

# ZIMMER

## Enrollment Contract

for 2014-2015

between Zimmer Preschool & the Family of

Address: \_\_\_\_\_

To register your child, please return forms and fees. A space is guaranteed only upon receipt of forms and fees. Please fill out a separate form for each child.

### ENROLLMENT AGREEMENT

I have read and accept the policies outlined in the Enrollment Booklet: the Terms of Agreement; the school's policies and procedures; the state-mandated "Information to Parents" document and the "Expulsion Policy".

**Both parents must sign:**

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

### METHOD OF PAYMENT:

- Credit/Debit;  Check;  Cash  
 Payment if full;  Incremental Plan

### SECURITY DEPOSIT

In lieu of a security deposit, we require that a credit card number be maintained on record until full annual tuition has been paid. Please submit information even if paying by check or cash.

Card No: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sign: \_\_\_\_\_

### PHOTOGRAPHS

We regularly post photos on our website & Facebook page without children's names. (We will not identify students without parental permission)

- Okay to post pictures  
 No, Don't post pictures

### SCHOOL DIRECTORY & CHABAD E-MAIL LIST

I  do /  don't want my child's information included in the directory  
 I  do /  don't want to join the Chabad weekly e-mails

## Please check program/s desired:

### ANNUAL TUITION - SCHOLASTIC YEAR:

#### INFANTS & WALKERS

(6-17 months when enrolling)

- 9:00 a.m. - 12:30 p.m. / Monday - Friday  
 2-day program \$3882 per school year  
 3-day program \$5297 per school year  
 5-day program \$7908 per school year  
 9:00 a.m. - 2:00 p.m. / Monday - Friday  
 2-day program \$5585 per school year  
 3-day program \$7554 per school year  
 5-day program \$11352 per school year

#### YOUNG TODDLERS (18-mo by Sept 1)

- 9:00 a.m. - 12:30 p.m. / Monday - Friday  
 2-day program \$3235 scholastic year  
 3-day program \$4410 scholastic year  
 5-day program \$6590 scholastic year

9:00 a.m. - 2:00 p.m. / Monday - Friday

- 2-day program \$4645 scholastic year  
 3-day program \$6295 scholastic year  
 5-day program \$9460 scholastic year

#### OLDER TODDLERS (27-mo by Sept, 1)

- 9:00 a.m. - 12:30 p.m. / Monday - Friday  
 2-day program \$3000 scholastic year  
 3-day program \$4030 scholastic year  
 5-day program \$5410 scholastic year

9:00 a.m. - 2:00 p.m. / Monday - Friday

- 2-day program \$4250 scholastic year  
 3-day program \$5730 scholastic year  
 5-day program \$7600 scholastic year

#### PRESCHOOL (3-years by Sept 1)

- 9:00 a.m. - 2:00 p.m. / Monday - Friday  
 3-day program \$5640 scholastic year  
 5-day program \$7410 scholastic

#### PREK (4-years by Sept 1)

- 9:00 a.m. - 2:00 p.m. / Monday - Friday  
 4-day program \$6670 scholastic year  
 5-day program \$7410 scholastic year

#### KINDERGARTEN (5-years by Sept 1)

- 8:30 a.m. - 2:30 p.m. / Monday - Friday  
 5-day program \$9500 scholastic year

### REGISTRATION FEES

For new students:

- \$75 registration fee

For all students entering kindergarten:

- \$150 Registration Fee  
 \$150 Book Fee  
 \$100 Program Fee

### EXTENDED DAY (for school year):

Select hours & days to form your personalized schedule

To calculate Extended Day tuition: count hours per day, multiply by the hourly charge, multiply by the number of days scheduled in the scholastic year. This is added to School Tuition and is subject to the same Terms of Agreement.

