

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

**HAPPY DAYS PRESCHOOL – SOCIAL DEVELOPMENT** \_\_\_\_\_

**Has your child had previous group experience?** What setting? Please explain.

**Please list the name(s), age(s), and gender(s) of your child's siblings.**

**Does your child have neighborhood playmates?**

**How well does he/she get along with other children?**

**What concerns do you have about your child's social development?**

Happy Days Preschool recognizes major holidays including Halloween, Thanksgiving, Christmas, Valentine's Day, St. Patrick's Day, and Easter through discussions, book reading, craft projects, and songs. **Please describe any concerns or objections you may have about this.**

We welcome parents or other family members to share any special resources they have. **Do you have a skill or hobby to share?**

**INFORMATION RELEASE** \_\_\_\_\_

Happy Days Preschool will not disclose a child's records to any person other than the child, the child's parent or guardian, the child's legal representative, employees of Happy Days, and the commissioner unless the child's parent or guardian has given consent or as otherwise required by law.

**Educational Professionals**

I consent to allow the Happy Days teacher to speak with the kindergarten teacher and other early childhood professionals about the needs of my child.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Early Childhood Screening**

Happy Days may release my child's name, date of birth, address, and parent name to the early childhood screening team so that they may connect my family with early childhood resources.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

I understand that during the normal course of school activities my child's photo may be taken and published in the newspaper, website, or private Facebook page for general public relation purposes.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Health & Hygiene**

I consent to allow the Happy Days teachers to administer hand sanitizer and/or moisturizing hand lotion to my child. Hand sanitizer and/or hand lotion will be used as a supplement in the classroom or on fieldtrips and used when appropriate.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_