



Little People's Palace Playschool Lab Application

Requested Session(s):

Tuesdays and Thursdays for the following sessions

Fall Tri: October 1st-November 14th _____

Winter Tri: January 14th-February 20th _____

Background Information:

Child's Name _____ Birth Date _____

Address _____

Sex _____ Home Phone # _____

Parent/Guardian's Name _____

Occupation _____ Work Ph.# _____ Cell # _____

Email Address _____

Parent/Guardian's Name _____

Occupation _____ Work Ph.# _____ Cell # _____

Email Address _____

Custody/Visiting Arrangements _____

List siblings and their ages _____

Being fully toilet trained is a requirement for Preschool Lab. Is your child toilet trained? _____

Does your child have any food allergies or dietary restrictions? If so, please describe.

Does your child take any regular medication? If so, please describe.

Does your child have any problems with vision or hearing? If so, please explain.

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

Are there any special medical, physical, or emotional needs not already covered that the school or staff should be aware of?

Are there any foods or drinks that your child should not have?

Is there any language other than English used in your home? If so, please describe.

Questionnaire (Help us get to know your child better!)

What are your child's favorite activities? _____

Does your child play well alone? _____ In groups? _____

Does your child accept correction easily? _____

What is the method of guidance/discipline used in your home? _____

Please circle items below that describe your child:

Happy	Aggressive	Impulsive	Sympathetic
Dependent	Stubborn	Attentive	Clumsy
Good-natured	Even-tempered	Moody	Quiet
Sleepy	Friendly	Fearful	Shy

Other: _____

Please circle the following milestones that your child has reached: Can your child _____?

Say nursery rhymes? _____ Sing songs? _____

Listen to stories? _____ Say his/her name _____

Dress self independently? _____ Recognize and name common objects? _____

Count? How far? _____ Follow simple directions? _____

Throw and catch a ball? _____ Names basic colors? _____ Hop/Balance on one foot? _____

Other? (Feel free to add anything here!) _____

Has your child had playgroup, preschool, or daycare experience? Please describe previous experiences. _____

What do you hope will be included in your child's preschool program? _____

Child's Name _____

Emergency Information:

Persons authorized to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Person(s) to be notified in case of emergency:

Name _____ Relationship _____ Phone Number _____

_____ Name _____ Relationship _____ Phone Number _____

_____ Name _____ Relationship _____ Phone _____

Number _____ Name _____ Relationship _____ Phone _____

Number _____

Child's Physician _____ Phone Number _____

Clinic/Hospital _____ Address _____

Emergency Hospital Preference _____

Date _____

Parent/Guardian Signature

Photo Release Form

Occasionally we get requests from local newspapers and/or District 833 public relations to feature our playschool program in human interest stories and district brochures. It is a good opportunity to showcase the hard work our students do and a chance for your child to be featured. Only first names or no names would be used in conjunction with the feature.

We also may take pictures of the children to be used in class projects or yearbooks to support the Little People's Palace program. The photographers will only be the yearbook photographer, or a licensed faculty member during the playschool session. No students are allowed to have phones on them during the playschool sessions.

If you opt out, the photo will not include your child, or your child's face will be blurred out of the frame.

Parent Permission Form for Picture

I have been informed that my child may be photographed and that the photos may be used by the school district. I give permission for the picture(s) to be used for this purpose.

Name of Child: _____

Signature of Parent/Guardian: _____ Date: _____