Over 18 months - \$6.50/hour Infant - 18mos - \$7/hour

#### BEFORE CARE (from 7:00 to 9:00am)

- Mon \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Tues \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Wed \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Thurs \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Fri \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)

Total Before Care Tuition: \$ \_\_\_\_\_

#### AFTER CARE (from 2:00 to 6:00Pm)

- Mon \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Tues \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Wed \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Thurs \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Fri \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)

Total After Care Tuition: \$ \_\_\_\_\_

### SUMMER PROGRAM:

June 23 - August 15, 2014

18 months\* - 2.5 years: 9:00am - 12:30pm

- 3-day (Mon, Wed, Fri) \$105 per week  
 5-day (Mon-Fri) \$150 per week

18 months - 2.5 years: 9:00am - 2:00pm

- 3-day (Mon, Wed, Fri) \$205 per week  
 5-day (Mon-Fri) 9am 2pm \$295 per week

2.5 - 5 years: 9:00am - 2:00pm

- 3-day (Mon, Wed, Fri) \$175 per week  
 5-day (Mon-Fri) 9am 2pm \$250 per week

(Infants & Walker Program will open based on sufficient parental interest.)

Program runs for 8-weeks; registration is for a minimum of 2 consecutive weeks.

To calculate Total Summer Tuition: Select the program, and multiply that tuition by the amount of weeks you are enrolling.

For Extended Day options, see below.

### EXTENDED DAY (for summer):

Select hours & days to form your personalized schedule

To calculate Extended Day tuition: count Total Hours per week, multiply by \$6.50 per hour, multiply by the amount of weeks you are enrolling. This is added to Total Tuition and is subject to the same Terms of Agreement.

#### BEFORE CARE (from 7:00 to 9:00am)

- Mon \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Tues \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Wed \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Thurs \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)  
 Fri \_\_\_\_\_am - \_\_\_\_\_am (1-hour increments)

Total Before Care Tuition: \$ \_\_\_\_\_

#### AFTER CARE (from 2:00 to 6:00Pm)

- Mon \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Tues \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Wed \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Thurs \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)  
 Fri \_\_\_\_\_pm - \_\_\_\_\_pm (1-hour increments)

Total Before Care Tuition: \$ \_\_\_\_\_

### SPECIAL ARRANGEMENTS:

- Multiple Children discount  
 Payment of Full discount  
 Other

### CHILD-RELEASE AUTHORIZATION

For the school to release the child to anyone besides his/her parents, written authorization must be given. Parent authorizes the following people to take child from school:

Person 1 \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Person 2 \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**zimmer**  
Preschool at the Chabad Jewish Center



## Your Child:

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

Hebrew Name \_\_\_\_\_

Is your child called by any other name? \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

Phone (     ) \_\_\_\_\_

## APPLICATION FOR ADMISSION

### Parents:

MOTHER'S NAME \_\_\_\_\_

*First*

*Last*

*Hebrew*

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Address (if different to child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

*First*

*Last*

*Hebrew*

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Address (if different to child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital status of parents \_\_\_\_\_

Does someone other than the parent care for your child? \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Siblings:

Names and ages of siblings \_\_\_\_\_

Placement of child in family \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

**It is the parents' responsibility to keep these forms up to date.**

What past illnesses has your child had at what age?

Chicken pox \_\_\_ Scarlet fever \_\_\_ Diabetes \_\_\_ Mumps \_\_\_ Measles \_\_\_ Hepatitis \_\_\_ other \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Explain \_\_\_\_\_

Any problems in infancy, physical development, etc *(use reverse side if necessary)* \_\_\_\_\_

Has your child ever been hospitalized or had a serious illness? \_\_\_\_\_

If so, please explain \_\_\_\_\_

**ADMINISTERING PRESCRIPTION OR PATENT MEDICINE**

I authorize the preschool staff to administer prescription or patent medicine to my child as specified in written instructions.

**MEDICAL EMERGENCIES**

I authorize the director or director's designee to seek appropriate medical care for my child, if necessary.

**A.** In case of emergency, when neither parent can be reached, give names of two people who will take responsibility for your child.

