



L'IL CRITTERS PRESCHOOL FALL PROGRAM REGISTRATION

203-847-4220

August 25, 2021 – June 30, 2022

Start date: _____

Child's Name: _____ Date of Birth: _____

Home Address: _____
(Street) (City) (Zip Code)

Home Phone#: _____

Parent #1

Name: _____

Home Address: _____

Home Phone#: _____ Work #: _____ Cell#: _____

Email Address: _____

Employer: _____

Employer Address: _____

Parent #1 is allowed to pick child up: circle one YES NO

Parent #2

Name: _____

Home Address: _____

Home Phone#: _____ Work #: _____ Cell#: _____

Email Address: _____

Employer: _____

Employer Address: _____

Parent #2 is allowed to pick child up: circle one YES NO

Child's Physician Name: _____ Phone: _____

Address: _____

Child's Dentist Name: _____ Phone: _____

Address: _____

CHILD'S HEALTH INSURANCE COMPANY: _____ POLICY NUMBER: _____

ALLERGIES: _____ LAST DPT: _____

MEDICATIONS TAKEN REGULARLY: _____

OTHER SIGNIFICANT MEDICAL INFORMATION: _____

(Registration Form Continued)

Please list three persons, other than the parent, who have permission to pick up your child and may be called in the parent(s) absence.
Proper identification will be required for the release of the child

PERSONS AUTHORIZED TO TRANSPORT IN CASE OF MEDICAL, LATE OR EMERGENCY PICK UP

1. Name: _____ Phone: _____
Address: _____

2. Name: _____ Phone: _____
Address: _____

3. Name: _____ Phone: _____
Address: _____

Child lives with (check one): _____Mother _____Father _____Both _____Other (explain: _____)

If one parent retains sole legal custody, for the protection of the child, a copy of a court order must accompany this form

Registration fee is \$100.00. This is a one-time fee for new students only and is Non-Refundable.

I wish to enroll my child on the following days: _____All _____M _____T _____W _____Th _____F

Program (check one):

_____ Infant Program / Full Time 8:00 a.m. – 5:00 p.m.

_____ 2 Year Old Program / Full Time 7:30 a.m. – 5:30 p.m.

_____ 3 Year Old Programs / Full Time 7:30 a.m. – 5:30 p.m.

_____ 3 Year Old Programs / Part-Time 8:00 a.m. – 1:00 p.m.

_____ 4 Year Old Programs / Full Time 7:30 a.m. – 5:30 p.m.

_____ 4 Year Old Programs / Part-Time 8:00 a.m. – 1:00 p.m.

_____ 3 & 4 Year Old Combo Class / Full Time 7:30 a.m. – 5:30 p.m.

_____ 3 & 4 Year Old Combo Class / Part-Time 8:00 a.m. – 1:00 p.m.

Signature: _____ Date: _____
Parent or Legal Guardian



**L'il Critters Preschool
CHILD CARE CONTRACT
Fall Program – August 25, 2021 – June 30, 2022**

Thank you for your interest in L'il Critters Preschool (203-847-4220). We have compiled a list of ideas to be used along with your help and cooperation, to give the children in our preschool a healthy learning environment.

1. Before entering L'il Critters, all children must have a completed health form and registration form, accompanied by the \$100.00 non-refundable registration fee. If you plan on withdrawing from the program a **one-month** notice needs to be given in writing.
2. ***I agree that my child will arrive by 9 AM. No child will be accepted after 9:15 AM, unless we are notified in advance. Each child must be walked directly into L'il Critters, (by an adult) to their classroom teacher, and make contact with her there.***
3. I agree that my child will be dropped off / picked up (by an adult) on time for the hours he/she is registered for.
4. I agree to pay a late charge of \$15.00 per every fifteen (15) minutes that I am late for scheduled pick up time. The Infant Classroom closes promptly at 5:00pm, and the rest of the school at 5:30pm. Fees are payable in cash, the child's next school day.
5. I agree that if my child is not picked up by 5:30, we will contact the alternate pick up numbers, if there is no answer from these numbers, we will call the police to stay with the child. At no time will a child be left unattended, 2 staff will stay with the child until they are picked up, or the police come to stay with the child.
6. Please notify us if your child is going to be absent, or away from L'il Critters for any length of time, due to vacation or illness.
7. I understand that there are no refunds, credits or reductions in price, and I agree that all absences, holidays, sick days, vacation days, and weeks taken by either the child or L'il Critters Preschool and closings due to bad weather, are all paid for.
8. **I agree to pay my child's tuition on his/her first registered day of the month. If your fees are not collected within a two-week period, we will be unable to accept your child until this fee is paid.**
9. I agree that if my check is returned INF, I will pay the \$25.00 returned check fee, and thereafter, tuition will only be accepted in cash, money order, or bank check.
10. I agree that if I take a vacation my child's tuition will be paid prior to my leaving.
11. Sick children will be required to stay home, please refer to the Parent Bulletin Board for sick policy. If your child becomes ill, we will notify you and ask that you pick your child up as soon as possible. I agree that if my child is seen by a doctor for an illness, he/she must return with a note from the doctor indicating the illness, duration, medication he/she is on, and if he/she is contagious. Your child must remain home for 24 hours after the medication has been started.

