



The Little Tree Preschool
 Jacksonville
 P.O. Box 908
 Jacksonville, Alabama 36265
 (256) 435-6057

Student Application Packet

Student's Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____

Cell phone: _____ Email: _____

Student Social Security Number: _____

Male _____ Female _____

Child with Developmental Challenges: _____

Date of Diagnosis: _____ Peer Mentor: _____

****Please provide a COPY of the following documents with this application. Application will not be considered COMPLETE without this information.**

_____ Original Birth Certificate (Must be certified Copy-not hospital copy)

_____ Social Security Card

_____ Up-To-Date Immunization Card (Blue Card)

_____ Any Assessments the child has had from outside agencies
 (Children with Developmental Challenges only)

_____ Consent for Services, Observations, and Pictures and Consent for Photographs and Video

_____ Acknowledgement of receipt of Policies and Procedures Handbook

FATHER

Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Employer: _____

MOTHER

Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Employer: _____

GUARDIAN(S)

Student's Guardian (IF NOT PARENTS): _____

Phone: _____ Email: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Child lives with (Please Circle):

Both Parents

Father

Mother

Guardian

Other Information:

Has your child attended a preschool/daycare? Yes _____ No _____

If yes, where? _____ How long? _____

EMERGENCY CONTACT INFORMATION**(These people will be called in order listed if Parent or Guardian can not be reached)**

Name: _____ Relationship to Child: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship to Child: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship to Child: _____

Home phone: _____ Cell phone: _____

Medical and Developmental Information**MEDICAL HISTORY**

Does your child have normal hearing? If not, please note the test conducted to evaluate your child's hearing and who conducted them.

Has your child been hospitalized for any reason? If yes, please explain.

Is your child taking any medications? If yes, please list the name of the medication(s) and the frequency.

Is your child allergic to any medications? If yes, list the name of the medication.

Has your child had any surgeries? If yes, what type and when?

Besides medication, is your child allergic to anything? If yes, what and how severe?

CHILD'S PRIMARY PHYSICIAN

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

****** If the child needs emergency medical assistance The Little Tree Preschool will call EMS services at the expense of the parent. If there are any objections to this please notify The Little Tree Preschool in writing. If no written notification is on file EMS will be called, the parent will be immediately notified.***

DEVELOPMENTAL HISTORY

Please provide approximate ages at which your child began to do the following activities:
(you can use early, late, or on-time if exact age is unknown)

Smile		Crawl	
Coo / Babble		Stand Alone	
Roll Over		Walk Alone	
Sit Alone		Feed Self	
Single Words		Dress Self	
Toilet Trained / Bowe			

How does your child communicate? Please circle all that apply:

WORDS	SIGN LANGUAGE	PICTURE EXCHANGE	SENTENCES
	CRYING	SOUNDS	

How much of your child's speech is understandable to you?

Some	Most	All
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How much of your child's speech is understandable to others?

Some	Most	All
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What foods does your child enjoy eating?

What foods does your child dislike?

Is your child a picky eater?

Is your child on or ever been on any special diets? If yes, please describe and how long ago.

Does your child take any nutritional supplements?

Describe your child's response to sound (e.g. does he/she cover ears when noise occurs, does he/she respond to all sounds, some sounds, or just seem to tune you out?)

Do you experience any behavior problems with your child? If yes, please describe the problem behavior and how you deal with it.

Has your child ever attended or been part of a school program that used an ABA (Applied Behavior Analysis) approach?

Has your child ever attended or been a part of a school that served children with disabilities?

Please describe your child's play/social skills:

What does your child enjoy doing?

What are your child's special interests, likes, dislikes? What rewards or motivates your child?

What are your goals for your child while attending The Little Tree Preschool?

FAMILY HISTORY

Does your child have brothers and/or sisters?

Name

Age

Is there a history of any of the following and if so what is the relationship to the child?

Condition	Does it occur in the family	Relationship to the child
Speech Language Impairment	Yes / No	
Hearing Impairment	Yes / No	
Learning Disabilities	Yes / No	
Behavior Problems	Yes / No	
Emotional Difficulties	Yes / No	
Mental Retardation	Yes / No	
Depression	Yes / No	
Drug or Alcohol Abuse	Yes / No	
Seizure Disorders	Yes / No	
Chronic Illness	Yes / No	
ADHD / ADD	Yes / No	
Diabetes	Yes / No	
Visual Impairments	Yes / No	
Schizophrenia	Yes / No	

OTHER: _____

INDIVIDUALS YOUR CHILD MAY BE RELEASED TO:

(If the individual is NOT listed below The Little Tree Preschool will not release the child to the individual.)

Name: _____ Relationship to Child: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship to Child: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship to Child: _____

Home phone: _____ Cell phone: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

CHILD START DATE: _____

The Little Tree Preschool ~ Jacksonville
Consent for Services, Observations, and Pictures

Child's Name:

Birth Date:

Parent(s) or Legal Guardian(s) Name:

Address:

I _____ hereby give my permission and consent to The Little Tree Preschool to conduct psychological and educational evaluations on my child and to perform or secure any additional studies associated with, or required for these evaluations. Based on the results of the evaluations, appropriate behavioral interventions and programs will be developed and implemented as needed.

I authorize the staff to take still photographs and video of my child. The videotape footage will be viewed by staff, graduate student, and practicum students at The Little Tree Preschool and will be retained in the student's records.

At all times, I retain the right to revoke the authorization. Such revocation must be submitted to The Little Tree Preschool in writing. The revocation shall be effective except to the extent that The Little Tree Preschool has already used or disclosed information in reliance on the authorization.

I acknowledge the authorization is effective until written notification of revocation is supplied to me.

 Mother's signature

 Date

 Father's signature

 Date

 Legal Guardian's signature (if different)

 Date

**The Little Tree Preschool ~ Jacksonville
Lunch Waiver Form**

Child's

Name: _____

Birth Date: _____

Parent(s) or Legal Guardian(s) Name: _____

Address: _____

Street

City

State

Zip

I will be providing lunch daily for my child. The Food and Nutrition Service of the USDA suggests that preschoolers have a lunch consisting of a meat or meat alternate, 2 vegetables or fruits, a bread or bread product, and milk. However, I understand that I may send whatever food items I wish for my child's lunch. I also understand that The Little Tree Preschool will not be held responsible for the content or nutritional value of this meal in accordance with the Department of Human Resources, USDA. I also agree to bring foods in accordance with the Department of Human Resources' safety guidelines for serving food to preschoolers as follows:

- 1 No small hard candies or nuts may be served to children less than 4 years of age.
- 2 Grapes and similar small fruit must be cut in half.
- 3 Hot dogs and sausages must be cut lengthwise and then chopped into small pieces (they may not be in circular pieces).
- 4 Meats served shall be lean meats with no bones.

I understand that The Little Tree Preschool reserves the right not to serve lunch items that have not been prepared to meet these guidelines.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date