



## PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1 (*Household in which the child resides*)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ # living in household \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Gender  Male  Female      Parent Employee/Student Status  Full Time  Part Time  Seasonal

Employer \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Position \_\_\_\_\_ Work Hours \_\_\_\_\_

PARENT/GUARDIAN #2

Is there a court order restricting this parent's access to this child?  Yes  No

If YES, a copy of the court order must be provided to The Foundry.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address (if different from child) \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Gender  Male  Female      Parent Employee/Student Status  Full Time  Part Time  Seasonal

Employer \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Position \_\_\_\_\_ Work Hours \_\_\_\_\_

## CHILD DEVELOPMENT INFORMATION (FOR PRESCHOOL STUDENTS ONLY)

Has your child previously attended a childcare?  Yes  No

If yes, where and for how long? \_\_\_\_\_

\_\_\_\_\_

Does your child use the restroom independently (potty trained)?  Yes  No

Does your child need help dressing or undressing?  Yes  No

List any special fears your child has. \_\_\_\_\_

What is your child's favorite game? \_\_\_\_\_

Favorite toy(s)? \_\_\_\_\_

Favorite book(s)? \_\_\_\_\_

Does your child dislike any particular foods? \_\_\_\_\_

At what age did your child walk? \_\_\_\_\_ Talk? \_\_\_\_\_

What is your child's bedtime? \_\_\_\_\_ Average number of hours slept per night? \_\_\_\_\_

Please list any additional information you would like for us to know about your child below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LANGUAGE SURVEY

1. What is the first language the student learned to speak?

English  Spanish  Swahili  Other \_\_\_\_\_

2. What language do you most frequently speak to your child?

English  Spanish  Swahili  Other \_\_\_\_\_

3. What language does your child most frequently speak at home?

English  Spanish  Swahili  Other \_\_\_\_\_

4. What language is most frequently spoken by all living in the home?

English  Spanish  Swahili  Other \_\_\_\_\_

## MEDICAL, ALLERGY, DIET OR RESTRICTIONS INFORMATION

Please complete the following. Do not leave any questions blank. If you have no preferred doctor or hospital, please circle "NONE."

List any allergies to food, animals, or other substances your child has.

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List any dietary restrictions your child has. If your child has dietary restrictions, we will need a doctor's note outlining the condition, the restriction, and any dietary substitutions.

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List any medications your child uses. (If your child will need to take medication while at The Foundry, you will need to fill out a permission form allowing us to dispense the medication.)

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Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ or NONE

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ or NONE

Preferred Hospital \_\_\_\_\_ or NONE

Please check any of the following illnesses your child has had:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> German Measles | <input type="checkbox"/> Polio           |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> TB              |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Measles        | <input type="checkbox"/> Whooping Cough  |
| <input type="checkbox"/> Epilepsy    | <input type="checkbox"/> Mumps          |  |

List any other medical conditions \_\_\_\_\_

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List any other medical or dental concerns that we should be aware of \_\_\_\_\_

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## CLOTHING & SHOE SIZES

Shirt	Pants	Coat	Pajamas	Underwear	Shoe
<input type="checkbox"/> 2T	<input type="checkbox"/> 2T	<input type="checkbox"/> 2T	<input type="checkbox"/> 2T	<input type="checkbox"/> 2T	<input type="checkbox"/> 5
<input type="checkbox"/> 3T	<input type="checkbox"/> 3T	<input type="checkbox"/> 3T	<input type="checkbox"/> 3T	<input type="checkbox"/> 3T	<input type="checkbox"/> 6
<input type="checkbox"/> 4T	<input type="checkbox"/> 4T	<input type="checkbox"/> 4T	<input type="checkbox"/> 4T	<input type="checkbox"/> 4T	<input type="checkbox"/> 7
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 8
<input type="checkbox"/> 5T	<input type="checkbox"/> 5T	<input type="checkbox"/> 5T	<input type="checkbox"/> 5T	<input type="checkbox"/> 5T	<input type="checkbox"/> 9
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 10
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 11
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 12
					<input type="checkbox"/> 13
					<input type="checkbox"/> Other _____

## EMERGENCY MEDICAL AUTHORIZATION

As the parent or legal guardian for \_\_\_\_\_, I hereby  
*(child's name)*  
 authorize The Foundry, into whose care the above-named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care to be rendered to said minor under general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act; or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor, by a dentist licensed under the provisions of the Dental Practice Act. The undersigned further authorizes The Foundry to have the above-named minor released into the custody of its representative, should hospital care no longer be required. This medical authorization is to be used only in an extreme emergency, when said parents, or guardians, cannot be or are unavailable to be contacted.

\_\_\_\_\_  
 Parent Name (printed)

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

\_\_\_\_\_  
 Date

## EMERGENCY CONTACTS & SIGN-IN/SIGN-OUT RELEASE FORM

In case of an accident, or emergency, of any kind, and the circumstances require a parent/guardian to pick up my child, or in a circumstance when I cannot otherwise pick up my child from The Foundry (or I cannot be reached), please call and/or release my child to one of the persons listed below.

*(Please note that ONLY the persons listed below will be allowed to pick up your child. You can add or make changes to the list at any time.)*

Name	Relationship	Phone Number

Check one of the following:

- I will transport my child to and from The Foundry each day. I understand that I must sign him/her out of The Foundry each day.
- My child rides the bus to or from his/her school each day. I authorize The Foundry staff to sign him/her in or out of The Foundry each day. (The Foundry does not provide bus services. This is only for children who are using the public school transportation system.)
- My child will be transported to and from The Foundry each day by \_\_\_\_\_ who has permission to sign my child in and out of preschool.

