



# New Leaf PRESCHOOL

## *Enrollment Packet*

Each of these forms is required for enrollment.  
Forms and personal items must be turned in to the office no later than the night of  
"Meet your Teacher" or your studio sit-in. The enrollment packet includes:

1. Enrollment Contract
2. What to Bring Checklist
3. Health History & Emergency Care Plan
4. Emergency Contacts
5. Photo Release
6. Child Health Report
7. Child Care Immunization Record
8. Walking Trip Permission
9. Onsite Animals
10. Parent Handbook Acknowledgement
11. Intake Information: Toddler Rooms Only



## Enrollment Contract

### STUDENT INFORMATION

Name	
Address	
City / State / Zip	
Date of Birth / Due Date	
Male / Female	
Program Applying For	
Start Date	

### PARENT/GUARDIAN INFORMATION

Mother's Full Name	
Address	
City / State / Zip	
Home Phone	
Cell Phone	
Employer	
Work Address & Phone	
Email	

Father's Full Name	
Address	
City / State / Zip	
Home Phone	
Cell Phone	
Employer	
Work Address & Phone	
Email	



### ENROLLMENT INFORMATION

Education Services Needed	<input type="checkbox"/> Program	<input type="checkbox"/> Before Program	<input type="checkbox"/> After Program
Studio (Classroom name)			

*Before and after program care is included with enrollment in the toddler studios.*

### ADDITIONAL INFORMATION

How did you hear about NLP?	
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### MONTHLY EDUCATIONAL FEES

Child's Name:	Tuition	
	Before &/or After School Care	
	Meals & Snacks	
Child's Name:	Tuition	
	Before &/or After School Care	
	Meals & Snacks	
Child's Name:	Tuition	
	Before &/or After School Care	
	Meals & Snacks	
<b>MONTHLY TOTAL:</b>		

By signing below I agree to and understand everything in this enrollment packet and agree to pay the above educational fees monthly one month in advance. I acknowledge that any upfront fees paid including but not limited to supply fees, tuition, and offsite trip fees are non-refundable and non-prorated.

By signing below I agree to all of the school policies including but not limited to those in the handbook and understand that I am to provide a four week written notice of intent to withdraw children and I am required to pay any fees associated with those four weeks whether or not children continue to attend.

By signing below I agree and understand to pay any fees applicable that are outlined on the second page of the rate sheet. I agree and understand that there is a yearly rate increase of up to 10-20% billed at the start of August for a new tuition rate beginning in September.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## What to Bring Checklist

Please remember that we work to enable child independence and responsibility. This means it is very important that the clothing items supplied are developmentally appropriate for child-led dressing and come labeled. Rompers, onesies, and overalls are not permitted. Masking tape labeled with your child's name in sharpie applied to the clothing tag is recommended.

### EMERGENT TODDLER STUDIO

- Diapers (Cloth or Disposable)
- Baby Wipes
- Diaper Cream
- Labeled Cot Mat & Blanket
- Comfort Item (ex. Stuffed animal) if used
- Pacifier if used
- 3 labeled full changes of clothes (socks included)
- Mineral Sunscreen (Summer months)
- Insect repellent: DEET free (Summer months)
- Outdoor play clothing suitable for season (Shade hat, coat, winter hat, mittens, etc.)
- Labeled water bottle
- Yellow Tuffo Muddy Buddy Coverall (Labeled)

### TODDLER STUDIO

- Diapers or pull-ups (if used)
- Wipes & Diaper Cream
- Labeled Cot Mat & Blanket
- Comfort item (ex. Stuffed animal) if used
- 3 labeled full changes of clothes (socks included, 6 pair if potty-training)
- Spare shoes (if actively potty training)
- Mineral Sunscreen (Summer months)
- Insect repellent: DEET free (Summer months)
- Outdoor play clothing suitable for season (Shade hat, rubber boots, coat, winter hat etc.)
- Labeled water bottle
- Backpack (large enough to fit their take-home folder)
- Yellow Tuffo Muddy Buddy Coverall (Labeled)