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone *(Home)* \_\_\_\_\_ *(Business)* \_\_\_\_\_

Phone *(Home)* \_\_\_\_\_ *(Business)* \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Town \_\_\_\_\_

Relationship to student \_\_\_\_\_

Relationship to student \_\_\_\_\_

**B.** If parents cannot be reached and emergency medical advice is needed, permission is given to the preschool staff to phone my child's doctor:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Doctor's hospital affiliation \_\_\_\_\_

**C.** In case of medical emergency requiring immediate emergency care, I authorize the paramedics to take my child to the nearest hospital, if necessary. It is understood that I will hold Zimmer School harmless for the nature and outcome of any emergency medical treatment. It is also understood that I leave the decision of what constitutes an emergency to the sole direction of the staff.

**D. FURTHER MEDICAL INFORMATION**

Allergic reactions to medication \_\_\_\_\_

Medication child is taking on a regular basis \_\_\_\_\_

Any special medical circumstances \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL INFORMATION

ZIMMER/OLAM  
3048 Valley Road  
Basking Ridge, NJ 07920

INDIVIDUAL PERMISSION FOR MEDICATION OR HEALTH CARE PROCEDURE

Name fo Student: \_\_\_\_\_  
 Conditions for administering medication:  
 Cold \_\_\_\_\_ Sore throat \_\_\_\_\_ Rash \_\_\_\_\_ Ear Infection \_\_\_\_\_  
 Teething \_\_\_\_\_ Fever \_\_\_\_\_  
 Other \_\_\_\_\_

Name of medication or procedure: \_\_\_\_\_  
 Refrigeration needed? \_\_\_\_\_  
 Prescription \_\_\_\_\_ Non-Prescription \_\_\_\_\_ Dr's Approval required ? \_\_\_\_\_  
 Amount to be given: \_\_\_\_\_  
 Times to administer: \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Possible Adverse Reactions: \_\_\_\_\_  
 Special Instructions : \_\_\_\_\_  
 I AUTHORIZE THE ADMINISTRATION OF MEDICATION TO MY CHILD.

\_\_\_\_\_  
 Parent Signature Date

FOR SCHOOL USE ONLY

DATE GIVEN	TIME[S] GIVEN	Any Adverse reactions observed?	STAFF SIGNATURE

- Is all above information complete?
- Is the medication in original container with label?
- Is the student's name on the container?
- Is the medication stored out of reach of children?
- Is the medication or prescription expired?

Do the instructions given agree with the label on the medication ?

# UNIVERSAL CHILD HEALTH RECORD

*Endorsed by:*  
American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if >3 Years)		
<b>IMMUNIZATIONS</b>			<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:		
<b>MEDICAL CONDITIONS</b>					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
<b>PREVENTIVE HEALTH SCREENINGS</b>					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

New Jersey Department of Health  
**MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY**  
**N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL**

Disease(s)	Meets Immunization Requirements	Comments
DTaP//DTP	<p>Age 1-6 years: 4 doses, with one dose given on or after the 4<sup>th</sup> birthday. OR any 5 doses.                      Age 7-9 years: 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses</p>	<p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses. A booster dose is needed on or after the fourth birthday, to be in compliance with Kindergarten attendance requirements. Pupils after the seventh birthday should receive adult type Td. Please note: there is no acceptable titer test for pertussis.</p>
Tdap	<p>Grade 6 (or comparable age level for special education programs): 1 dose</p>	<p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.</p>
Polio	<p>Age 1-6 years: 3 doses, with one dose given on or after the 4<sup>th</sup> birthday. OR any 4 doses.                      Age 7 or Older: Any 3 doses</p>	<p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses. A booster dose is needed on or after the fourth birthday to be in compliance with Kindergarten attendance requirements. Either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years or older.*</p>
Measles	<p>If born before 1-1-90, 1 dose of a live measles-containing vaccine on or after the first birthday.                      If born on or after 1-1-90, 2 doses of a live measles-containing vaccine on or after the first birthday.</p>	<p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Intervals between first and second measles-containing vaccine doses cannot be less than 1 month. Laboratory evidence of immunity is acceptable.**</p>
Rubella and Mumps	<p>1 dose of live mumps-containing vaccine on or after the first birthday.                      1 dose of live rubella-containing vaccine on or after the first birthday</p>	<p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Laboratory evidence of immunity is acceptable.**</p>
Varicella	<p>1 dose on or after the first birthday</p>	<p>All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering the school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.</p>
Haemophilus influenzae B (Hib)	<p>Age 2-11 Months: 2 doses                      Age 12-59 Months: 1 dose</p>	<p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months.                      Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday.***</p>
Hepatitis B	<p>K-Grade 12: 3 doses or                      Age 11-15 years: 2 doses</p>	<p>If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation.</p>
Pneumococcal	<p>Age 2-11 months: 2 doses                      Age 12-59 months: 1 dose</p>	<p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months.                      Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday.***</p>
Meningococcal	<p>Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose</p>	<p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97.***                      This applies to students when they turn 11 years of age and attending Grade 6.</p>
Influenza	<p>Ages 6-59 Months: 1 dose annually</p>	<p>For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season during this time period.</p>

