The Growing Tree Nursery School
140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 - Fax: (516) 621-3524
www.growingtreenurseryschool.com

Child Required Forms Checklist

The following must be filled out and submitted BEFORE your child can start school.

- ❑ **Emergency Contact Form**
  This form will be kept in a binder in the office. It will help us know who to call if we need to reach an adult who is authorized to pick up your child from school. Please remember any person besides the parents that enter the building will require a photo identification.

- ❑ **Child Information Sheet**
  This will be given to your child's teacher before the start of school. The purpose of this form is to offer your child's teacher some insight on your child. Please feel free to add any personal notes you would like!

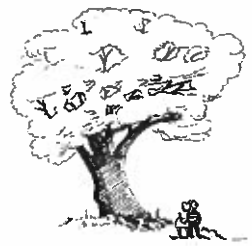
- ❑ **Permission and Parental Consent Form**
  Please read this carefully and sign to give permission for our school to participate in certain school activities and programs

- ❑ **Child Medical Statement**
  This form must be completed by your child's physician. Please be sure to have BOTH pages completed. This form must be updated annually. If the physician gives us printed out vaccines we will need our forms stamped on both pages.

- ❑ **Dental Record Form (Ages 3 & Up)**
  The New York State Education Department requires that evidence be presented that every child ages three and over have at least one dental examination each school year.

- ❑ **Family Handbook Signature Page**
  Our family handbook is a valuable resource that outlines all of our policies and procedures. It also has some helpful tips for families. The signature page must be signed and returned, verifying that you received and read your handbook.

- ❑ **Attestation**
  A document to be signed agreeing that you will self monitor for COVID symptoms



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Family Owned and Operated Since 1979

EMERGENCY FORM

Childs Name:_____ Date of Birth:_____

Phone Number: _____

Complete Home Address:_____

Mother's Name:_____ Mother's Email:_____

Father's Name:_____ Father's 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:_____

In the event that none of the above emergency contacts can be reached, what course of action would you like Growing Tree to follow:_____

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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

Fathers Occupation:_____ Mothers 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 Nursery 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 Nursery to:

1. Let my child participate in all school activities conducted on school premises.
2. Take my child to the Doctor or Hospital if necessary and I cannot be reached, my child's pediatrician cannot be reached or those listed on my child's Emergency Card cannot be reached.
3. I understand that teachers are not permitted to administer any type of medication to my child without all of the required paperwork.
4. I allow my child to participate in a yearly Amblyopia Eye Screening, the L.I Hearing Council Screening and Language and Speech Screening.
5. 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:_____

OCFS-LDSS-4433 (Rev. 06/2019)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

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

Name of Child:	Date of Birth: / /	Date of Examination: / /

Immunizations required for entry into day care

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). Yes No

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

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics			Comments
Are there allergies? (Specify)	Yes	No	
Is medication regularly taken? (Specify drug and condition)	Yes	No	
Is a special diet required? (Specify diet and condition)	Yes	No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes	No	
Are there any medical or developmental conditions requiring special attention?	Yes	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

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For Preschool and Pre-Kindergarten Children ONLY

Dear Parents,

The New York State Education Department requires that evidence be presented that every child has at least one dental examination each school year.

Please have your family Dentist complete the form below.

Yours truly,

Dawn Friedman
Managing Director

The Growing Tree Nursery School

Childs Name: _____ Date: _____

The above named child has received a dental examination in my office

___ Examination finds teeth in good condition
___ Child presently under treatment

_____ Signature of Dentist

_____ Address

_____ Print Name

_____ City, State, Zip

Dr Office stamp here

_____ Phone

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FAMILY HANDBOOK SIGNATURE PAGE

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

Parent Signature:_____

Date: _____

My child's name is (please print)

_____

OCFS-6040 (Rev. 06/2021)

NEW YOK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

COVID-19 HEALTH SCREENING ATTESTATION

The New York State Department of Health Interim Guidance for Child Care Programs requires all individuals to complete a daily health screening questionnaire before arriving to a child care program or upon arrival to a child care program.

If an individual answers "Yes" to any of the screening questions, they cannot enter the child care program, except as otherwise indicated.

Screening Questions:

1. Is your temperature higher than or equal to 100.4 degrees Fahrenheit?

2. Have you had any known close or proximate contact with a person confirmed (by diagnostic test) or suspected (based on symptoms) to have COVID-19 in the past 10 days? Note: Close contact is defined by DOH as being within 6 feet of an individual for 10 minutes or more within a 24-hour period, starting from 2 days before symptom onset or, if asymptomatic, 2 days before the date the positive sample was collected through when they are isolated. Close contact does not include individuals who work in a health care setting wearing appropriate, required personal protective equipment.

Exception: Asymptomatic staff and children may attend if the staff/child is fully vaccinated or has recovered from laboratory confirmed COVID-19 in the previous 3 months and has not been placed on quarantine. Note: Fully vaccinated is defined as being 2 weeks or more after either receipt of the second dose in a 2 dose vaccine series, or 2 weeks or more after receipt of one dose of a single-dose vaccine.

3. Are you currently experiencing or have you recently, (within the past 10 days) experienced ANY COVID-19 symptoms?

Note: *Symptoms may occur with pre-existing medical conditions, such as allergies or migraines. You should only answer "Yes" if your symptoms are new or worsening.*

- Cough
- Shortness of breath
- Trouble breathing
- Fever (equal to or above 100.4 degrees Fahrenheit)
- Chills
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

4. Have you tested positive for COVID-19 through a diagnostic test within the past 10 days?

5. Have you traveled within the past 10 days and not complied with requirements of the New York State Travel Advisory?

Attestation: I agree that I will self-monitor these symptoms each day, report the outcome to the child care program, and not enter any child care program if any of the above symptoms or conditions are present.

X _____ / / _____
Signature Date

X _____ / / _____
Signature Date

Note: *This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.*

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The following food instructions must be followed by all children and adults bringing food into our facility

We have been advised that certain food items should NOT be served to children as they prevent a greater choking hazard. It is, therefore, our policy that the following food items will not be served to any child:	
HARD CANDY	POPCORN
MARSHMALLOWS	FRUIT SNACKS
CHEESE CHUNKS	RAW CELERY AND CARROTS
GUMMY BEARS, JELLY BEANS, CARAMELS	RAISINS/CRANBERRIES
GUMMY CANDIES	NUTS
PRETZEL NUGGETS	Any foods with SEEDS (watermelon, grapes, cherries will only be served if seeds/pits have been removed)

The following foods MAY be served if they follow the guidelines provided to us by The Child Care Council:
GRAPES - cut in half (lengthwise). Larger grapes may need to be cut into smaller pieces.
PICKLES - must be diced
CHERRY TOMATOES - cut in half (lengthwise). Large cherry tomatoes may need to be cut into small safe pieces.
MEATBALLS - cut in half. Larger meatballs may need to be cut in quarters.
HOT DOGS - cut in half (lengthwise) and then into quarters. Teachers have reported that when reheating hot dogs in the microwave the skin becomes rough and harder to chew. Therefore we recommend that parents please consider buying skinless hot dogs
VEGETABLES - cooked until tender and if needed cut into small safe pieces.
CANNED FRUIT - cut into small safe pieces.
OLIVES - pit removed and cut into small safe pieces.
FRESH FRUIT- (please be sure that fruit is peeled and cut into appropriate safe sizes.
STRING CHEESE - must be able to eat by pulling in string fashion
Apples * FOR PRE-K STUDENTS ONLY - only if cut into small safe pieces

If UNSAFE food items are sent to school, teachers are instructed NOT to serve them and have the office dispose of these food items.