

Parent/Guardian		Parent/Guardian Phone		Fath	Mot
1) Mother's Full Name:		Mothers Employer: _____ Position _____			X
2) Father's Full Name:		Work Phone: (631) _____			X
Address:		Fathers Employer: _____ Position _____		X	
City:	ZIP:	Work Phone: (631) _____		X	
Home Phone: (631) _____		Emergency Phone: (631) _____		?	?
Work E-Mail:		Mother's Cell Phone:		X	
Home E-Mail:		Father's Cell Phone			X

Alternate Contact Names

Name	Phone Number	Relationship	¹ Take from premises Authority?
	(631) _____		
	(631) _____		
	(631) _____		
Physician:	(631) _____	Addr: _____	

Child Enrollment and Services Applied for

Child's Name (print clearly)	Age	DOB M/D/YY	Gender <u>M</u> / <u>F</u>	Start Date m/d/yyyy
1)				
2)				

Assessment Date:	Start Date- _____ End Date- _____
Child's Dominant Language- English Spanish	Parents Dominant Language- English Spanish

Shirts \$10 cash x _____ = _____

Size _____ Paid _____

¹ Parent/Guardian signature required.

Statement of Cooperation

It is my understanding that the policy for Shepherd's Gate is to make no refunds on registration fees. I give Shepherd's Gate permission for my child to take part in all school activities, including bus trips, sports activities and school-sponsored trips away from the school premises. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child be taken against Shepherd's Gate or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Shepherd's Gate or its agent should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend Shepherd's Gate whether it be Summer Camp, Pre-Kindergarten, Kindergarten or Before/After school care.

I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to Shepherd's Gate. Shepherd's Gate admits children of any race, color, religion, and national or ethnic origin.

Mother _____ Father _____

Guardian _____ Date: _____

Medical Alert:

Does your child have allergies? If yes, to what? Milk, eggs, bee sting, peanuts, etc? What precautions should be observed?

Is your child on daily medication? If yes, describe medication and regimen (Ritalin, insulin, etc.). Fully describe in writing any physical or emotional limitations.

Medical Emergency: In case of injury or illness to my child, if I cannot be contacted, I hereby grant Shepherd's Gate permission to seek and apply medical aid appropriate to prudent care.

Permission for children pictures and video to be used for Shepherd's Gate purpose for promotions and web site. Please Circle & Initial Yes No ____

If parents are separated or divorced, with whom does the child live? _____ Today's Date: _____

Parent Signature: _____ SG Signature _____

Screening Release

I, _____ give permission for Shepherd's Gate Universal Pre-Kindergarten to screen my child _____ for the school year of _____. If further evaluation is recommended I understand that my school district needs to be notified and consent given for testing.

Recargos de Evaluacion

Yo, _____ doy permiso para que el shepherds Gate Universal Pre-Kindergarten para que mi hijo(a) sea evaluado para el ano entiendoque el distrito necesita informarme.

Transportation Agreement

I, _____, give my permission for my childcare provider, or any approved employee of the above program,
(Name of Parent)
to transport my child(ren) _____ For the following reasons (Please initial all that apply)
(Name of Child(ren))

_____ Emergency Purposes Only

It is agreed that:

1. Caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any Motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is atleast 18 years of age and possesses a valid driver's license.
5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

(Parent or Guardian)

(Date)

Sunscreen Permission

The childcare provider or her substitutes have my permission to apply sunscreen to my child _____, as needed. I understand that I am still responsible for sending my child with sunscreen already applied daily.

My Signature belows signifies that I am aware of and agree with the providers policy of applying sunscreen as needed, and that I am still responsible for applying sunscreen prior to dropping off every day during the months needed.