(Child Care Contract Continued)

12. I agree to sign the daily attendance book; it is a state regulation that each child must be signed in, and out each day by an adult, and the time of drop off and pick up must be documented. **Please sign your name not just mom or dad.**

13. Please notify us in advance if someone other than the usual person is to pick up your child from L'il Critters. Please record this in the designated book with one of the staff.

14. I agree to check the designated Parent Information Boards, to remain up to date on all policies, activities, and announcements.

15. All children will need; an art smock and a change of clothing to be left at school. Full-time children will need; a small blanket, and a small pillow or pillowcase. Please label all articles brought to school, and put into a small bag. Blankets and pillowcases are to be washed weekly.

16. Full-time children will be required to take a 2-hour rest period everyday.

17. All three and four year old children must be toilet trained.

18. Please dress your child according to the weather (boots, coat, mittens, etc.) we plan to go outdoors daily. While outside voices are acceptable, screaming is only acceptable, when alerting a staff member to an injury or danger.

19. Parents are asked to pay for the cost of field trips.

20. During inclement weather, watch Cable News 12, log onto News 12 CT, check your emails, Facebook or check our web site at www.lilcritterspreschool.com for L'il Critters closings.

21. If an emergency occurs that requires hospitalization, we will call you immediately, your child will be transported by ambulance to the emergency room at Norwalk Hospital, and we will call your physician. If we cannot reach your physician, we will notify our physician, Dr. Minas Lialios of Norwalk.

22. I agree that in case of a disaster, I have 30 minutes to pick my child up. During this time we will wait in the hallway of the church religious education building, away from windows and doors, a note will be posted as to where we are. After 30 minutes First Student Bus Co. will transport your child to our evacuation shelter. The primary shelter is Norwalk High School, and the secondary shelter is Wilton Meadows Health Care Center. A note as to our whereabouts will be posted on our entrance door. We will call each parent when settled in our shelter.

23. I agree that L'il Critters reserves the right to dismiss my child should he/she become a threat to other children, teachers, himself/herself, or if he/she does not adapt to the guidelines of the program. My child may be dismissed from the program if biting becomes a problem.

24. I have discussed and understand the behavior management plan with the director.

25. If you have any questions or concerns, please feel free to contact one of our staff. Come in and observe! We have an open door policy! Volunteer, and set up mini-projects in your area of interest. You will enjoy it, and so will the children!

26. I agree to pay \$ _____ per month for or child care services for _____
(Child's Name)

During the hours of _____ for the days _____

Payment is due by the 9th of each month. A late fee of \$15.00 is enacted on the 10th.

Signature: _____ **Date:** _____

Parent or Legal Guardian



PERMISSION AGREEMENT

A. I/We grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here: _____

B. I/We grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in authorized vehicle.

C. I/We grant permission for my child to be included in evaluations and pictures connected with the Preschool's programs. I/We give permission to share observations of my child with other staff members, and other professionals.

D. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid.
2. Attempt to contact a parent or guardian.
3. Attempt to contact the child's physician.
4. Attempt to contact the parent through any of the persons listed on the emergency information card.
5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - a. Call our physician.
 - b. Call an ambulance.
6. Any expenses incurred under 5 above, will be the child's family responsibility.

E. I/We understand that all records of my child and my family are kept confidential, and only the owner and the administrator have access to them.

F. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

G. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signature: _____ **Date:** _____
(Parent or Legal Guardian)

CHILD INFORMATION SHEET

Child's Name: _____ Birth Date: _____ / _____ / _____
Last First M D Y

Developmental History

Type of Birth: Normal _____ Premature _____ Age Child Began: Sitting _____
Crawling _____ Walking _____ Is Child a good climber? _____ Does Child fall easily? _____
Age Child began talking _____ Does Child speak in words or sentences? _____
Does Child have difficulty speaking? _____ What is the primary language spoken at home? _____
What is your child's full name? _____ What do you usually call your child _____
List the names and ages of the other children in your family: _____

Do you have any concerns regarding your child's development? _____

What skills are you working on at home with your child? _____

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

Does your child use the following at home: crayons _____ scissors _____ paints _____ markers _____ glue _____
playdough _____

Have there been any recent changes in family life that might upset him/her? _____

What are your goals and expectations for your child during the school year? _____

Health

What arrangement can you make for child's care during illness? _____

What communicable diseases has child had? _____

Doctor: _____ Address _____

Phone _____

Any serious illness or hospitalization? _____ Any physical disabilities? _____

Any known allergies? _____ Special instructions if child becomes ill: _____

Are any medications given regularly? _____

Eating

Is child usually hungry at mealtime? _____ Between meals? _____ What are child's favorite foods? _____

What foods are refused? _____ Any eating problems? _____

Does child use a fork and spoon to eat? _____

What portion of lunch do you expect your child to eat before he/she moves onto their snack? _____

Toileting

What words are used for urination? _____ Bowel Movement? _____

Does child need to go more frequently than usual for his/her age? _____

Comments on toilet training and toileting needs: _____

Literacy

Parent #1's highest level of education: _____

Parent #2's highest level of education: _____

Home Situation

Does child walk, talk, or cry out at night? _____

Is child friendly _____ Aggressive _____ Shy _____ or withdrawn _____

How does child relate to siblings? _____

With what age does child prefer to play? _____

Will child adjust to a Preschool situation? _____

Does child enjoy being alone? _____ How does child relate to strangers? _____

Does child demand a lot of adult attention? _____ How does child show feelings? _____

What types of strategies do you use at home during times of conflict? _____

Who does most of the disciplining? _____ Does child have a tendency to wander? _____

Does child have any fears? _____

Favorite toys and activities and special interests: _____

Who else has cared for your child? _____ Has your child attended school before? Where and was it an enjoyable experience? _____

What topic areas are you interested in learning more about through workshops and/ or literature? Nutrition _____ discipline _____ positive reinforcement _____ health and safety _____ appropriate language _____ consistency & routine _____

Briefly describe child: _____

List anything else you would like us to know about your socio-economic status, linguistic, racial, religious, and cultural background: _____

Comments:



L'il Critters Preschool Emergency Release Form

We use one or more of the following procedures in case of an emergency:

1. Immediate first and/or CPR
2. Call emergency medical assistance
3. Call child's pediatrician
4. Call parent or parent's authorized friend or relative

L'il Critters Preschool:

We hereby authorize a staff member of L'il Critters Preschool to perform any of the above emergency procedures if they deem necessary in the circumstances.

Signature: _____ Date: _____
Parent or Legal Guardian



L'il Critters Preschool
203-847-4220

IMPORTANT DATES TO REMEMBER
HOLIDAY & VACATION DAYS

FALL PROGRAM

August 25, 2021 – June 30, 2022

Monday 8/22/21 - Teacher prep/development day

Tuesday 8/24/21 – Teacher prep and (Virtual) Parent Orientation 10:00 -11:00

Wednesday 8/25/21 - First day of School

Labor Day	September 6 th
Staff Professional Day	October 4 th
Election Day	November 2 nd
Veteran's Day	November 11 th
Thanksgiving Break	November 24 th close at 1:00 November 25 th -26 th
Christmas Break	December 23 rd close at 1:00 December 24 th – December 31 st Re-Open January 3 rd
Martin Luther King Jr.	January 17 th
Presidents Day	February 21 st
Spring Break	March 14 th – 18 th
Good Friday	April 15 th
Memorial Day	May 30 th

**PARENTS ARE RESPONSIBLE FOR PAYMENT OF THESE
POSTED HOLIDAYS AND VACATION DAYS**

Parent or Legal Guardian Signature: _____ Date: _____



L'IL CRITTERS PRESCHOOL
203-847-4220
SICK POLICY

This policy is designed to protect the health of the children and the staff of the preschool school. The staff reserves the right to refuse your child if he/she exhibits any of the following symptoms:

- Barking cough
- Discolored/unusually heavy nasal discharge
- Unidentifiable rash
- Temperature
- Water/crusty/pink eyes
- Fever
- Vomiting/diarrhea
- Symptoms of any unidentified/communicable illness

If your child should develop any of these symptoms while in our care you or a relative alternate will be contacted and asked to remove the child immediately. The child may not return to school for 24 hours or until the symptoms have disappeared.

***Any child who vomits must remain out of school for 24 hours after the last episode of vomiting occurs. Under no circumstance is the child allowed back to school before the 24-hour period is over.

****Any child with an unidentifiable or communicable illness may not return to school without the permission of a physician. The staff reserves the right to make this decision.

*****Any child who has a fever must remain out of school for 24 hours after the last documented fever.

Thank you in advance for complying with our policy!!!
The Staff & Robin Boccanfuso

Signature_____Date_____
Parent or Legal Guardian



Photo Release Form

I, _____, give L'il Critters permission to publish pictures of my child(ren) _____ from the below checked site or portfolios. Check any and all that apply.

- ☐ L'il Critters' Facebook Page
- ☐ L'il Critters' Instagram Page
- ☐ L'il Critters' Website
- ☐ L'il Critters' classroom portfolios
- ☐ L'il Critters Newsletter
- ☐ Norwalk School Readiness Council Newsletter
- ☐ L'il Critters Brochure
- ☐ I do not want my child's pictures published to any site or portfolio

Note: L'il Critters' Facebook, Instagram and website are all open to the public. Pictures for the classroom portfolios are only viewed by staff and NAEYC assessors. Assessors only see these pictures once every 5 years.

Parent Signature _____ Date _____



Norwalk ACTS

The Preschool Early Literacy Indicators Assessment Project (PELI) is:

- a language and literacy assessment that measures alphabet knowledge, vocabulary and oral language development, phonological awareness, and listening comprehension
- given in a storybook format that is familiar to most preschool children
- given three times a year and takes 10 – 15 minutes to complete
- given in Spanish as needed
- The information from PELI will be used to help our teachers meet the needs of your child and to help ensure their kindergarten readiness by:
 - identifying children in our program who may need help with early literacy skills
 - helping our teachers identify skill areas to target instructional support
 - helping our program improve our curriculum
 - monitoring progress of our children receiving additional support

El Proyecto de Evaluación de Indicadores de Alfabetización Temprana Preescolar (PELI) es:

- un lenguaje y alfabetización evaluación que mide el conocimiento del alfabeto, el vocabulario y el desarrollo del lenguaje oral, conciencia fonológica y la comprensión oral
- dado en un formato de libro de cuentos que es familiar para la mayoría de los niños en edad preescolar
- dado tres veces al año y toma 10 - 15 minutos para completar
- dado en español, según sea necesario
- La información de PELI será utilizada para ayudar a nuestros maestros se reúnen las necesidades de su hijo y para ayudar a garantizar su preparación para el kindergarten por:
 - identificar a los niños en nuestro programa que pueda estar necesitan ayuda con la lectura temprana
 - ayudar a nuestros maestros a identificar áreas de habilidad para concentrar la ayuda de instrucción
 - ayudar a mejorar nuestro programa de nuestro plan de estudios
 - monitorear el progreso de nuestros niños que reciben apoyo adicional



Norwalk ACTS

Helping your child get a good start for success in school, preschool programs use developmental screenings and assessment tools. These tools are for teachers to briefly survey your child's abilities in language and literacy, reasoning, gross motor, fine motor, and personal/social development to determine quickly and efficiently the needs of your child. Using the results the teachers will adjust their instruction to meet your child's developmental needs.

Child's Name: _____ **Date of Birth:** _____

Gender: ☐ Male ☐ Female

Parent or guardian names:

Parent 1: _____

Parent 2: _____

Street Address: _____

City: _____ State: CT Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If you would like your child's primary health care provider to receive his or her Ages and Stages Questionnaire information, please complete the below section.

Primary Health Provider Name: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

My child's unidentified screening/assessment data and demographic information will be shared with Norwalk ACTS, Norwalk Public Schools, and The Norwalk Early Childhood Council. My child's Ages and Stages Questionnaire information will be shared with Child Development Infoline.

I understand that the information will be treated as confidential and will follow FERPA and HIPAA guidelines for privacy and security.

Parent or guardian signature

Date



Norwalk ACTS

Para ayudar a su hijo a tener un buen comienzo para tener éxito en la escuela, los programas preescolares usan exámenes de desarrollo y herramientas de evaluación. Estas herramientas son para que los maestros revisen brevemente las habilidades de su hijo en lenguaje y lectoescritura, razonamiento, motricidad gruesa, motricidad fina y desarrollo personal / social para determinar de manera rápida y eficiente las necesidades de su hijo. Usando los resultados, los maestros ajustarán sus instrucciones para satisfacer las necesidades de desarrollo de su hijo.

Nombre de niño: _____ **Fecha de Nacimiento:** _____

Género: ☐ Nino ☐ Nina

Nombres de los padres o tutores:

Padre 1: _____

Padre 2: _____

Dirección: _____

Ciudad: _____ Estado: CT Código Postal: _____

Número de teléfono casa: _____

Número de teléfono Mobile: _____

Correo Electrónico: _____

Si desea que el doctor primaria de salud de su hijo reciba su información sobre el Cuestionario de Edades y Etapas, complete la siguiente sección.

Nombre del Doctor de salud primaria de niño: _____

Nombre de Practica de Oficina: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____

Los datos de evaluación no identificados y la información demográfica de mi hijo se compartirán con Norwalk ACTS, Norwalk Public Schools y Norwalk Early Childhood Council. La información del Cuestionario de Edades y Etapas de mi hijo se compartirá con Child Development Infoline.

Entiendo que la información será tratada como confidencial y que seguirá las pautas FERPA y HIPAA para privacidad y seguridad.

Firma de Padre o Tutor

Fecha