

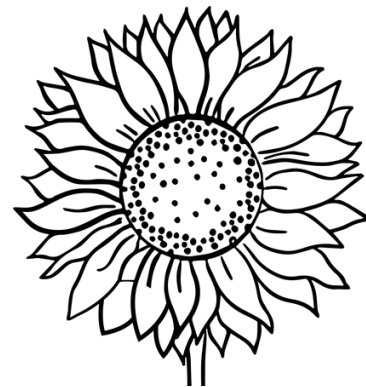
Sunflower

Pre-kindergarten

7 Kamoy Drive, Ridge, NY 11961

631-504-6158

www.sunflowerpre-k.com



Welcome to Sunflower Pre-kindergarten

Learning takes place everyday, in a series of incidental scenarios. Our goal at **Sunflower** is to incorporate those accidental moments into intentional teachable opportunities; opportunities for exploration and discovery.

At **Sunflower Pre-kindergarten** our philosophy is inspired by the Reggio Emilia approach to learning. The Reggio Emilia approach, created by Loris Malaguzzi, views the learning process as ongoing and relationship driven. Children are shaped by their relationships with family, peers, teachers and their environment.

Please take a moment to fill out the enclosed registration packet. If you have any questions or would like to request a meeting, please contact us!

Warm Regards,

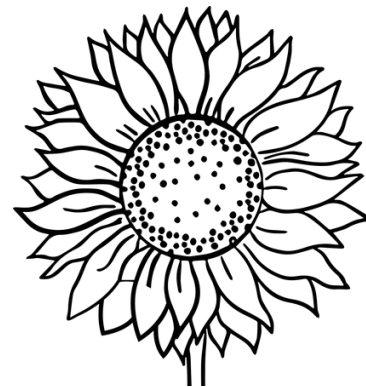
Jen Wrightson
Owner/Teacher

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Checklist

In order for you child to attend Sunflower Pre-kindergarten in September, you will need to submit the following forms prior to the first day of school:

- All About Me
- Enrollment
- Child Pick Up Authorization
- Permission to Photograph
- Health History
- Emergency Transportation and Treatment Authorization

You will also need to provide:

- Copy of your child's most recent physical
- Birth Certificate

Prior to the first week of school you will receive a copy of Sunflower Pre-kindergarten Policies and Procedures, which includes information regarding attendance, communication, family involvement and safety. Please read through these materials carefully and let us know if you have any questions.

You and your child are invited to visit the classroom and meet classmates at our open house prior to the first day of school. This will give your child an opportunity to become familiar with this new environment and ease first day jitters.

I look forward to seeing you and your child at our open house in August!

ALL ABOUT ME

Name: _____

My Favorites

Food

Color

Book

Animal

Place

Likes and Dislikes

Things I Like

1. _____
2. _____
3. _____

Things I Do Not Like

1. _____
2. _____
3. _____



MY FAMILY



Parents/Guardians, Siblings, Pets: _____

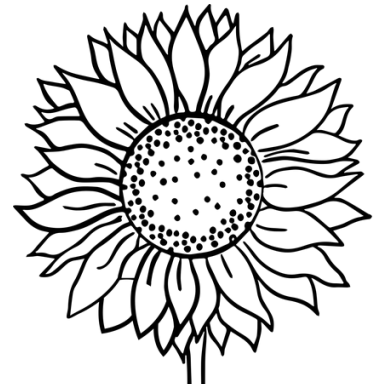
Here's what motivates me:

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Enrollment

Student's Full Name: _____ Date: _____

Date of Birth: _____ Current Age: _____ Gender: _____

Address: _____

Town: _____ Zip Code: _____

Mother/Guardian

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best Contact Number: Home Cell Work
(please circle one)

Father/Guardian

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best Contact Number: Home Cell Work
(please circle one)

