

Children's Medical Report

Name of Child _____ Birthdate _____
Name of Parent or Guardian _____
Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what?
2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason?
3. Is the child on any continuous medication? No ___ Yes ___ If yes, what?
4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what?
5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ ;
diabetes No ___ Yes ___; convulsions No ___ Yes ___; heart trouble No ___ Yes ___.
If others, what/when?
6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe:
Any mental disabilities? No ___ Yes ___ If yes, please describe:

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height _____ % Weight _____ %
Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____
Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____
Ext _____ Neurological System _____ Skin _____
Results of Tuberculin Test, if given: Type _____ date _____
Normal ___ Abnormal _____
Should activities be limited? No ___ Yes ___ If yes, explain:

Any other recommendations: _____ Date of

Examination _____
Signature of authorized examiner/title _____ Phone # _____

**Kehillah Jewish Preschool
Emergency Contact/Communication Form
2010-2011**

Child's Last Name _____, Child's First Name _____

1st Parent's Name _____

Street Address _____ City _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email _____

2nd Parent's Name _____

Street Address (if different) _____ City _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email _____

Who has permission (other than parents) to pick up your child/ren?

Name _____ Phone (if different) _____

Name _____ Phone (if different) _____

Name _____ Phone (if different) _____

Information will be sent to parents via email or regular mail. If you have more than one email account or street address, where do you want information sent?

Email sent to: 1st parent _____ 2nd parent _____ Both _____

Regular mail sent to: 1st parent _____ 2nd parent _____ Both _____

Emergency Information: In case of minor illness or injury of my child/ren at school, I give the school staff permission to give basic first aid to my child. In case of major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child's physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child. I also give the school permission to authorize ambulance transportation to the hospital if I am unable to do so.

Parent's Signature _____ Date _____

Please continue on the back.

Emergency Contacts (other than parents)

1. Name _____ Phone _____
Relationship _____

2. Name _____ Phone _____
Relationship _____

Medical Information

Please submit along with this form the most recent immunization record for you child and children's medical report signed by your pediatrician. Immunization records need to be within the past calendar year of the first day of school.

Child's Physician _____ Phone _____
Address _____

Preferable Hospital _____ Phone _____
Address _____

Child's Dentist _____ Phone _____
Address _____

1. Please list any diagnosed medical/mental health conditions _____

2. Please list any allergies your child may have _____

3. We are unable to dispense medications to any child in the preschool. It is important for emergency purposes that we know which medications your child takes on a daily basis. Please list any medications.

4. We want to provide an appropriate learning environment for all our students, and we are committed to working with you for the benefit of your child and his/her Jewish education. Please offer any information about your child that might affect classroom learning or behavior (i.e. ADHD).

**Parent Participation
2010-2011**

There are 3 components to having a successful, secure, well rounded preschool: child interest and engagement; well trained and devoted teachers; and interested and participatory parents. The mission of KJP reflects this point. Therefore, parental involvement is vital to the success of the preschool and the children attending. Children feel pride and valued when they can express things such as "My dad is coming to read a story today!" or "I helped my mom make the play dough this week." This is the aim of our parent involvement requirement.

To facilitate parent participation, each month your child's teacher will either post a sign up sheet outside the classroom door or send an email to families. Parents are asked to sign up for a volunteer opportunity each month. Some sample assignments are listed below:

- Art Projects in the classroom
- Assisting with fund raising events/projects
- Storytelling in the classroom
- Setting up/Cleaning up Holiday Events:
 - Shabbat (weekly)
 - Rosh Hashanah
 - Chanukah
 - Tu B'Shvat
 - Purim
 - Passover
 - Yom Ha'Atzmaut
 - Lag B'Omer
 - End of Year Celebration
- Coordinating Scholastic Book orders
- Cutting out classroom materials
- KJP Library or pick up of thematic books from CH Public Library
- Purchasing wish list items
- Making play dough and modeling clay
- Washing classroom toys
- Room parent
- KJP Advisory Committee membership with assigned responsibilities

Your signature is required below.

I _____ understand that during the school year, I will need to:
Print parents name

1. Sign up for at least one volunteer opportunity per month and;
2. Participate in 1 school work days scheduled during the academic calendar year as assigned by the director.

Parent's Signature _____ Date _____

**Parent Permission and Agreement Form
2010-2011**

Parent's Name _____
Print

Child's Name _____

Late Pick-up: I recognize that no staff members are scheduled to stay after Preschool School ends. In order to reimburse staff for supervising children who are picked up late, I understand that if I arrive between 5 and 10 minutes late, I will be charged \$10. For each additional 10 minutes (or part thereof), I will be charged another \$10. Also, after my first late pick-up, I will be assessed an additional \$25 fee. For every late pick-up thereafter, I will be assessed \$25 more than the previous fee.

Parent's Signature _____ Date _____

Photographs: The Kehillah Jewish Preschool may photograph my child/ren during school hours and post the pictures in the synagogue, preschool website and on bulletin boards used at local events. (If you do not give permission for photographs to be taken, please mark an "X" through this section and do not sign).

Parent's Signature _____ Date _____

Address and Telephone Numbers: The Kehillah Jewish Preschool may distribute your child's name, address, phone number and email address to other parents in the Kehillah Jewish Preschool, staff of preschool and synagogue staff through a class list.

Parent's Signature _____ Date _____

Substance Abuse: I understand that no smoking, alcohol or drugs other than those prescribed by a licensed physician will be permitted on the grounds of the preschool or on field trips.

Parent's Signature _____ Date _____

Inappropriate Behavior: The Kehillah Jewish Preschool aims to provide a comfortable and safe space for all students and staff. I will review the behavior policies as outlined in the Kehillah Jewish Preschool Handbook. I understand that if my child exhibits continuous aggressive or inappropriate behavior, the teacher and/or director will set up a meeting with me. If this behavior continues, my child may be asked to leave the Kehillah Jewish Preschool program. In cases of a child leaving the school due to inappropriate behavior, there will be no tuition reimbursement.

Parent's Signature _____ Date _____