### EMERGENT PRIMARY STUDIO

- Please refer to the yearly supply list on the resources tab of our website



## Health History and Emergency Care Plan

Child's Name	
Child's Birthday	

### MEDICAL CONDITIONS

Please check any special medical conditions that your child may have:

<input type="checkbox"/> No specific medical conditions
<input type="checkbox"/> Asthma
<input type="checkbox"/> Cerebral Palsy/ Motor Disorder
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy/ Seizure Disorder
<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Other condition(s) requiring special care- Specify:  
<input type="checkbox"/> Milk Allergy. If a child is allergic to milk attach a statement from the medical professional indicating the acceptable alternative. Milk Alternatives must be supplied and come labeled with the students first and last name.
<input type="checkbox"/> Food Allergies. A statement from a medical professional indicating the food allergies must be attached for us to allow supplementation. Specify food(s):  
<input type="checkbox"/> Non-Food Allergies- Specify:  

Triggers that may cause problems- Specify:  
Signs or symptoms to watch for- Specify:  



Steps the child care provider should follow:  
(If prescription or non-prescription medications are necessary, a copy of the form Authorization to Administer Medication should be attached to this form)

Identify any child care staff to whom you have given specialized training/ Instructions to help treat symptoms:

- a.
- b.
- c.

When should parents be called regarding symptoms or failure to respond to treatment?

When should it be considered that the condition requires emergency medical care or reassessment?

Additional information that may be helpful to the child care provider:

Physician & Medical Facility:

\_\_\_\_\_  
Signature- Parent or Guardian

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

Review Dates: \_\_\_\_\_  
(mm/dd/yyyy)



## Emergency Contacts

The top two individuals are typically the Mother & Father or child's legal guardians.

Name	
Relationship to Child	
Address	
City/ State/ Zip	
Home or Cell Phone	
Work Phone	
Authorization to Pick up your Child?	

Name	
Relationship to Child	
Address	
City/ State/ Zip	
Home or Cell Phone	
Work Phone	
Authorization to Pick up your Child?	

Additional individuals Authorized to pick up your child:

Name	
Relation to Child	
Phone Number:	

Name	
Relation to Child	
Phone Number:	



## *Photo Release Form*

By signing this photo release form I give New Leaf Preschool and Prep Academy permission to post photos and videos that may contain my child in any of the following locations:

- The New Leaf Facebook Pages
- On the New Leaf Websites
- On the New Leaf's Instagram Pages
- On classroom sharing application: Brightwheel
  - (NLPA Parent & Teacher only viewing)

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Signature

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Date





**CHILD HEALTH REPORT – CHILD CARE CENTERS**

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.04(6)(a)4. and DCF 251.04(6)(a)8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child’s record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child’s immunization record when submitting this form to the child care center.

**PARENT OR GUARDIAN – This section should be completed by the parent or guardian**

Child’s Name (Last, First, MI)	Child’s Birthdate (mm/dd/yyyy)
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Child’s Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

**HEALTH PROFESSIONAL – This section should be completed by the health professional**

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

Yes  No Does the child have a milk allergy? If “Yes,” identify the recommended milk substitute.

Yes  No Does this child have any food or non-food allergies? If “Yes,” specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child’s most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

**AUTHORIZATION**

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)	Address (Street, City, State, Zip Code)
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<b>SIGNATURE</b> – MD, PA, or other EPSDT Provider	Date of Examination
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### CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

#### PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

#### IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year \_\_\_\_\_ (Vaccine is not required)

No or Unsure (Vaccine is required)

#### REQUIREMENTS

STEP 3 The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio		3 Hep B	2 MMR <sup>3</sup>	2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

#### COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

#### SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed



## *Walking Trip Permission*

By signing this release form I give New Leaf Preschool permission to take my student offsite to attend walking field trips from the date signed through August 31st, 2023.

\_\_\_\_\_  
Student's Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent Signature:

\_\_\_\_\_  
Date:



## *Onsite Animals*

By signing this release form I acknowledge the presence of pets at New Leaf Preschool. New Leaf Preschool will notify of any changes in the pet policy or addition of animals.

