



Child's Name \_\_\_\_\_  
Last Name First Name MI

Birthday \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

CDS may release my child to the following \_\_\_\_\_

In case of an emergency contact (if you cannot be reached)

1<sup>st</sup> Choice \_\_\_\_\_ Phone Number \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, for myself and my minor child, hereby release, discharge, and hold harmless Coastal Day School and its officers, directors, employees, representatives, volunteers, and owners, for, from, and against any and all liability and responsibility whatsoever, for any and all damages, claims, or causes of action that my minor child and I may have for any loss, personal injury, or death. In signing this agreement, I acknowledge and represent that I have read and understand this agreement; that I am at least eighteen (18) years of age and fully competent; and that I am the legal guardian of this minor participant. I have also read and fully understand the Coastal Day School Parent Handbook. I agree to all terms and conditions listed in the parent handbook and agree to abide by all the rules set by Coastal Day School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal 4-digit entry code \_\_\_\_\_



## Known Allergies and Medical Conditions

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

- My child has no known allergies or medical conditions.
- My child has the following allergies and/or medical conditions:

Allergy	Reaction	Treatment

Medical Conditions/Limitations and Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Illness Policy**

In order to provide a safe and clean environment for all children at CDS parents **MUST NOT** bring their child if they are exhibiting any symptoms listed below:

- A temperature of 100 degrees or higher
- Red, watery eyes (pink eye)
- Undiagnosed rash
- Excessive runny nose/ sneezing
- Excessive cough
- Sore Throat
- Nausea/ Vomiting
- Diarrhea

All children **MUST** be up to date on their immunizations.  
We do not administer medication of any kind.

Your child should not have experienced any of these symptoms for at least 24 hours before returning to CDS. We will contact parents immediately if a child exhibits any of the above symptoms while at CDS.

Please turn in this form signed along with your child's shot record.

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

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

# Coastal Day School

## Biting Policy

Biting is unfortunately an expected behavior for toddlers. Some children and many toddlers communicate through this behavior. However, biting can be harmful to other children and our teachers. Our goal is to help identify what is causing the biting and resolve these issues.

If the issue cannot be resolved, this policy serves to protect the children that are bitten.

### **When Biting Does Occur:**

Our teachers strongly disapprove of biting. Our teachers work hard to keep their students safe and work to teach more appropriate behaviors. We do not use techniques to alarm, hurt, or frighten children.

#### ***For the child that was bitten:***

1. First aid is given to the bite. The area is cleaned with soap and water and covered with a bandage if needed.
2. Parents are notified.
3. An accident report is completed and given to parent.

#### ***For the child that bit:***

1. The child will be placed in time out for no longer than the child's age.
2. Parents are notified.
3. A behavior report is completed and given to parent.

#### ***If biting continues:***

1. The child will be shadowed to help prevent any biting incidents.
2. The child will be observed by administrative staff to determine what is causing the child to bite.
3. The child will be given positive attention and approval for positive behavior.
4. If a child continues to bite, a conference will be held with the parents to discuss the child's behavior.
5. If biting still continues, parents will be asked to make other arrangements for their child.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Permission to Photograph

We will be making many memories this year and we like to catch as many as possible on camera. We would love to be able to display some of the photos to show everyone what a day in preschool looks like.

Child's Name \_\_\_\_\_

Please initial all that apply:

\_\_\_\_\_ I give Coastal Day School permission to display my child's photo throughout the center in frames, and on the TV in the lobby.

\_\_\_\_\_ I give Coastal Day School permission to use my child's photo in advertising such as the North Brunswick magazine and other publications.

\_\_\_\_\_ I give Coastal Day School permission to use my child's photo on the center's website, blog, and Facebook page.

\_\_\_\_\_ I give Coastal Day School permission to use my child's photo in the end of year DVD that will be played at graduation and also given to preschool families.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_