



Authorization For Medication Form

I hereby authorize LILLIPUT EARLY CHILDHOOD CENTER to administer the following medication to my child _____
(name of child)

Medication _____ Prescription _____

Dosage _____ Non-prescription _____

When to be given (time): _____ and for _____ days.

Parents signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

Date	Dosage	Time	Signature of Staff Person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form must be filed in the child's record after the course of medication has been completed.



Tuition Agreement

Our tuition is a yearly fee divided into four, nine or ten equal payments for your convenience. Tuitions are due on or before the first of the month. Payments received after the 5th of the month are subject to a late fee. Please be prompt.

The Director cannot defer payment to families who take vacations during the time we are in session. We still have to pay our staff and our bills even when you are not here. Please plan your vacations to coincide with our vacations and holidays.

There will be a \$20.00 fee for returned checks.

Lilliput will not bill you for your payments so please keep our payment schedule handy. We will put reminders in our monthly newsletters.

Student name: _____ Teacher _____

Please check one:

I will make payment in full by first due date (\$100 discount) _____

I will make payments quarterly _____

I will make 9 installment payments _____

I will make 10 installment payments _____

I understand the tuition policies of Lilliput as listed above and agree to abide by them.

Parent Signature _____ Date: _____

Parent Signature.2nd year _____ Date: _____

Parent Signature.3rd year _____ Date: _____

Parent Signature.4th year _____ Date: _____



Registration Form

Date of Admission _____

Age At Admission _____

Child's Name: _____ Date of Birth: _____

Parent's Name:

Father: _____ Mother: _____

Address: _____ Address: _____

Town: _____ Town: _____

Phone: _____ Phone: _____

Others in Family / Relationship: _____

Business Address:

Mother: Name of Business _____ Phone: _____
Address: _____ Hours At Work _____

Father: Name of Business _____ Phone: _____
Address: _____ Hours At Work: _____

IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Child's Physician / Clinic: _____ Phone: _____

Identifying Information: (Required by Department of EEC)

Eye color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Race _____

Identifying Marks _____

Parent Signature _____ Date: _____

Parent Signature.2nd year _____ Date: _____

Parent Signature.3rd year _____ Date: _____

Parent Signature.4th year _____ Date: _____



Permission to Photo Form

Dear Parents,

Throughout the year, parents from our school may request a class list, for car pooling purposes, or to invite a friend to come and play or to a birthday party. In order for us to give out this information we need your permission.

Sometimes, when we are on field trips or when we do something special we may be photographed by the local media. If this happens, your child's photo may be in the newspaper or on T.V. but there will not be a name assigned to the picture, just mention of our school. We also need your permission for this to happen.

You can be sure that your child's name, etc. will not be given out to anyone not connected with Lilliput.

CHILD'S NAME _____ TEACHER _____

PLEASE CIRCLE THE CORRECT RESPONSE.

1. On the handout class list, you may list my child's:

Name Address Phone None of these

2. My child may be photographed by local media.

Yes No

3. My child can be filmed by the local cable station for educational purposes.

Yes No

4. When my child's class has a performance, it may be filmed by Lilliput Staff to be aired on the local cable station.

Yes No

Parent Signature _____ Date: _____

Parent Signature.2nd year _____ Date: _____

Parent Signature.3rd year _____ Date: _____

Parent Signature.4th year _____ Date: _____



Early Childhood Center

Medical Form

Student: _____ Birth Date: _____

This student was found to be in good health and able to participate in school activities. yes no
Restrictions: _____

Immunization Record:

DATE OF LAST PHYSICAL _____

DT/DTP: 1. _____
2. _____
3. _____
4. _____
5. _____

Allergies: _____
Treatment _____
Asthma: _____
Treatment: _____

IPV/OPV: 1. _____
2. _____
3. _____
4. _____

Chicken pox? _____ date _____
Hgb/Hct: _____
Urinalysis: _____
TB Testing:/ low risk: _____