Emergency Contact

Name: _____ Relation to Child: _____

Address: _____

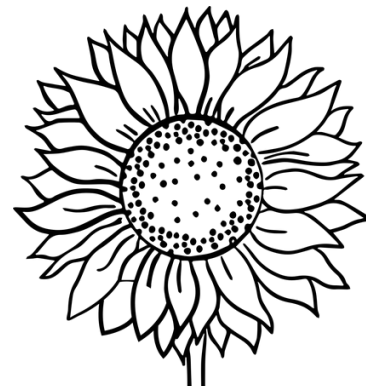
Cell Phone or Daytime Phone: _____

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Child Pickup Authorization

The following people are allowed to pick up my child from Sunflower. I understand that my child will not be released without a valid driver's license.

Name: _____ Relation to Child: _____

Address: _____

Cell Phone or Daytime Phone: _____

Name: _____ Relation to Child: _____

Address: _____

Cell Phone or Daytime Phone: _____

Name: _____ Relation to Child: _____

Address: _____

Cell Phone or Daytime Phone: _____

I understand that at no time will my child be released to anyone without identification. We require proper ID, written permission or verbal permission if you choose to send anyone other than the above named people for dismissal.

Parent/Guardian Signature

Print Name

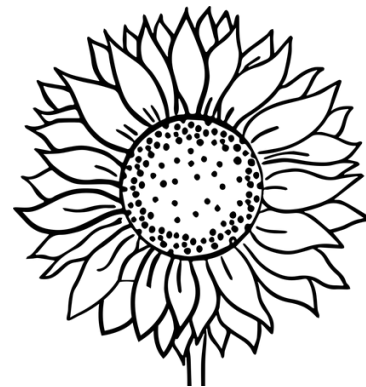
Date

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Permission to Photograph

Student's Full Name: _____ Date: _____

I grant permission to Sunflower Pre-kindergarten to photograph/videotape my child for the following purposes:

- Bulletin boards and/or scrapbooks
- Documentation of classroom participation
- Media, including Sunflower Pre-kindergarten Facebook Page and website

Photographs and video will never be sold or used for any other purposes.

Parent/Guardian Signature

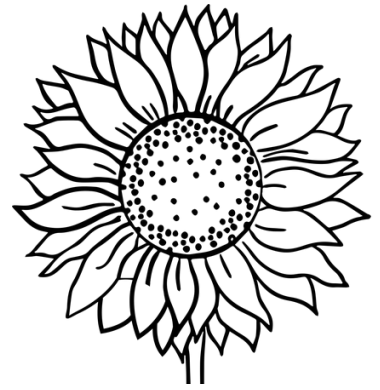
Print Name

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Health History

Student's Full Name: _____ DOB: _____

Primary Care Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Medications

Please list any and all medications your child takes, including dosage and reason: _____

Allergies

Please list allergies: _____

Special Needs/Services

Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Early Intervention/Special Education | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |

Agreements

I consent to emergency medical treatment for my child Yes No

I agree to review and update this information whenever a change occurs Yes No

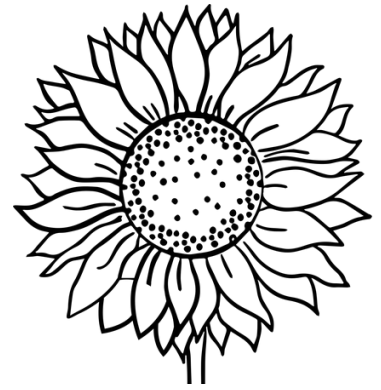
Signature (Parent/Guardian): _____ Date: _____

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Emergency Transportation and Treatment Authorization

- In case of accident or injury **I authorize** any and all emergency medical, dental and/or surgical care and/or hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.

I accept full liability for all treatment and ambulance expense.

- In case of accident or injury **I decline to authorize** any and all emergency medical, dental and/or surgical care and/or hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.

I accept full liability for all treatment and ambulance expense.

I wish the following action(s) be taken in the event of a medical or dental emergency:

Parent/Guardian Signature

Printed Name

Relationship

Date