\_\_\_\_\_  
Pet onsite:

\_\_\_\_\_  
Studio/Location:

\_\_\_\_\_  
Pet onsite:

\_\_\_\_\_  
Studio/Location:

\_\_\_\_\_  
Pet onsite:

\_\_\_\_\_  
Studio/Location:

\_\_\_\_\_  
Pet onsite:

\_\_\_\_\_  
Studio/Location:

\_\_\_\_\_  
Pet onsite:

\_\_\_\_\_  
Studio/Location:

\_\_\_\_\_  
Pet onsite:

\_\_\_\_\_  
Studio/Location:

\_\_\_\_\_  
Student's Name:

\_\_\_\_\_  
Parent Signature:

\_\_\_\_\_  
Date:



## *Parent Handbook Acknowledgement*

I have read and agree to all guidelines & rules indicated in the parent handbook. I acknowledge that the parent handbook can be accessed at any time by going to:

[www://NewLeafPreschool.com/Enrollment](http://www://NewLeafPreschool.com/Enrollment)

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

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Intake Information

The remainder of this packet is to be filled out by parents of students entering one of our toddler studios.  
No further enrollment paperwork is required for students enrolling into our primary studios.

Providing complete and thorough information about your child will help us to create a positive educational experience tailored to their needs.

### GENERAL STUDENT INFORMATION:

Student's First Name:	
Students Last Name:	
First Day of Attendance: (mm/dd/yyyy)	
Birthdate: (mm/dd/yyyy)	
Child has frequent colds, ear infections, colic, etc.? (specify)	
Has your student ever been in a daycare or preschool?	
If yes, was it a Montessori school?	
Were there any difficulties? (Specify)	
Allergies, Milk Preference or Medical Conditions: (specify)	
Student's Likes:	
Student's Dislikes:	

### MEAL TIME:

When eating your child is? (held, in highchair, etc.)	
What are meal times like at home?	
Do you sit together as a family?	
Does your child use cutlery?	
Does your child drink from an open cup?	
Special Feeding Problems? (specify)	



Allergies? (Must be indicated on health report, specify)	
Favorite Foods:	
Disliked Foods:	

**SLEEP:**

What is your nap time routine like at home?	
Does your child fall asleep easily? (specify)	
How long does your child typically nap?	
Do they use a comfort item and/or nuk? (specify)	
What time does your child nap? (start to end time)	
Mood upon waking:	
What is your child's bedtime?	
When does your child wake?	

**TOILETING:**

Diaper type? (cloth, disposable)	
Have you introduced standing diaper changes?	
Are you open to your child sitting on the toilet at 18 months?	
Highly sensitive skin?	
Frequent diaper rash?	
Lotions, creams used? (specify)	
Regular bowel movements?	
Toilet training attempted? (Describe)	
Type of toilet seat used? (potty chair, etc. specify)	
Toileting Problems? (Describe)	



Have you read our policy on students not wearing diapers/pull-ups at nap-time?	
--------------------------------------------------------------------------------	--

**COMMUNICATION:**

Family's spoken language?	
Secondary language? (specify)	
Has your child been introduced to sign language?	
If yes, what signs do they know?	
Child speaks in words or sentences?	
Age child began talking?	
Special verbal needs:	

**SELF EXPRESSION:**

Does your child have a fussy time? (specify)	
Strategies used to comfort your child?	
Child likes to be (indicate those that apply):	<input type="checkbox"/> Held <input type="checkbox"/> Sung to <input type="checkbox"/> Read to
What causes your child to fee angry or frustrated?	
What frightens your child?	
How does your child express happiness/joy?	
How does your child react when frightened?	
Is your child used to playing with other children?	
How do you foster independence at home?	
Child's favorite Indoor activities?	
Child's favorite outdoor activities?	





<p>Are there any particular items you would like guidance or partnership from you child's teacher on? (Ex. Toilet training, saying goodbye, fostering independence, morning routines, meal routines, etc.)</p>	
<p>Is there anything additional you would like us to know about your child or family?</p>	
<p>Additional Information about your child's habits, abilities or personality?</p>	

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date