MMR: 1. _____
2. _____

Scoliosis yes _____ no: _____
Ht: _____ Wt: _____ Bp: _____
Vision: _____
Abnormal findings: _____

HEP B: 1. _____
2. _____
3. _____

Additional Pertinent Information / Meds:

HIB: 1. _____
2. _____
3. _____
4. _____

HEP A 1. _____ 2. _____

VARIVAX: 1. _____ 2. _____

PCV 1. _____ 2. _____ 3. _____ 4. _____

Influenza 1. _____ 2. _____ 3. _____ 4. _____

Rotavirus 1. _____ 2. _____ 3. _____

LEAD: date: _____ level: _____ **MD'S SIGNATURE:** _____

Please return to:



Extended Day Form

Extended day programs are available on a regular or on an as needed basis. Children may attend one or all of the programs listed below:

Cost \$7.00 for any part of each extended hour

Extensions available:

- Early Arrival – (Drop off early at 8:00)
- Middle Day Extension – (for half day students)
- * Stay late for the morning program until 12:30
- * Come early for the afternoon program at 11:30
- Late Extension – (Stay until 3:00,4:00 or 5:00)

Students using this extension bring their lunch and then free play
**Middle day extension is included in the tuition for full day students.*

Please understand that if you pick up your child after 5:00pm or after 12:30pm there is a \$10 late fee for each 15 minutes you are late. This is in fairness to the staff who you are inconveniencing.

Please complete this bottom portion and return it with your forms:

Please register my child _____

In the following program(s):

- ___ Early Arrival (Arrive before 9:00)
- ___ Middle Day Extension (Arrive 11:30 - leave 12:30)
- ___ Late Extension 1 (2:00- 3:00..pick up by 3:00)
- ___ Late Extension 2 (Pick up by 4:00)
- ___ Late Extension 3 (Pick up by 5:00)

My child will attend the extended day program on the following days:

Circle: Monday Tuesday Wednesday Thursday Friday

Or _____As needed

Parent Signature_____Date:_____

Parent Signature.2nd year_____Date:_____

Parent Signature.3rd year_____Date:_____

Parent Signature.4th year_____Date:_____



Early Childhood Center

Developmental History

PERSONAL HISTORY:

Child's Name: _____
 Type of birth _____ Any complications? _____
 Age began sitting _____ Crawling: _____ Walking: _____ Talking: _____
 Any difficulties in speaking? _____
 Other languages spoken in the home: _____
 Special words to describe needs: _____

HEALTH:

Any serious illnesses or hospitalizations? _____

 Any physical disabilities or allergies (asthma, hay fever, insect bites, medicines?) _____

 Any medications given regularly? _____
 Any allergies to medication: _____

EATING:

What eating problems does the child have? _____
 Food Allergies? _____
 Favorite foods? _____
 Foods refused? _____
 Does child eat with spoon? _____ fork? _____ hands? _____

TOILET HABITS:

Does child indicate his/her bathroom needs? _____
 Word for urination? _____ bowel movement? _____
 Is child frightened of the bathroom? _____ Does child have accidents? _____

SLEEPING HABITS:

Does child take naps? _____ From when _____ to _____
 What time does the child go to bed in the PM? _____ Awaken in AM? _____
 Mood on awakening? _____
 What does you child take to bed with him / her? _____

SOCIAL RELATIONSHIPS:

Has child had experience playing with other children? _____
 By nature is you child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn _____
 How does your child relate to strangers? _____
 Does your child play well alone? _____
 What is your child's favorite toy? _____
 Is your child frightened by animals? _____ Rough children? _____ Loud noises? _____
 Dark? _____ Storms? _____ Anything else? _____
 Who does most of the disciplining? _____ What is the best way to handle him/her? _____

 How do you comfort your child? _____

Parent Signature _____ Date: _____
 Parent Signature.2nd year _____ Date: _____
 Parent Signature.3rd year _____ Date: _____



Early Childhood Center

Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____. However, if I cannot be reached, I hereby authorize Lilliput Early Childhood Center to transport my child to the _____ Hospital (or nearest Hospital) and to secure for my child the necessary medical treatment.