(Parent or Guardian)

(Date)

Child's Name _____ Birthdate: _____

Address: _____ Home tel: _____

Parent's name: _____ Bus Tel: _____

_____ 1) *BEHAVIOR PROBLEMS*: Tantrums, is not able to accept limits: resists rules or refused to cooperate with requests._____ 2) *SOCIALIZATION PROBLEMS*: does not play well with other children; does not separate easily from parent; will not work in a group; is left out of peer activities._____ 3) *SPEECH/LANGUAGE PROBLEMS*: speech is unclear or garbled; difficulty expressing wants; incomplete language structure; often needs instructions repeated._____ 4) *SELF-HELP PROBLEMS*: difficulties with toileting, feeding or dressing._____ 5) *ATTENTIONAL PROBLEMS*: easily distracted, short attention span, darts from one task to another._____ 6) *DEVELOPMENTAL DELAYS*: does not appear to be learning at an average rate; delays in developmental milestones._____ 7) *MOTOR PROBLEMS*: clumsy, has difficulty using tools such as crayons, forks and spoons etc. Hand/eye coordination problems, poor control of body movement._____ 8) *HEARING PROBLEMS*: has trouble hearing; asks you to repeat or talk louder, favors one ear over the other, ear infections._____ 9) *VISION PROBLEMS*: eyes turn in, eyes turn out, squints._____ 10) *MEDICAL HEALTH RELATED PROBLEMS*: hospitalizations; serious illnesses; accidents; present medications._____ 11) *OTHER*: (for example; sleeping problems, nail biting, fears, etc.)

Nombre del Niño/a _____ Fecha de nacimiento: _____

Direccion: _____ # Tel. De la Casa: _____

Nombre de los Padres _____ # Tel. Durante el Dia: _____

¿Cree Ud. Que su niño/a tenga una necesidad especial? Por favor marque o subraye o anada cualquier cosa que le preocupe. Por favor use la parte de atras o otra hoja de papel para que nos de una informacìon completa.

- _____1) PROBLEMAS EN COMPORTAMIENTO: rabieta, que no puede aceptar limites, resiste las reglas o rehusa cooperar con lo que se le pide.
- _____2) PROBLEMAS EN SOCIABILIDAD: que no juega bien con otros niños; que no se separa de sus padres facilmente; que no puede trabajar o jugar en grupo; que lo dejan fuera de las actividades de sus companeros.
- _____3) PROBLEMAS DEL HABLAR/LENGUAJE: su language no es claro o es enredado; que tiene dificultad en expresar lo que quiere; la estructura del lenguaje es incompleta; necesita que le repitan las instrucciones frecuentement.
- _____4) PROBLEMAS EN AYUDARSE A SI MISMO: prolemas en ir al baño solo, comer solo, o vestirse solo.
- _____5) PROBLEMAS EN PONER ATENCIÓN: que se distrae facilment que no puede poner mucha atencìon, que salta de una cosa a la otra.
- _____6) PROBLEMAS EN EL DESARROLLO: no aparente estar aprendiendo en proporcion a sue dad, atrasos en el desarrollo, como cuando empezo a caminar. hablar, etc.
- _____7) PROBLEMAS EN LA DESTREZAS: torpe, que tiene dificultad en sujetar los crayones, tenedores y cucharas, etc. Prolema enla coordinacìon de manos/y ojos; pobre control en los movimientos del cuerpo.
- _____8) PROBLEMAS AUDITIVOS: que tiene problemas al oir, que le pide que repita o hable mas alto; que prefiere un oido al otro; que padece de infecciones en los oidos.
- _____9) PROBLEMAS EN LA VISTA: que mete los ojos hacia dentro, o que los saca hacia afuera; o que es bizco.
- _____10) MEDICAL PROBLEMAS DE SALUD RELACIONADOS MÉDICO: hospitalizaciones, enfermedades graves, accidentes, medicamentos actuales;
- _____11) OTRO: (ejemplo; problemas de dormir, mordiendo las uñas, temores, etc.)

Childrens Profile

Background Information

Childs Name

Nombre del Nino _____

Birth Date

Fecha de nac. _____

Address

Direccion _____

Telephone

Telefono _____

Name of Mother

Nombre de la madre _____

Occupation

Ocupacion _____

Name & Address of Employment _____

Work Telephone

Telefono del empleo _____

Name of Father

Nombre de la padre _____

Occupation

Ocupacion _____

Name & Address of Employment _____

Work Telephone

Telefono del empleo _____

List Siblings and ages/ Lista de hermanos(as) y Edades

Please circle the items below that best describe your child

Favor de circular las siguientes cualidades que describan a su nino(a)

Happy/ Alegre

Aggressive/ Agresivo

Friendly/ Amigable

Moody/Tempermental

Clumsy/ Torpe

Stubborn/ Recio

Quiet/ Callado

Dependent/ Dependiente

Fearful/ Miedoso

Shy/ Timido

Attentive/ Atento

Impulsive/ Impulsivo

Even-tempered/ Temperamento Estable

Good Natured/Buen Temperamento

Sympathetic/ Sympatico

Other/Otro: _____

What are your child's favorite activities? Cuales son las actividades favoritas de su niño(a)? _____

Has your child learned to? A Aprendido su niño(a) a?

Say nursery rhymes?

Sing Songs?

Listen to Stories?

Decir cuentos? _____

Cantar Canciones? _____

Escucha historias? _____

Say his/her Name?

Dress self independently?

Write Name?

Dice su nombre? _____

Se viste solo(a)? _____

Escribe su nombre? _____

Recognize and name common objects?

Name basic colors?

Roconoce por su nombre objetos communes? _____

Nombra colores basicos? _____

Follow simple directions?

Count?

Draw a person?

Sigue instrucciones simples? _____

Cuentos? _____

Dibuja una persona? _____

Other significant accomplishments/otros logros significativos? _____

Has your child had group play experiences?

Explain?

Ha tenido su niño(a) la experiencia de jugar en grupos? _____ Explique? _____

Does your child play well alone?

In Groups?

Juega su niño(a) solo? _____

En grupos? _____

Does your child accept correction easily?

Acepta su niño(a) que se le corrija sin nungun problema? _____

Is your child potty trained/ Esta niño(a) entrenado para r al bano solo(a)? _____

Describe assistance needed and words used? Describe las necesidades y las palabras que utilize: _____

Does your child nap?

When?

Child's Bedtime:

A Que hora siesta? _____

Cuando? _____

A que hora duerme: _____

Child's wake up time?

Does your child have any special fears?

A que hora despierta: _____

Tiene el niño(a) temor a algo en especifico? _____

Parents Comments: Is there Anything Special you would like us to know?

Does your child have any problems with vision or hearing?

Padece su nino(a) de algun problema de vision o audicion? _____

Does your child have frequent colds?

Padece su nino(a) de firecuentes resfriados? _____

Earaches?

Dolor de estomago? _____

Does your child have any health problems that we should aware? Explain.

Tiene su nino(a) algun problema o condicion de salud que deberiamos tener cononimento? _____

Does your child have any allergies? List

Padece su nino(a) de alguna alergia? Lista _____

Does your child take any regular medications? List

Toma u nino(a) medicamento regularmente? Lista _____

List illnesses your child has had/ Enumre las enfermedades que su nino(a) a padecido: _____

Are there any special medical, physical or emotional needs that we should be aware of?

Hay alguna condicion medica, fiscia o emocional de su nino(a) que deberiamos conocer? _____

Do you feel your childs speech is clear?

Cree usted que su nino(a) habla sin dificultad? _____

Can strangers understand when he or she speaks?

Pueden personas ajenas entender lo que su nino(a) hable? _____

What is the method of discipline used at home?

Cual es metedo de diciplina utilizado en el hogar? _____

What do you hope will be included in your childs pre-school program?

Que le gustaria que incluyeros en el program pre-escolar de su nino(a)? _____

Shepherd's Gate Universal Pre-K

Pre-K Entry Assessment Form

- Have the children color using primary crayon colors and paper while they wait.

1. Introduce yourself.

Ask the child's name:

Ask child's age. Answer: _____.

Language information: ☐ English ☐ Spanish ☐ Both.

2. View picture/drawing constructed by the child.

Ask the child what the picture is about.

See if the child can identify **shapes** used. (*If not, try other form.*)

☐ Yes ☐ No Answers: _____

See if the child can identify **colors** used in the drawing:

☐ Yes ☐ No Answers: _____

3. Write the child's name on the picture.

Ask if the child can **identify any of the letters** in his/her name.

☐ Yes ☐ No Answer: _____

4. Have child **count** number of blocks.

☐ Yes ☐ No Answer: _____

(Can also ask to identify colors Answers: _____)

1725 Brentwood Road, Brentwood N.Y 11717

Website: www.shepherdsgateacademy.com

631-435-3215

Email: shepherdsgateacademy@gmail.com

Today's Date __/__/2020

Shepherd's Gate Academy Before and After school Care

1725 Brentwood Rd

Brentwood NY 11717

(631)-435-3215-Office

(631)-435-0502- Fax

www.sgbac.orgPRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE _____ 20 ____

NAME OF SCHOOL Shepherd's Gate GRADE _____ HOMEROOM _____

NAME OF CHILD _____ DATE OF BIRTH _____ SEX ☐ M ☐ F

Last First Middle

ADDRESS _____

No. and Street City or Post Office Borough or Township County State Zip Code

MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, And Year Each Immunization Was Given				BOOSTERS & DATES	
	DOSES					
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1 / /	2 / /	3 / /	4 / /	5 / /	
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /	
Measles, Mumps, Rubella	1 / /	2 / /				
Hepatitis B	1 / /	2 / /	3 / /			
HIB	1 / /	2 / /	3 / /			
Varicella	1 / /	2 / /				Varicella Disease or Lab Evidence Date: _____
Other _____						

- ☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health
- ☐ RELIGIOUS EXEMPTION (includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. _____

Date

Result of Diagnostic Studies: _____

Date

Preventive Anti-Tuberculosis - Chemotherapy ordered. ☐ No ☐ Yes _____

Date

(Continued on Back)

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	☐	☐	
Asthma.....	☐	☐	
Cardiac	☐	☐	
Chemical Dependency	☐	☐	
Drugs	☐	☐	
Alcohol	☐	☐	
Diabetes Mellitus	☐	☐	
Gastrointestinal Disorder	☐	☐	
Hearing Disorder	☐	☐	
Hypertension	☐	☐	
Neuromuscular Disorder	☐	☐	
Orthopedic Condition	☐	☐	
Respiratory Illness	☐	☐	
Seizure Disorder	☐	☐	
Skin Disorder	☐	☐	
Vision Disorder	☐	☐	
Other (Specify)	☐	☐	

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination _____

Signature of Examiner _____

Print Name of Examiner _____

Sep-18						
S	M	T	W	Th	Fr	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
Oct-18						
S	M	T	W	Th	Fr	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
Nov-18						
S	M	T	W	Th	Fr	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
Dec-18						
S	M	T	W	Th	Fr	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
Jan-19						
S	M	T	W	Th	Fr	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September

9/5 First day of school
 9/10-9/11 Rosh Hashanah
 9/19 Yom Kippur
 9/25-9/26 Picture Day

October

10/8 Columbus Day
 10/18 PVO Workshop(Karate)
 10/26 Pumpkin Picking

November

11/6 Conference Day
 11/12 Veterans Day
 11/21-11/23 Thanksgiving Break

December

12/14 Santa Visits
 12/24-1/1 Winter recess

January

1/2 School reopens
 1/11 PVO Workshop(Nutrition)
 1/21 Martin Luther King Day

February

2/8 PVO Workshop(Behavior)
 2/18-2/22 Mid-Winter recess

March

3/28 Conference Day

April

4/17 PVO Event (Garden Prep)
 4/19-4/26 Spring Recess

May

5/15 PVO Event (Planting w/ sis Heather)
 5/24-5/28 Memorial Day

June

6/4 Eid al-Fitr
 6/26 Tentative last day of school

Feb-19						
S	M	T	W	Th	Fr	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		
Mar-19						
S	M	T	W	Th	Fr	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
Apr-19						
S	M	T	W	Th	Fr	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
May-19						
S	M	T	W	Th	Fr	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
Jun-19						
S	M	T	W	Th	Fr	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

To report an absense- email sgattendance15@gmail.com with your childs name and reason

Please visit our website at www.shepherdsgateacademy for monthly themes and calendar updates

If Brentwood schools are closed due to inclement weather- Shepherds Gate is also closed