

Kids Korner Registration Form

Child's Information:

- Child's Name: _____
- Date of Birth: _____
- Address: _____

Parent/Guardian Information:

Parent/Guardian 1:

- Name: _____
- Place of Employment: _____
- Work Phone: _____ Cell Phone: _____

Parent/Guardian 2:

- Name: _____
- Place of Employment: _____
- Work Phone: _____ Cell Phone: _____

Emergency Contact Information:

- Name/phone: _____
- Name/Phone: _____

Medical Information:

- Child's Pediatrician (Name & Number): _____
 - List any allergies (e.g., bee stings, asthma, food allergies, etc.): _____
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Parent Expectations:

1. What do you expect your child to gain from school?

2. What values do you believe are most important for your child to learn?

All About Me

1. Basic Information

- My name is: _____
- I am _____ years old and a ☐ Boy or ☐ Girl
- My First Language: _____ Secondary Language _____
- What is spoken at home? _____
- I have _____ brothers and _____ sisters.
- Family situation (e.g., one/two parents, other adults, divorce, separation, etc.):

- Other household members living with me:

2. Previous School Experience

- My previous school experience is: (where and when)

- I separate from parents/guardians: ☐ Easily ☐ With some anxiety ☐ With difficulty ☐ Unable to
Comments: _____

3. Transportation to School

I will arrive at school with: ☐ Parent/Guardian ☐ Babysitter ☐ Carpool ☐ Bus (Route # _____)

4. Health Information

- My general physical health is: ☐ Good ☐ Average ☐ Poor
- Allergies: _____
- Special Conditions: _____

5. Self-Care Abilities

I can:

- Dress: ☐ Alone ☐ With Assistance
- Use the toilet: ☐ By myself ☐ I need help

- Eat: ☐ By myself ☐ I need help
- Brush my teeth: ☐ By myself ☐ I need help
- Nap time: ☐ I can settle myself ☐ I don't nap

6. My Indoor and Outdoor Interests/Activities

- Indoors: _____
- Outdoors: _____

7. Social-Emotional Development

- I: ☐ Initiate activities ☐ Play alone ☐ Like to be invited
- I play mostly with children: ☐ Of the same age ☐ Younger ☐ Older
- I move into new environments: ☐ Easily ☐ Hesitantly ☐ Not at all
- In group activities, I'm: ☐ Actively involved ☐ Moderately involved ☐ I don't like to get involved
- Any development concerns (e.g., speech, coordination, comprehension, following directions):

8. A Little Bit About Me

- If you came to my house for dinner, we would probably have:

- My favorite food is: _____
- Before I go to bed, I usually: _____
- My bedtime is usually: _____
- I brush my teeth _____ times a day.
- My ethnic background is: _____
- My family traditions include: _____
- The holidays I celebrate with my family are:

- Are there any food restrictions due to religious beliefs?

- During family time and/or weekends, we like to:

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- When I misbehave, my consequences are:

- When I am scared or upset, I am comforted by:

- Anything else we should know about you?
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Permissions

Parental Consent for Information Release:

Children are assessed three times per year and following each assessment we schedule parent teacher conferences. If deemed necessary the teacher may suggest a formal evaluation conducted by the county or the school district. The process requires the release of the assessment information to all or some of the following individuals: Teacher, Classroom Assistant, Director, Pediatrician, Early Intervention Coordinator and or the Preschool Education Chair. By signing below you grant permission to share assessment results.

Parent Signature _____

Date _____

Library Permission Slip

The Woodbury Public Library across the street at 23 Smith Clove Rd hosts Kids Korner on Fridays at 10:30 throughout the year to hear stories and make crafts. Sign here if we have your permission to take your child.

Parent Signature _____

Date _____

Photograph Permission

Kids Korner would like permission to photograph your child for no other reason than to post on our closed Brightwheel network for you to see the things we are up to throughout the day. Sign if we have you ok.

Parent Signature _____

Date _____

Kids Korner LLC

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