Child's name: \_\_\_\_\_

We understand that sound early childhood education can be achieved when parents and staff are mutually involved in learning and participating. Therefore, when we enroll our children in Zimmer School we pledge to participate in the experience.

MOTHER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

FATHER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## ALL ABOUT YOUR CHILD:

### INTAKE INFORMATION FOR CHILDREN NEWLY ENROLLED

*The following questions are to help us get acquainted with your child and family and ease the transition into school, helping us to support you and your child in the best way possible.  
The information you share will be kept confidential.*

Children are impacted by all the special relationships they have. Are there any important others in your child's life?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Pets: Kind: \_\_\_\_\_ Name: \_\_\_\_\_ Kind: \_\_\_\_\_ Name: \_\_\_\_\_

Does your child play primarily \_\_\_ alone, \_\_\_ with siblings, \_\_\_ with adults, \_\_\_ with other children?

### DEVELOPMENTAL HISTORY OF THE CHILD

The beginning days and weeks in the life of a family with a new child is so important and there are many ways that children come into our families. Please share any information regarding the way in which our child joined your family. (i.e. adoption, surrogacy, delivery experiences, prematurely, etc.)

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Is your child aware of his/her way of joining the family? \_\_\_\_\_

At what age did your child...

...Sleep through the night? \_\_\_\_\_

...Sit alone \_\_\_\_\_

...Crawl \_\_\_\_\_

...Walk alone \_\_\_\_\_

...Say first words \_\_\_\_\_

...Repeat short sentences \_\_\_\_\_

Is English the primary language spoken at home? \_\_\_\_\_ If not, what is? \_\_\_\_\_

Does your child receive support in...

...Un/dressing \_\_\_\_\_ ...Washing \_\_\_\_\_ ...Toileting \_\_\_\_\_

...Eating \_\_\_\_\_ ...Going to Sleep \_\_\_\_\_ ... Other \_\_\_\_\_

TOILETING

Are you in the process of teaching your child how to use the potty or toilet? What are your beliefs?

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Does your child need to be reminded to go to the bathroom? \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_

What terms are used in your household in reference to toileting? \_\_\_\_\_

SLEEPING AND EATING HABITS

How do you know when your child is tired? \_\_\_\_\_

At what time does your child usually get up in the morning? \_\_\_\_\_

At what time does your child go to bed at night? \_\_\_\_\_

Does your child sleep well? \_\_\_\_\_

Please describe your child's general eating habits. \_\_\_\_\_

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TRANSITIONS AND NEW EXPERIENCES

Has your child ever been left with a nanny or babysitter? How does s/he handle it? \_\_\_\_\_

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Has your child participated in previous group play experiences? (i.e. swim class, gym, story hour, etc.) \_\_\_\_\_

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How does your child handle separations? Is there anything to help us help your child? \_\_\_\_\_

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How does your child react to new experiences, like a new teacher? Does your child have any needs in new situations that would be helpful to know? \_\_\_\_\_

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Does your child use or need a means of comfort during times of stress and fatigue? \_\_\_\_\_

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