



Dear Fun School Parents,

We would like to welcome you and your child to Fun School! During each session of our program, our goals are to help your child to be comfortable with his/her new routine, learn to follow directions, communicate their needs, interact with classmates and teachers, and most of all, have fun!

If this is your child's first session, we ask that you –

- Complete an enrollment and first aid consent form
- Provide a copy of your child's recent physical, including immunizations and lead test results (your child cannot attend without these forms on file.)
- Provide a change of clothes and extra underwear/pull-ups/wipes to keep in your child's classroom bin
- Provide a snack and drink each day that your child attends (peanut/nut-free)
- Please label all belongings

Each week we will have an age appropriate theme for our curriculum, with play-based learning activities. Please check out our news board each morning for classroom news, notices, and informational flyers (monthly calendars, newsletters, etc.). Please refer to the enclosed Kid Connection Calendar of events for a list of holidays and school closings, as our program follows the Kid Connection preschool and Winchester Public School calendar.

Our daily schedule:

Drop Off (9:00am) – meet at classroom door

Open play for the children -art, play dough, trains, puzzles, pretend play, and manipulatives)

Clean up song

Circle time- stories, felt boards, songs

Bathroom/ Hand washing

Snack time

Group Activity

Outdoor/ gym time

Dismissal (11:15am)

*Teachers will have children gathered at the playground gate by the Marshall St. entrance parking lot for dismissal. Please be prompt. If your child will be late or absent, please contact Sonja Ferraguto at (781)721-7125 x618

If your child attends on Tuesdays or Wednesdays, they will also have music time with Ed Morgan. Throughout the year, our classes may also participate in soccer skills and yoga.

Thank you for choosing our Fun School program for your child,

Jennifer O'Connell- lead teacher

Tammy McCormack- assistant teacher

Sonja Ferraguto

Director, Kid Connection

(781)721-7125 x618

sferraguto@winchester.us

Fun School Child's Enrollment Form

Child Information

Child's Name: _____

Date of Birth: _____ Age at Admission: _____

Home Address: _____

Contact Phone Number: _____

Contact Email: _____

If your child has a nickname, how would you like his/her name written in the classroom? _____

Parent(s)/Guardian(s) Information

Parent/Guardian Name: _____

Address same as child? _____

Phone Number #1: _____ Phone Number #2: _____

Email Address: _____

Business name: _____ Business Phone Number: _____

Parent/Guardian Name: _____

Address same as child? _____

Phone Number #1: _____ Phone Number #2: _____

Email Address: _____

Business name: _____ Business Phone Number: _____

Social Relationships

Has your child participated in any group experiences? (ie: play groups, lessons, daycare) _____

If so, where? _____

How would you describe your child? _____

How does your child relate to other children? _____

Does your child prefer to play alone? _____ With other children? _____

What are your child's favorite toys and activities? _____

Does your child have any worries or fears? (the dark, animals, noise, etc.) _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this class? _____

Is there anything else we should know about your child or family that will help us provide the most positive experience for your child? _____

Health

Child's Physician: _____

Address: _____ Phone Number: _____

Any known complications/health issues during birth or infancy? _____

Any serious illnesses and/or hospitalizations? _____

Any special physical limitations or concerns? _____

If yes to any of the above questions, please list/comment: _____

Please list any allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Please list any regular medications administered to your child: _____

Does your child require an Individual Health Plan for a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?

If yes, please attach. _____

Developmental History

At what age did your child begin sitting: _____ crawling: _____ walking: _____ talking: _____

What language is spoken at home? _____ Second language used? _____

Does your child use any special words to describe needs? _____

Does your child have any speech difficulties? _____

Does your child use a pacifier or suck thumb? _____ When? _____

Please describe your child's schedule on a typical day. _____

Eating Habits / Toilet Habits

Parents provide snack each day. However, the class sometimes has baking activities, or celebrations with special snacks. Please list any food your child should not eat for medical, religious, or personal reasons:

Is your child toilet trained? _____

What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

If your child is not toilet trained, has toilet training been attempted? _____

Are diapers or pull-ups used? _____ Is there a frequent occurrence of diaper rash? _____

Are bowel movements regular? _____ Is there a problem with diarrhea? _____ constipation? _____

When developmentally appropriate, our staff will coordinate efforts with parents to support toilet training.

Please describe any particular procedure to be used for your child: _____

(Parent/Guardian Signature)

(Date)

Photo Release

The teachers may take pictures of children in the classroom to use in various projects, and to document learning. We may also use some photos in a secure online site, or to send to the local paper to share news of school events, or to use in the WinRec catalogue. Please sign below to relate your preference in regards to taking your child's photograph.

☐ I give permission to take photos of my child for classroom use only
(this includes our annual school portraits)

☐ I give permission to take photos of my child for school use (share site, catalogue, etc.)

☐ I do not want my child's photo taken for any use

Signature: _____ Date: _____

Family Directory

Our family directory allows us to enhance our school community and enable parents to arrange playdates for their children, etc. If you would like to share your contact information, please fill out the following:

Names of parents/guardians: _____

Preferred phone number: _____

Preferred email(s): _____

☐ I do not wish to share contact information