

# The LADYBUG PLAYHOUSE NURSERY SCHOOL

**Important Reminders/Supplies Needed**

**For all children: Everything MUST be labeled with your child's first and last name!**

- Please make sure your child has a regular size back pack (labeled with his/her name) that is big enough to fit a winter jacket inside.
- Please send your child to school with a lidded cup (sip cup) labeled clearly with your child's name. This cup will go back and forth between school and home so that you could run it through the dishwasher.
- Please have daily in your child's back-pack a change of clothes; tops, bottoms, underwear and socks in a zip-lock bag labeled with your child's name. Accidents do happen and not only the bathroom kind.

***We will not be collecting the clothing; it will stay in your child's backpack so it could be changed by you as the seasons change. Please make sure there is always a change of clothing in the bag.***

- Please send in 4 packages of wipes. We use these in the classroom to clean hands. These packages are separate from the wipes needed for a child with diapers and pull ups.
- We go outside daily regardless of temperature. Please make sure your child has attire and shoes that are appropriate for the conditions outside.
- Everything that belongs to your child must be labeled with his/her name in a visible place. (Book bag, Lunch Box, etc.)
- Please keep all toys at home; we will not be responsible for lost toys.

**For children who are not potty trained:**

- Please send in **2 jumbo packs of diapers** (in your child's size if your child is approaching the next size please send that size in instead) **and 4 boxes of wipes** by the first day of school.
- For those children in **pull-ups**(in your child's size if your child is approaching the next size please send that size in instead), please supply **1 package of pull-ups and 2 boxes of wipes**
- If you would like us to apply diaper rash cream please complete the Parent Written Medication Consent Form, supply the cream and label it with your child's name.

**\*All diapers, pull ups and wipes will be stored and shared. We will send home a notice when we need the diapers and wipes to be replenished.\***

**For children attending mini day or full day programs:**

- **FOR CHILDREN WHO NAP ONLY:** Please send in a crib sheet (fits on sleeping mats) and a blanket in a zippered bag (not plastic, but as small as possible labeled with your child's name)
- **Lunch:** Please send school lunch in an insulated lunch bag with an ice pack daily. A healthy lunch for this age group consists of **1 grain, 1 protein, 1 milk, 2 fruits or 1 fruit and 1 veggie**. Please make sure your child's lunch includes all components listed above. **We are a peanut free environment** so please do not send your child in with PB&J sandwiches. If you use sun butter please leave note in lunch box. If it smells like peanut butter we are going to assume it is. Also, **if lunch is to be heated please send a note as well.**

**For children with EPI Pens:**

- **EPI pens** must be given to us in their original package (box) with the pharmacy label on it and **MUST NOT EXPIRE** during your child's enrollment period. You must also have an emergency medicine medical form completed by yourself and your child's doctor. No exceptions!

# The LADYBUG PLAYHOUSE NURSERY SCHOOL

## Drop Off & Pick Up Schedule

### **Early Drop Off (7:00 am-8:45 am):**

Ladybugs: Classroom Door

Caterpillars, Dragonflies & Butterflies Back Door Gym Entrance

### **AM Arrival (8:45am-9:10am)**

Ladybugs: Classroom Door

Caterpillars: Back Door Gym Entrance

Dragonflies: Back Door, Gym Entrance

Butterflies: Front Door, Main Entrance

**After 9:10 am all drop offs must be done in front main entrance, Teachers are told not to let anyone in after this time. We thank you for your cooperation with this matter.**

### **Mini Day Dismissal (2pm):**

Ladybugs: Front Door, Main Entrance

Caterpillars: Front, Main Entrance

Dragonflies: Front Door, Main Entrance

Butterflies: Front Door, Main Entrance

### **Full Day Dismissal (4pm)**

Ladybugs: Classroom Door

Caterpillars: Back Door, Gym Entrance

Dragonflies: Back Door, Gym Entrance

Butterflies: Back Door, Gym Entrance

### **After School Pick up (4:00pm -6:00pm):**

Ladybugs: Classroom Door

Caterpillars, Dragonflies & Butterflies: Back Door, Gym Entrance

**\*Note: All children must be dropped off at the door. No parents allowed in the classrooms. Thank you for your cooperation.**

# The LADYBUG PLAYHOUSE NURSERY SCHOOL

School Year: \_\_\_\_\_

## Enrollment Form

Child's Name: \_\_\_\_\_ Male or Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

| Contact Information:                           |  |
|--|--|
| Mothers Name                                   | Fathers Name                                   |
| Address  | Address  |
| Phone  | Phone  |
| Cell   | Cell   |
| Email  | Email  |
| Work#  | Work#  |
| Occupation                                     | Occupation                                     |
| Employer                                       | Employer                                       |
| Employ Address                                 | Employ Address                                 |
| Single      Married      Divorced      Widowed | Single      Married      Divorced      Widowed |
| Step Parent Name                               | Step Parent Name                               |

| Medical Information:                             |         |
|--|---------|
| Physician  | Phone # |
| Date of Last Physical                            |         |
| Medications:                                     |         |
| Allergies: <b>Yes or No</b> ; List of Allergies: |         |
|  |         |
| Special Needs:                                   |         |
|  |         |
| Disabilities:                                    |         |
| Dentist:   | Phone # |
| Date of Last Dental Visit:                       |         |

| Emergency Contacts/Authorized Pick Ups: |              |       |
|---|--------------|-------|
| Name                                    | Relationship | Phone |
|   |              |       |
|   |              |       |
|   |              |       |

