



Growing Tree North of Roslyn

275 Warner Avenue, Roslyn Heights, NY 11577

Tel: (516) 625- 9080 ~ Fax: (516) 625-8377

Visit Our Website: www.growingtreenorth.com

Child Required Forms Checklist

The following forms must be filled out completely and submitted before your child can start school.

Emergency Contact Form

This form will be kept in a binder in the front of the office. It will help us to know who to call if we need to reach an adult and who is authorized to pick up your child from school.

** Remember, any person besides the parents entering the building must bring a current photo identification*

Signed Family Handbook Page

Our Family Handbook is a valuable resource that outlines all of our policies and procedures. It also has some helpful tips for families. This page must be signed and returned verifying that you received and read your handbook.

Infant Feeding Instruction Form

This form is for infants only and will be given to your classroom teacher. This form outlines exactly what feeding procedures you would like your classroom teachers to follow here at school. To ensure our information stays accurate and up to date this form should be updated approximately every three months.

Child Information Sheet & Family Survey

These forms will be given to your teachers before the start of school. The purpose is to offer your child's teacher some insights about your child. Please feel free to add any personal notes you like.

Permission & Parental Consent Form

Please read this form carefully and sign to give permission for our school to participate in certain school activities and programs.

Napping Agreement & Cot/Crib Sheet Purchase

Our cots and cribs must be covered with sheets. Regular sheets do not fit properly, so for your convenience we have cot/crib sheets available for purchase here at school. In the case of an accident, the sheet will need to be cleaned and replaced so typically our families like to purchase two so they can store an extra here at school.

**Sheets will be sent home each week to be washed and returned to school.*

NOTE: Even if you already have sheets, please sign and return for napping agreement portion

Child Medical Statement

This form must be completed by your child's physician. Please be sure to have BOTH SIDES completed and that it is kept up to date with any updated or changed information.

- ★ **Note:** Additional consent forms are available on our website for the application of any over the counter ointments such as diaper cream, chapstick, or sunscreen. All consent forms must be submitted to the office along with the ointment (labeled with first and last name). All ointments must be kept in their original container.



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EMERGENCY FORM

Childs Name: _____ Date of Birth: _____
Phone Number: _____
Complete Home Address: _____
Parent Name: _____ Parent Email: _____
Parent Name: _____ Parent Email: _____

PEDIATRICIAN INFORMATION

Group Name: _____
Doctors Name: _____
Phone Number: _____ Fax Number: _____
Complete Address: _____

List Emergency Contacts (Including Parents) in the order that you want us to call them.

	Name:	Relationship to child	Cell Phone Number	Work Phone Number	Home Phone Number
1st Contact					
2nd Contact					
3rd Contact					
4th Contact					
5th Contact					
6th Contact					

List allergies (to food, bee stings, other) _____

List Medications taken and condition used for: _____

AGREEMENTS

- I consent to emergency medical treatment for my child.
 - I agree to review and update this information whenever a change occurs and at least once every year.

SIGN HERE _____

Date: _____



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FAMILY HANDBOOK SIGNATURE PAGE

I have received and understand Growing Tree North's policies and procedures. I am aware that Growing Tree North reserves the right to change and update policies as they deem necessary.

Parent Signature: _____

Date: _____



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Infant Feeding Agreement & Instruction Schedule

Note: . A new form is required each time an adjustment is made.

Child's Full Name: _____ Date of Birth: _____

Please fill out the chart below with exactly what you want your child fed while at school.

Time	Amount	Type/ Brand <i>(Formula brand, breast milk, or solid food type & AMOUNT)</i> Bottle made with _____ & _____	Special Instructions <i>(Ex. temperature, must finish)</i>
7:00am			
8:00am			
9:00am			
10:00am			
11:00am			
12:00pm			
1:00pm			
2:00pm			
3:00pm			
4:00pm			
5:00pm			

I give permission for my classroom teachers to make adjustments as needed.

I understand that no open containers of formula or jars of food will be accepted by Growing Tree North Staff. All breast milk and liquid formula should come to school labeled with the child's full name and date. All individual food items and each part of children's bottles and sippy cups must be labeled with the child's first and last name and what is inside.