I understand the teachers at Lilliput are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

I hereby authorize Lilliput Early Childhood Center to release my child to the following persons (other than parents) :

Name:_____ Relationship:_____
Address:_____ Phone:_____

Name:_____ Relationship:_____
Address:_____ Phone:_____

Name:_____ Relationship:_____
Address:_____ Phone:_____

Name:_____ Relationship:_____
Address:_____ Phone:_____

Parent Signature_____ Date:_____

Parent Signature.2nd year_____ Date:_____

Parent Signature.3rd year_____ Date:_____

Parent Signature.4th year_____ Date:_____



Time Off Request Form

* Note: ALL TIME REQUESTS NEED TO BE TURNED IN AT LEAST TWO WEEKS PRIOR TO THE DATE(S) REQUESTED

To be completed by staff member:

Name: _____ Job title: _____

Date(s) requested off: _____

My scheduled sessions: _____

Suggested substitute: _____ Job title: _____

I would like to take this time as:

Vacation: _____ Jury Duty: _____

Personal: _____ Bereavement: _____

Staff Signature: _____ Date: _____

To be completed by a Director:

Date received: _____ Received by: _____

Approved: _____ Not Approved: _____

Staff substitutes: _____ Job title: _____

Comments: _____

Director's Signature: _____ Date: _____

Note: File original copy and give a photo copy to the staff member.



Midyear Performance Appraisal

Staff member's name: _____

Job title: _____

Director's name: _____

Date: _____

Areas of strength:

Development Areas:

Action steps:

Staff's Signature: _____

Director's Signature: _____



Early Childhood Center

Calling Out Sick Policy

If you are going to be out sick it is your responsibility to take care of the coverage for your session. You need to have a staff member that is of the same job title as you to cover for you.

Lead teacher's cove for Lead teachers,
Assistant teachers cover for Assistant teachers
Classroom aids cover for Classroom aids.

Contact the Director or Assistant Director as soon as possible and no later than two hours before your session starts. This may mean calling them at their home late at night or as early as 6:00am. Their home numbers are included on the staff phone number list.

*It is not acceptable to leave a voicemail message you **MUST** actually talk to the Director or Assistant Director. Call back as necessary please.

You will be given a copy of the staff's list of phone numbers. Keep it in a safe place and if you lose it please get a new copy from the office right away.

Staff's Signature: _____ Date: _____

Director's Signature: _____ Date: _____



Early Childhood Center

Kuddos To You!

Who, yes you: _____ Date: _____

Comment: _____

Great Job!



Early Childhood Center

Kuddos To You!

Who, yes you: _____ Date: _____

Comment: _____

Great Job!



Telephone/Cellular Phone/Pager Policy

1. The telephone in the work place is a business phone. It must be available for business and a line kept clear for incoming calls from parents and in the event of an emergency.
2. All incoming calls to Lilliput need to be answered immediately, in a pleasant voice by identifying Lilliput School and your name.
3. If a Director leaves the office they must carry a portable office phone with them to insure that all calls are answered.
4. If a staff member receives a personal incoming calls that is not an emergency the office will take a message for you to return after your class has been dismissed and you are no longer responsible for caring for children. (There is time before and after each class for teachers to use the phone for business purposes and occasional personal needs)
5. Please leave your personal cell phones in your car. Personal cell phones are not allowed to be on at any time in the classrooms when a class is in session. *Staff using a cell phone, texting or receiving a ringing notification will receive a written warning.*
6. In case of an emergency staff needs to notify the Director so she can support you and be available to relieve you if you receive a call, then you may carry your cell phone on you on vibrate for that time.

I have read and understand Lilliput's specific telephone policy stated above and I agree to follow the procedure.

Staff's Signature: _____ Date: _____

Director's Signature: _____ Date: _____