I will notify The Foundry staff in writing of any changes to these transportation arrangements. In addition, my child may only be released to the person(s) indicated above. Any changes must be pre-approved through the office and provided by the parent/guardian. There will be no exceptions.

At no time is my child to be released to the person(s) indicated below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Parent Name (printed)

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

\_\_\_\_\_  
Date

## PARENT/GUARDIAN AGREEMENT

Please read the following carefully, place your initial next to each line, and sign at the end.

As the parent or legal guardian of \_\_\_\_\_  
(*child's name*)

- \_\_\_\_\_ 1. I agree to abide by the rules, educational codes and policies as described in the Parent Handbook.
- \_\_\_\_\_ 2. I agree to provide an immunization record and any other necessary paperwork required for enrollment.
- \_\_\_\_\_ 3. I am committed to helping my child be successful and will ensure that my child attends school regularly and on time each day and follows the schools code of conduct and rules.
- \_\_\_\_\_ 4. I give my consent/authorization to The Foundry to use my child's image, voice, and/or appearance that might be embodied in any: photos, video recordings, audiotapes, digital images, and the like, taken by or made on behalf of The Foundry. (IE any news media, non-profit or any other organization seeking to promote The Foundry.)

I consent to the use of my child's name with these potential publications for identification purposes. I agree that The Foundry has complete ownership of such material and can use said material for any lawful purpose. These uses include, but are not limited to videos, publications, advertisements, news releases, websites, blogs, and links thereto, publicity on social media platforms, and any promotional materials in any medium. I acknowledge and understand that I will not receive any compensation for the use of such images, video, etc.

I further acknowledge and consent to other parents taking photos or video of my child while attempting to document their own child's experiences, as well as parents receiving photos of my child, distributed by The Foundry, during or at the end of the school year.

I hereby release, discharge and agree to indemnify The Foundry, its agents, representatives and employees from any/all claims, demands, and causes of action arising out of or in connection with the use of my child's image, voice, and/or appearance. Including, but not limited to any/all claims for invasion of privacy, right of publicity, misappropriation or misuse of image and/or defamation. As anyone can copy or download an image or video from the internet or make copies from printed materials, I further release and discharge The Foundry from any unauthorized use of my child's image, voice, and/or appearance.

- \_\_\_\_\_ 5. I agree that, if I use The Foundry computer network to access electronic mail or the Internet, I will do so in a responsible manner and will comply with The Foundry's internet and electronic mail rules, abiding by all relevant laws and restrictions.
- \_\_\_\_\_ 6. I grant my child permission to access networked computer services and accept responsibility for the guidance of my child in doing so in a responsible manner, abiding by all Foundry rules and regulations as well as relevant laws and restrictions. I understand that my child's computer/network privileges may be revoked, if my child violates these rules/regulations. I also acknowledge that The Foundry is not responsible for what my child does on the network or what my child may encounter while using the network.
- \_\_\_\_\_ 7. I permit my child's classroom to have enclosed or caged classroom pets including but not limited to fish, hamsters, gerbils, guinea pigs, caterpillars, butterflies, etc.

- \_\_\_\_\_ 8. I give permission for my child to participate in field trips and agree that The Foundry and any participating churches or volunteer drivers will not be liable and/or culpable for any injuries, accidents, or other harm that may occur, when the student is transported to/from The Foundry.
- \_\_\_\_\_ 9. I understand that staff will perform periodic head checks for lice, as well as, health checks. In addition, the staff are required to report any suspicions of abuse or neglect to the appropriate agencies.
- \_\_\_\_\_ 10. I permit The Foundry staff to provide home visits during the school year or when deemed necessary, at my convenience.
- \_\_\_\_\_ 11. I have read and understand all The Foundry Parent Involvement requirements (outlined below and explained in detail in the Parent Handbook). I understand that if I do not adhere to these policies, my child will be dismissed from the program and that my child (or any other child that I have) may not be allowed into our program at any point in the future.

### Preschool Parent Involvement Requirements

Community Involvement Events	4 per year; 1 per quarter
Parenting Classes	6 per year; at least 1-2 per quarter: must complete 3 the first semester
Parent Teacher Conferences	2 per year; 1 per semester
Education Improvement or Employment Verification	Participating in educational improvement such as GED, ESL classes, college courses, career training, or Ready to Work/Jobs for Life program OR at least one parent employed a minimum of 20 hours a week.

### Afterschool Parent Involvement Requirements

Community Involvement Events	2 per year; 1 per semester
Parenting Classes	3 per year; 1-2 per semester
Parent Teacher Conferences	1 per year
Education Improvement or Employment Verification	Participating in educational improvement such as GED, ESL classes, college courses, career training, or Ready to Work/Jobs for Life program OR at least one parent employed a minimum of 20 hours a week.

- \_\_\_\_\_ 12. I understand that should I have any questions about the program, school, or my child's education, I am free to speak with my child's teacher and/or the program director.
- \_\_\_\_\_ 13. I certify that I have reviewed this permission form in its entirety, affirm, and agree to be bound by its provisions. I certify that I am of full legal capacity to execute this parent permission form and release.

\_\_\_\_\_  
Parent Name (printed)

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

\_\_\_\_\_  
Date