



Katonah Playcare

Early Learning Center

2026-2027 School Forms

Instructions:

Please fill in all information on each page and submit prior to the start of school. These forms may be completed electronically by typing your information directly into the blue form fields.

To submit your form, you must save your completed document to your computer, then attach and email to Katonah Playcare at: kpcelc@aol.com. Please rename the file with your child's name in it.

If you do not wish to fill these out electronically, you may print them out, fill in, and mail to our PO Box.

Note on Electronic Signatures:

This PDF document includes the capability to provide your signature electronically. During the completion process, you may create your electronic signature by following the instructions in Adobe Acrobat.

[Download Adobe Acrobat Reader Here](#)

If you are experiencing problems creating an electronic signature, please complete the forms and submit. You can provide your signature during your next school visit.

Family Information

Today's Date: _____

Child's Name: _____

Child's Nickname (if applicable): _____

Age: _____ Date of Birth: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Addl. Phone: _____

Parent Name: _____	Parent Name: _____
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Occupation: _____	Occupation: _____
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Email: _____	Email: _____
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Cell Phone: _____	Cell phone: _____
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Child's siblings:	Age:
_____	_____
_____	_____
_____	_____
_____	_____

Custody Information (if applicable):

Allergies/Sensitivities:

Pets:



Background Information

The following questions were designed to help us learn more about your children. We appreciate you taking the time to answer all of the questions.

1. Has your child ever been left with a sitter or someone other than you? How does he/she react?

2. Does your child have a favorite blanket or toy to which he/she is attached? Under what circumstances does he/she use it?

3. How does your child react to people he/she does not know?

4. How does your child behave when he/she is asked to mix with a new group, such as at a birthday party?

5. Has your child ever been hospitalized? If yes, at what age? For how long? Why?

6. Has there been a recent death of anyone close to your family, or of a pet?
If yes, what was your child's relationship to that person/pet?
What were his/her reactions?

7. Have you moved recently? How did your child react to the move?

8. What makes your child fearful?

9. What does your child like to do that may help us plan activities for him/
her? (ie, favorite books, toys, etc.)

10. Is your child potty trained? If not, where are you in the process?

Have not begun

Just beginning

Is wearing a pull up

Has mastered potty training

Potty training notes

11. What else would you like us to know about your child that would help us in planning for him/her?

12. Has your child ever received or is currently receiving any support services (such as speech therapy, occupational therapy, physical therapy)?

13. What are your goals for your child this year at Katonah Playcare Early Learning Center?



Child Pick-Up Form

Katonah Playcare requires a note from parents designating individuals who have permission to pick up their child when the parent is unable to pick up themselves. This form will allow teachers to release your child to individuals designated here. If possible, call to let us know who will be picking up your child. If you are unable to call, we will only dismiss your child to those people on this list. This form does not take the place of a daily letter saying that your child is going home with someone else for a play date, etc. It is used in case of unforeseen circumstances that have made it impossible for you to get to school for pick-up.

My child,

_____ ,

may be picked up from school by the following people:

Name:

Relationship:

Phone #:

Parent Signature

Date



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Emergency Permission/Medical Release

In case of an emergency, every effort will be made to contact parents or the designated persons listed below, but sometimes this is not possible and immediate treatment is necessary. If my child,

_____ ,
is hurt or becomes seriously ill at school, he/she may receive emergency medical care and/or be treated at the emergency room of the hospital.

Students Physician:

Physicians name:

Phone #:

Hospital where student should be taken if parent or physician is unavailable

Designated Persons (other than parents):

Name:

Relationship:

Phone #:

Parent Signature

Date



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Walks Permission

Walks are a carefully supervised part of our program. Walks are sometimes taken without previous planning, but parents are usually notified before each trip. (N/A for the 2's Program).

My child,

may leave school for walks.

Parent Signature

Date



Photo and Video Recording Permission

I give permission for my child,

to be photographed and/or videoed in school, by school personnel, for the purpose of recording school activities with teachers, parents, and children, to be used for viewing by parents, staff, and children.

Parent Signature

Date



Facebook/Instagram/Website Photo Consent

KPCELC maintains a Facebook, Instagram and website as a helpful resource for communicating with families in the preschool and with the community at large. Names of children will never be used on these platforms.

I, _____, parent or guardian of
_____,
child's name

hereby ☐ grant permission ☐ do not grant permission
to Katonah Playcare Early Learning Center to take and use photographs and/or digital images of my child for use on the www.katonahplaycare.com website, Facebook and Instagram pages. My child's name and identity will not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.

Parent Signature

Date



Parking Rules

Parking is a major concern for us here at Katonah Playcare ELC. Your child's safety, as well as your own, depends on the proper use of available legal parking.

Katonah Playcare ELC's use of this building depends on everyone's compliance with these legal parking regulations. Failure to do so will jeopardize KPCELC's use of this building.

Here are some things to keep in mind when parking:

- Always turn your engine off!!
- Never leave a child unattended in a car.
- The driveway to the left of our building is an active driveway. Please watch your child(ren) carefully as you cross the driveway.
- **Do not park in the parking lot.** This is reserved for our staff and visitors. The teachers have assigned spots in the lot. The first row of cars can never be blocked, as we need to be able to have these cars available in case of emergency. The last row of the parking lot is "Church Parking Only".
- Be mindful of "No Parking" signs on the roads.
- If a space is not available, go around the block and one will most likely be open when you return.
- To ensure available spaces, please make drop-off and pick-up as brief as possible.
- Car pool when possible or have another parent walk your child to their classroom, especially if you have younger children that you don't want to take out of the car.
- Inform anyone else who may drive your child to/from KPCELC of the parking regulations.

I have read and fully understand these parking rules and will comply accordingly.

Parent Signature

Date