**OVER →**

**Enrollment Form Continued:**

**Signature & Authorization**

(a) I consent to the enrollment of the child listed on this form in this facility and have been advised of the policies regarding the administration of medication, fees, transportation and the services provided by the facility, and the OCFS Regulations under which it operates. **Yes or No**

(b) In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeons or hospital, (listed on this form) necessary for the proper health and well-being of my child. **Yes or No**

(c) I have provided information on my child's special needs (Allergies, diet, disabilities and /or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. **Yes or No**

(d) I agree to review and update this information whenever a change occurs. **Yes or No**

(e) I give permission for my child to be photographed and videoed in the classroom. I understand that the photos and video may be used for our website, our school's Facebook page, in newsletters, newspaper advertising/publicity, and/or on our bulletin boards. ***We will never reference your child by name or provide any specific information regarding your child.*** **Yes or No**

(f) I have received The Ladybug Playhouse Handbook and agree to abide by these policies. **Yes or No**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner**

|                |                |                      |
|----------------|----------------|----------------------|
| Name of Child: | Date of Birth: | Date of Examination: |
|----------------|----------------|----------------------|

**Immunizations required for entry into day care**  Yes  No

**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).

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

## Health Specifics

## Comments

|  |  |  |
|--|--|--|
| Are there allergies? (Specify)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Is medication regularly taken?<br>(Specify drug and condition)                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Is a special diet required?<br>(Specify diet and condition)                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Are there any hearing, visual or dental<br>conditions requiring special attention? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Are there any medical or developmental<br>conditions requiring special attention?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

## Summary of Physical Exam

Include special recommendations to child day care providers

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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                 | (      )<br>Phone | Date |

## Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**PARENT WRITTEN MEDICATION CONSENT FORM**

- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.
- This form or an approved equivalent may be used when a parent consents to having an over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent administered to their child in a child day care program.

**PARENT MUST COMPLETE THIS SECTION**

|  |                               |                             |
|--|-------------------------------|-----------------------------|
| 1. Child's first and last name:  | 2. Date of birth:             | 3. Child's known allergies: |
| 4. Name of medication (including strength):<br>(Diaper Cream)  | 5. Amount/dosage to be given: | 6. Route of administration: |
| 7A. Frequency to be administered, include times of day if appropriate: _____<br>OR   |                               |                             |
| 7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____  |                               |                             |
| 8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (parent must supply)<br><b>AND/OR</b>  |                               |                             |
| 8B. Additional side effects: _____   |                               |                             |
| 9. What action should the child care provider take if side effects are noted:<br><input type="checkbox"/> Contact parent _____<br>Other (describe): _____  |                               |                             |
| 10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)<br><b>AND/OR</b>   |                               |                             |
| 10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when this medication should not be administered.) _____ |                               |                             |
| 11. Reason for the medication: (unless confidential by law): _____   |                               |                             |
| 12. I, the parent, authorize the day care program to administer the medication as specified herein.  |                               |                             |
| 13. Parent name (please print):  | 14. Date authorized:          |                             |
| 15. Parent signature:<br><b>X</b>  |                               |                             |

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#16 - #22)**

|  |  |   |
|--|--|---|
| 16. Program name:<br>The Ladybug Playhouse   | 17. License/Registration number:<br>548610 | 18. Program telephone number:<br>516-252-7207 |
| 19. I have verified that #1-#15 are complete. My signature indicates that all information needed to give this medication has been given to the day care program. |  |   |
| 20. Caregiver's name (please print):<br>Andrea Costa-Rothstock   | 21. Date received from parent:             |   |
| 22. Caregiver's signature:<br><b>X</b>   |  |   |

**Napping Arrangement Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Under the OCFS Regulations, The Ladybug Playhouse is required to offer your child a nap time. Please choose one of the following options:

- I **would not** like my child to nap. \_\_\_\_\_  
Parent Signature Date
- I would like my child to nap.

Your child will nap in the \_\_\_\_\_ room.

● He/she will be napping on a mat covered with a crib sheet supplied by you.

● During the entire nap time he/she will be supervised by an aide or two according to ratio.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_ is no longer napping.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# The LADYBUG PLAYHOUSE NURSERY SCHOOL

## Parent Class List Authorization

Please fill out the following with information that you would like to be placed on a school parent list. This list will be distributed to the parents of the children enrolled at the Ladybug Playhouse.

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ give permission to the Ladybug Playhouse Nursery School to place all information stated above on a parent class list that will be distributed to all parents enrolled at The Ladybug Playhouse.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

# The LADYBUG PLAYHOUSE NURSERY SCHOOL

## Parent Questionnaire

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. By what name do you usually call your child? \_\_\_\_\_

2. Is your child toilet trained? \_\_\_\_\_ Describe assistance needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List names of siblings and ages:

| Name  | Age   |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. Please list any pets: \_\_\_\_\_

5. What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

6. Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

7. What are your child's favorite TV shows? \_\_\_\_\_

8. What are your child's favorite books? \_\_\_\_\_

9. What do you see as your child's strengths? \_\_\_\_\_

\_\_\_\_\_

10. Is there any area in which you anticipate difficulty for your child?

\_\_\_\_\_

11. List three words that describe your child:

\_\_\_\_\_

Parent Questionnaire (Continued)

12. Has your child previously attended another preschool or child-care facility? \_\_\_\_\_

If so where? \_\_\_\_\_

13. What goals do you have for your child this year?

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14. What other information would you like us to know about your child?

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15. How did you hear about us?

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Thank you for taking the time to fill out this questionnaire. This information will allow our teachers and staff to become better acquainted with your child and will aid in creating instruction geared towards your child's specific needs and interests.

Sincerely,

The Ladybug Playhouse Staff

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

