children whose background, behavior, developmental ability, and home culture may differ from my own child’s.

By signing this document, I, the parent(s) or legal guardian(s) of the child/children listed above, fully

understand the risks of an outdoor preschool, which includes, but is not limited to, those listed above.

I, the parent(s) or guardian(s), will contact the Preschool Program Director with any questions, concerns or grievances regarding classroom issues, child behavioral issues, or related issues.

I have read the above waiver and agree to allowing the child/children listed above to attend and fully

participate in any and all of the above listed activities with the supervision of teaching teams who have been trained in risk policies and procedures. I understand a copy of this signed waiver will remain on file with my child’s contact information.

I, the legal parent(s) or guardian(s), acknowledge potential risks as noted above and the program’s

applicable policies and procedures as noted in the Handbook.

Parent/guardian’s full name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s signature:

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

Additional parents or guardians are welcome to sign in the space below, though it is not required. Chickadee Hollow Preschool considers the above signature to indicate this information has been shared with all custodial parents/guardians.

Photography

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be photographed, or their images recorded for print or electronic use in promoting our school. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the below uses. I agree that this form will remain in effect during the term of my child’s enrollment. I understand that there will be no payment for me or my child’s participation.

[ ] Yes [ ] No My child’s photo can be used for crafts, in-house programs, and private parents facebook group.

[ ] Yes [ ] No My child’s photo can be used on Chickadee Hollow Preschool’s printed materials.
[ ] Yes [ ] No My child’s photo can be used on Chickadee Hollow Preschool’s website chickadeehollowpreschool.com).
[ ] Yes [ ] No My child’s photo can be used on Chickadee Hollow Preschool’s official public Facebook or other social media accounts.

Parent signature Date: Click or tap to enter a date.

Parent signature Date: Click or tap to enter a date.