Parent signature: _____

Date: _____



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Information Sheet & Family Survey

This is given to the Head Teacher

Childs Name: _____ Sex: M _____ F _____

Age (Yrs. Mos.) _____ Birthday _____ Will enter Kindergarten in Sept 20 _____

General Information

Parent Occupation: _____ Parent Occupation _____

Other Children in Family _____ Names and Ages _____

Parents living together _____ Primary Language spoken at home _____ Additional Language _____

Social History

How does child act when left by parents? _____

With whom do you leave your child when you go out? _____

Do you anticipate any problems in leaving your child at Nursery School? _____

How often do you leave your child? _____

Has your child worked with these materials before? Scissors _____ Glue _____ Paint _____ Crayons _____

Personality Development

Please circle any that pertain to your child: Happy, Moody, Affectionate to family, Affectionate to others, Jealous, Shy, Outgoing, Calm, Excitable, Hyperactive, Relaxed, Tense, Cries Easily, Mild Mannered, Easily Angered, Self Confident, Insecure.

Experiences affecting behavior: (hospital, recent move, new baby, etc.) _____

Helpful Information Concerning your Child

Does your child receive any individual related services such as speech, occupational therapy, physical therapy, or special education? _____

Do you anticipate needing these services during your child's school days? _____

Allergies (include any food your child can not have) _____

Does your child sleep through the night? _____ Does your child nap during the day? _____

Term used for urination _____ Term used for bowel movement _____

Is your child toilet trained? _____ When? _____ Does child ever have accidents? _____

Discipline: What methods do you use at home? _____

In what ways would you like Growing Tree North to help your child? _____



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PERMISSION & PARENTAL CONSENT
FORM

Child's Name: _____ Date: _____

I hereby give my permission For The Growing Tree North to:

1. Let my child participate in all school activities conducted on school premises.
2. I understand that teachers are not permitted to administer any type of medication to my child without all of the required paperwork.
3. I allow my child to participate in a yearly Amblyopia Eye Screening, the L.I Hearing Council Screening and Language and Speech Screening.
4. I allow pictures to be taken by a school photographer and/or school staff members. These pictures may be used for display, weekly parent emails, school advertising, the school's website and all of the school's social media platforms such as Facebook and Instagram.

Parent's Signature: _____ Date: _____



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Child's Name _____ Date _____

Napping Agreement

Appropriate rest and quiet periods, that are responsive to individual and group needs, will be provided so that the children can sit quietly or lie down to rest. Typically rest time lasts from 12:30 PM until 2:30 PM. Children who are unable to sleep during rest time will be offered a supervised place for quiet play. No cot or crib will be occupied by more than one child. Each cot or crib must have clean sleeping surfaces, including bedding, which is removable and washable. Sheets can be ordered from the school below and will be sent home for washing whenever dirty as well as on a weekly basis.

Infants: Infants will nap as needed in their designated cribs. Children may not sleep or nap in car seats, baby swings, strollers, infant seats or bouncy seats unless otherwise prescribed by a healthcare provider. Should an infant fall asleep in one of these devices, he or she will be moved to their crib. Sleeping arrangements for infants require that infants be placed flat on his or her back to sleep, unless the parent presents medical information from the child's health care provider to the office that shows that arrangement is inappropriate for that child. Cribs must not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges, or infant positioners unless medical information from the child's health care provider is presented indicating otherwise. Infants will nap in designated cribs within their classrooms in spaces that are at least two feet apart. Cribs will be placed in areas that allow teachers to move freely and safely within the napping area in order to check on and meet the needs of the children.

Toddlers thru Pre-Kindergarteners: The children will rest in their classrooms on individual cots with clean cot sheets. Cots will be placed in the classrooms a minimum of two feet apart in locations that allow teachers to move freely and safely within the napping area in order to check on and meet the needs of the children. Children who do not sleep will be offered a safe place for quiet play.

Crib/Cot Sheet Purchase Request

Charge will appear on your next monthly tuition bill

- Crib Sheet Purchase (\$37.00) Quantity: _____
- Cot Sheet Purchase (\$37.00) Quantity: _____

Parent Signature _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):

___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

CHILD IN CARE MEDICAL STATEMENT (continued)

Health Specifics

Comments

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions