



Jin-A Child Care Center

77 Jay Street, Clifton, NJ 07013

Tel: 973-279-1203, Fax: 973-279-0126

E-mail: jinaschool@verizon.net Web: www.jinaschool.com



Welcome to Jin-A!

Thank you for enrolling your child in our program.

Since Jin-A is a state certified center, we are obliged to follow NJ state regulations and procedures.

1. Please find the enclosed yearly calendar.
2. Please fill out registration forms (Registration Form, Enrollment Agreement, Medical Authorization Form, Pre-Enrollment Questionnaire and Inclusion and Exclusion Plan) and return them with a \$100 registration fee to the office.
3. Please read the Family Handbook and check each policy on the Enrollment Agreement Form.
4. Universal Health Record has to be signed by your health care provider. (Record must have been signed in the last 6 months) Please ask them to attach the copy of Immunization record.
5. Jin-A is not able to give any medication (prescription and non-prescription) without written permission form from Parents and directions from a healthcare provider. If it is necessary please fill out the Emergency Medication Plan with parents and doctors signatures.
6. If your child has Food Allergy or Asthma, please ask your doctor to fill out Action Plan. Forms are available at the office or Jin-A website.
7. We communicate with parents by e-mail weekly. Please write your e-mail address clearly on the registration form and update promptly.
8. A two-week trial period is given for any new enrollee before acceptance into the program.
9. Please read Payment Policy on the Tuition Schedule to avoid extra fees for late payment, vacation and withdrawal. (or Family Handbook page 9, 10)

Thank you for your cooperation. If you have any questions please do not hesitate to call us at 973-279-1203.

Jin-A Office





Jin-A Pre-K Calendar 2024-2025



Tel: 973-279-1203 Fax: 973-279-0126
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September 2024							October 2024							November 2024							December 2024							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
1	2	3	4	5	6	7			1	2	3	4	5							1	2	1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					

January 2025							February 2025							March 2025							April 2025							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
			1	2	3	4							1								1			1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12	
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19	
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26	
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30				
														30	31													

May 2025							June 2025							July 2025							August 2025						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5						1	2
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30
																					31	9/1	9/2	9/3	9/4	9/5	9/6

Sep. 2 Labor Day (closed)
 Sep. 3 First Day of School
 Nov. 28, 29 Thanksgiving Recess (closed)
 Dec. 25, 26, 27..Christmas Day off (closed)
 Jan. 1New Year's Day off (closed)
 Jan. 2 School Re-opens
 Feb. 17 President's Day (closed)
 (Teachers Training)

Apr. 18 Good Friday (closed)
 May 26 Memorial Day (closed)
 Jun.13 Graduation
 Jun.13 Last day for 10 month Program
 Jul. 4 Independence Day
 Aug. 18 ~ Sep. 1. Teachers Training (closed)
 Sep 2..... First Day of New School Year

(This includes 4 snow days that need not be made up)

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Registration Form

Child's Name _____ Sex _____

Birth Date _____ Ethnicity _____ Rel. Affiliation _____

Home Address _____ Home Phone _____

E-Mail Addresses _____

Father's Name (Legal Guardian) _____ Work Phone _____
Company Name _____ Cell Phone _____
Address _____

Mother's Name (Legal Guardian) _____ Work Phone _____
Company Name _____ Cell Phone _____
Address _____

Person authorized to assume responsibility for the child if parent is not available

Name _____ Relationship with family _____
Home Phone _____ Work Phone _____ Cell Phone _____

Child's Doctor _____ Phone _____
Address _____

Other children in your family

Name	Date of Birth	Sex
------	---------------	-----

Enrollment (circle) Year round program 10 Month program Summer only

Full day: Mo Tu We Thu Fri Half day: Mo Tu We Thu Fri

Early Care (7:30-9:00am) Late Care (5:00-6:00pm) Early & Late Care (7:30am-6:00pm)

Pick Up

The child will be picked up by parents only _____

I give permission to the following people to pick up my child:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

By my signature, I attest to the following:

- * That the above information is correct.
- * That in the event of a medical emergency, I authorize Jin-A Child Care Center to seek emergency medical care for my child as deemed necessary by the director or administrative assistant.
- * That I have received and read the Parents Handbook.
- * That my child is in good health and has no restrictions.

Parent/Legal Guardian Signature _____ Date _____

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Enrollment Agreement

Child's Name _____ Date of Birth _____

I hereby grant permission for my child _____ to participate in all of the activities of Jin-A Child Care Center and to use all the play equipment with no restrictions.

Financial Agreement

I agree to give one month's (four weeks) notice if I plan to withdraw my child. If I fail to give proper notice, I understand I am liable to pay one month (four weeks) after my child withdraws.

I have received the center's tuition schedule and agree to pay tuition on time. I also understand that, if my child stays beyond scheduled hours I will be charged additional fees.

I understand that if my payment is delayed for more than five working days I will be charged a late fee. After four weeks of delayed payment the child will not be able to attend Jin-A Child until all fees are paid.

I understand that any outstanding tuition bill after two months of termination will be collected by a collection agency at my cost.

By enrolling my child at Jin-A, I will become a member of the Jin-A Parents Association. I will attend the parent's meetings and information sessions. I also will be responsible to support the Parents Association by raising a minimum of **\$100** (net/per school year) per child or make an equivalent cash donation.

Policies (See Parent's Handbook Page 16 to 32.)

I, the undersigned, have received and read the Parent's Handbook and agree to comply with the policies and regulations. In particular I have read: (*Please **check** each policy)

- | | | |
|---|--|--|
| <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> Release / Waiver for Surveillance | <input type="checkbox"/> Arrival and Pickup Policy |
| <input type="checkbox"/> Philosophy of Discipline | <input type="checkbox"/> Assessment Policy | <input type="checkbox"/> Termination Policy |
| <input type="checkbox"/> Information to Parents | <input type="checkbox"/> Social Media Policy | <input type="checkbox"/> Technology Policy |
- I will notify the office in case I need more explanation or translation.

Information and Authorization

I agree that my child's medical information may be shared among staff/teachers/emergency contacts and posted in designated areas of the classroom as necessary.

I give permission for my child to be screened for development.

I give permission to use my child's picture and work for school related documentation and publications (Jin-A website, documentations, yearbooks, news paper articles).

I will inform Jin-A Child Care Center if there are any changes in the information of my registration packet and promptly update any phone numbers and medical information.

Also, in keeping with New Jersey's licensing requirements, we are obliged to provide you, the parent, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Child Abuse Hotline at 1(877) NJABUSE.

Parent/Legal Guardian # 1 _____
Print Name Signature Date

Parent/Legal Guardian # 2 _____
Print Name Signature Date

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Medical Authorization Form

Medical Authorization For _____
Child's Name _____ Date of Birth _____

I, the undersigned parent or guardian, having legal custody of the above-named minor, hereby authorize Jin-A Child Care Center, into whose care said minor has been entrusted, to consent to any emergency medical treatment or hospital care to be rendered to said minor upon the advice of a physician or surgeon licensed under the provision of the Medical Practice Act or by a dentist licensed under the provisions of the Dental Practice Act.

I further authorize Jin-A Child Care Center to have said minor released into the custody of a Jin-A Child Care Center staff, should hospital care no longer be required.

This form is to be used **only in an EMERGENCY**, when I am unable to be contacted.

Medical Information: Please mention any information that may be helpful to hospital staff.

Allergies to medication or food _____

Ongoing Medication use by Child _____

Health problems (asthma, heart condition, seizures, diabetes, sickle cell. Etc....) _____

Other comments _____

Child's Health Care provider

Name _____ Phone _____

Address _____

Child's Health insurance

Name of Insurance Plan _____ Policy # _____

Subscriber's Name _____ Member ID # _____

List preference for transportation arrangement in an emergency situation (Parent/guardians are responsible for all transportation charges)

Hospital preference: 1st choice _____ 2nd choice _____

Emergency contact to whom child may be released if parent/guardian is unavailable:

Name & relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

As parent/guardian, I give consent to have my child receive first aid by the Jin-A Child Care staff.

I authorize Jin-A Child Care Staff to contact and share health information with both my child's **Health Care provider** and emergency contact if it is considered necessary.

I give consent for the emergency contact person listed above to act on my behalf until I am available.

I understand I will be responsible for all charges not covered by the insurance.

Parent/Legal Guardian # 1 _____
Print Name _____ Signature _____ Date _____

Parent/Legal Guardian # 2 _____
Print Name _____ Signature _____ Date _____

Home Phone _____ Mom (work) _____ (cell) _____

Other Phone _____ Dad (work) _____ (cell) _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					



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EMERGENCY MEDICATION PLAN

JCCC is not able to give any medication (prescription and non-prescription) without written permission from parents and directions from a healthcare provider.

Name of Child _____ Date of Birth _____

*FEVER ACTION PLAN

Due to past seizures, other medical conditions, or distance of parent's work from childcare facility, Jin-A Child Care request a standing prescription for fever reducing medication. Medications should be brought to the office.

Temperature	Medication	How Much	How Often/When
100°F			
101°F			
102°F			
103°F			

Physician's Name _____ Phone# _____
 Physician's Signature _____ Date _____
 * valid one year

I give permission for my child to receive the above named medication(s) as prescribed.
 Parent / Guardian's Name _____ phone# _____
 Parent / Guardian's Signature _____ Date _____
 * valid one year

OTHER

Jin-A Child Care requests parent's permission for the following over-the-counter medications. Medications should be brought to the office.

_____ I give permission for my child to have his/her own **sun lotion and sun protection** applied.

_____ I give permission for my child to have his/her own **diaper cream** applied.

Parent / Guardian's Name _____ phone# _____
 Parent / Guardian's Signature _____ Date _____
 * valid one year



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INCLUSION AND EXCLUSION PLAN / DISMISSAL OF CHILDREN (POLICY) **(REGARDING, but not exclusive to COVID-19 PANDEMIC)**

We understand families' level of concern during this time regarding the potential impact of the novel coronavirus (COVID-19) in our community. As the school re-opens, we ask that your child be well enough to participate in the full program, including outdoor play.

Parents and families must be diligent in preventing the spread of the disease by monitoring children and following these guidelines. We will continue to maintain regular communication and collaboration between the teachers and the parents to best serve the interests of the students.

A. Please see the following guidelines for Jin-A's plans for re-opening:

- Daily health checks of each child will be performed on arrival each day. Staff will objectively determine if the child is ill or well. Staff will determine if children with mild illnesses, allergy-related symptoms, or non-COVID 19 symptoms can remain in care or need to be excluded.
- Staff will notify the parent/guardian when a child develops new signs or symptoms of illness.
- Parent/guardian notification will be immediate for emergency or urgent issues.
- Staff will notify parents/guardians of children who have symptoms that require exclusion, and parents/guardians should remove the child from the child care setting as soon as possible.
- For children whose symptoms do not require exclusion, written notification from the pediatrician by the parent/guardian is required.

B. Temporary exclusion is recommended when the child has any of the following conditions:

1. A severely ill appearance—this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.
2. A cough with fever, rapid or difficult breathing, and/or wheezing
3. Fever (temperature >100.0°F [37.8°C] by any method) with a behavior change
4. The illness prevents the child from participating comfortably in activities.
5. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.

C. PROCEDURES:

1. **For a Child Who Requires Exclusion while on Jin-A's campus, the caregiver/teacher will:**
 - Make decisions about providing care 6 feet apart that is comfortable for the child while awaiting parent/guardian pickup on a case-by-case basis, considering factors such as the child's age, surroundings, potential risk to others, and type and severity of symptoms the child is exhibiting. (The child will be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms.)
 - If symptoms do not allow the child to remain in his or her usual care setting while awaiting pickup, the child should be separated from other children by at least 6 feet until the child leaves to help minimize exposure of staff and children who were not previously in close contact with the child.

- All who have been in contact with the ill child should wash their hands. Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.
- Discuss the signs and symptoms of the illness with the parent/guardian who is assuming care.
- Contact the local health department if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. If there are conflicting opinions from different primary care providers about the management of a child with a reportable infectious disease, the health department has the legal authority to make a final determination.
- Document actions in the child's file with date, time, symptoms, and actions taken (and by whom); sign and date the document.
- In collaboration with the local health department, notify any parents/guardian/staff with contact to the child with presumed or confirmed reportable infectious disease.
- *Symptom-based precautions* require **at least 10 Days have passed since symptoms** attributed to COVID-19 first appeared **AND** at least **3 days** symptom-free.
- *Testing-based precautions* require **at least two negative specimens AND** resolution of fever (without use of fever-reducing medication), AND improvement in illness signs and symptoms.

2. Conditions/Symptoms That Do Not Require Exclusion:

- Seasonal allergies;
- Common colds;
- Runny noses (regardless of color or consistency of nasal discharge);
- Watery, yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness; or
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (e.g., the whites of the eyes).

3. Preventative Measures and Monitoring:

- During drop-off and pick-up, we ask that parents do not come inside the classrooms;
- Wear cloth masks or face coverings;
- Temperature scans of students will be conducted daily;
- Clean hands often using soap and water or alcohol-based hand sanitizer;
- Avoid people who are sick (coughing and sneezing);
- Clean and disinfect high-touch surfaces (several times per day) in common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks);
- Launder items daily including washable plush toys as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

4. In the event of confirmed person with COVID-19, Jin-A Child Care Center will follow the CDC's guidelines for reporting to the Local Health Department, who will determine time (if any) for closure.

D. Release of and Waiver from Liability

This Release of and Waiver from Liability (“Release”) is executed by the parent(s) in favor of Jin-A Child Care Center, Inc., their directors, officers, employees, and agents and releases liability in the event of infection of diseases contracted at Jin-A on the premises located at Jin-A Child Care Center, 77 Jay Street, Clifton, NJ 07013.

1. **Release and Waiver:** The parent(s) hereby release and forever discharge and hold harmless Jin-A Child Care Center from any liability, loss, cost and expense (including, without limitation, attorneys’ fees and costs) arising from or connected with the COVID-19 in connection with staff, parents or other classmates at Jin-A Child Care Center, 77 Jay Street, Clifton, NJ 07013.

2. **Assumption of Risk:** The Director of Jin-A Child Care Center has posted all necessary signage at the site (77 Jay Street, Clifton, NJ 07013) advising that the premises are being disinfected on a regular basis, hand washing policies are consistent with CDC recommendations, and children who exhibit symptoms are asked to stay home.

3. **Execution:** Upon signing the Enrollment Agreement, you acknowledge that you will also inform other family members, or authorized person(s) who pick up your child, about the need to protect staff, parents and children at Jin-A Child Care Center.

Upon signing this Exclusion / Inclusion Policy, you declare that you have read this Release and its contents of your free will and accord. The laws of the State of New Jersey govern this Release of and Waiver from Liability.

PRINTED NAME OF STUDENT

I, _____, have been notified of the policies and procedures
(CLEARLY PRINT PARENT’S NAME)

of Jin-A’s Exclusion and Inclusion plan. My signature further acknowledges I will hold Jin-A Child Care Center, and all of its agents harmless and assume sole responsibility to manage these risks with my personal primary care provider.

PRINTED NAME

Signature

Date



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PRE-ENROLLMENT QUESTIONNAIRE

(Updated May 2018)

Name: _____

Please answer all questions; with more information we can better understand your child.

Arrival

What time will you usually arrive at the center?

Family

What are the names and ages of other children in your family/home?

What are the names of adults who live in your home and their relationship to your child?

Provide any additional information that would be helpful to your child's teacher.

Family Culture *(If relevant, this information will help us support your child's cultural identity)*

With which culture(s)/ethnicity do you most closely associate yourself/your family?

Would you be willing to present a cultural/ethnic story, song, or food to your child's class?

What heroes/celebrations could we include that would represent and support your home culture?

Does your family celebrate birthdays? *Yes / No*

Health

Does your child have any food allergies or sensitivities?

Are there any foods you don't want your child to eat?

Does your child have any health problems that we should be aware of?

Home Language

A. What language do family members use when speaking to the child in the home?

	1	2	3	4	5
	Only English	Mostly English but sometimes home language	Both equally	Mostly home language but some English	Only home language (not English)

B. What language does the child use when speaking to family members in the home?

N/A	1	2	3	4	5
Not applicable	Only English	Mostly English but sometimes home language	Both equally	Mostly home language but some English	Only home language (not English)

If your child's primary language is NOT English, please provide a list of the 10 most important words the teacher should know in that language (with translation).

Home Language: _____	Translation
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Eating Routines

Is your child still breastfeeding? If yes, please explain your feeding plan.

Is your child using a Sippy cup? *Yes/No*

What are some of your child's favorite fruits and vegetables?

Does your child have any eating difficulties?

What are your lunchtime/eating goals for your child this year? (*etiquette, self-help skills, food amount, new foods*).

Sleep Routines

Does your child nap? *Yes / No*

If yes, describe any sleep difficulties (*bedwetting, nightmares*) or special sleep needs (*blankets, pacifiers, specific room lighting*).

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child fall asleep?

What are your rest time expectation for your child this year?

Toileting

Has your child learned to use the toilet independently? *Yes / No*

If yes, does your child need assistance with toileting (*needs reminders, needs wiping*)? Please explain.

If no, are there any special instructions for diaper changes or toilet training?

What special words are used for toileting habits?

Urine _____ *Bowel Movement/Stool* _____
Vagina _____ *Penis* _____ *Other* _____

What are your toileting goals for your child this year?

Social

Does your child prefer playing alone or with other children?

How do you play with your child?

Has your child been cared for outside the home? (*childcare, nanny*)?

How does your child respond to new situations away from his/her family?

Has your child experienced any losses recently? If yes, how did he/she respond?

Describe your most common method of guidance/discipline.

What are your social goals for your child this year?

Child's Activities

Check the types of activities that your child enjoys:		Check the activities for which your child takes responsibility at home:	
<input type="checkbox"/>	Books	<input type="checkbox"/>	Toy cleanup
<input type="checkbox"/>	Paper, pencils, crayons	<input type="checkbox"/>	Dressing
<input type="checkbox"/>	Scissors, paste, glue	<input type="checkbox"/>	Household tasks
<input type="checkbox"/>	Puzzles	<input type="checkbox"/>	Hygiene (brushing teeth, bathing)
<input type="checkbox"/>	Balls, jump rope, tricycle	<input type="checkbox"/>	Other (please describe)
<input type="checkbox"/>	Lego, tinker toys, take-apart toys	<input type="checkbox"/>	None
<input type="checkbox"/>	Trucks, trains, cars	<input type="checkbox"/>	
<input type="checkbox"/>	Blocks	<input type="checkbox"/>	
<input type="checkbox"/>	Dolls, dress-up, dishes	<input type="checkbox"/>	
<input type="checkbox"/>	Water, sand, play-dough	<input type="checkbox"/>	
<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>	

Departure

What time will you usually come to pick up your child?

Additional

Comments or concerns your child's teacher should know?