

188 Martin Street, Jefferson GA 30549

706-367-2935 [www.jfumc.org](http://www.jfumc.org) jfumcpreschool@gmail.com

CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check class of enrollment | Age | Class OfferedBased on enrollment | RegistrationFee | Monthly Tuition |
|  | Younger 2 years (Two years by August 1, 2024) | Tues/Thurs 9:00 to 12:00 | $175 | $195 |
|  | Younger 2 years(Two years by August 1, 2024) | Mon/Wed/Fri 9:00 to 12:00 | $200 | $225 |
|  | Older 2 years (three by Feb. 1, 2025) | Mon/Wed/Fri9:00 to 12:00 | $200 | $225 |
|  | Older 2 years (three by Feb. 1, 2025) | Tues/Thurs9:00-12:00 | $175 | $195 |
|  | 3 years\*\* | Mon/Wed/Fri 9:00 to 12:00 | $200 | $225 |
|  | 3 years\*\* | 5 days a week9:00-12:00 | $225 | $260 |
|  | 4 years\*\* | 5 days a week, 9:00 to 12:00 | $225 | $260 |
| \*\*Children in the three and four year old classes must to be potty-trained before the beginning of school |

Please initial

\_\_\_\_\_ I understand the registration fee is non-refundable and is used to guarantee my child’s spot. A registration fee must be received in order to hold a spot in the class. If a application is made without a registration fee, the spot is not secured until the fee is paid.

\_\_\_\_\_ I understand that children in the three year old and four year old classes must be potty trained completely before the beginning of school. This means they are fully independent in all parts of toileting such as pulling pants up and down, wiping, and have no regular accidents. Three accidents in month indicates more training may be needed and your child will be asked to return once complete independence is achieved. JFUMC Preschool does not have the facilities in the three and four year old classrooms to change diapers or pull-ups and frequent potty accidents create a sanitiation issue in the classroom.

\_\_\_\_ I understand that JFUMC Preschool welcomes all children of differing abilities, but it is important to disclose any issues of concern surrounding development and behavior in this applicaton. While we do our best to accommodate each student’s needs, there are times that we are unable to provide the needed support. Disclosure of information in this application allows us to openly communicate these needs together to determine if JFUMC Preschool is a good fit for your child and so we can successfully plan our classroom.

\_\_\_\_\_ An immunization form from the doctor or Health Deparment is due by Open House.

\_\_\_\_\_ I understand JFUMC Preschool is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birthdate\_\_\_\_\_\_\_\_\_\_ What name does your child go by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who does your child live with?**

Mother and Father Mother

Father Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If child has a specific custody arrangement, please notify the school in writing).

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in case of emergency)

**Father’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in case of emergency)

Please list at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached. If a child is sick or needs to be picked up, parents/guardians/caregivers must pick them up within thirty minutes of receiving the phone call.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Second emergency contact, (a local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know a little bit about your child.

Does your child have a regular time apart from his or her parents, such as nursery during church services, or regular time with a babysitter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever attended a preschool, mother’s morning out program or other group care setting? yes / no (If yes, please state the location and dates of attendance)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What special interests does your child have? (I.e. Dinosaurs, trains, dollhouses)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have there been any recent events in your child’s life that we should be aware of? (I.e. loss of a pet, recent move, illness, divorce)? (If yes, please explain.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What do you hope your child will get from their experience with JFUMC Preschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your child have any physical or medical restrictions that the school should be aware of? (This includes any allergies. In the event of an allergy requiring an epi pen, a device must be given to the school by Open House)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any developmental concerns with your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any behavioral concerns with your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like for us to know about your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We want your child to be successful in our school and we want to properly serve them when they are with us. If a parent wishes to enroll their child in our program, we will determine if we are qualified to serve the child. We will monitor the progress and talk to the parents on how they are adjusting and where they are developmentally and behaviorally. If you have any developmental concerns and are interested in having your child evaluated, please contact Babies Can’t Wait if your child is two years and under. If your child is three years or older, please contact the school district your child will attend for an assessment. We have seen amazing results from children who receive early intervention services and work well with these clinicians and invite them into our school. The earlier your child begins receiving services, the more prepared your child will be as they enter elementary school. We do not diagnose any child, but we do refer parents to Babies Can’t Wait or our local school districts if we identify a need.

Babies Can’t Wait- 706-369-6101 North East Health District

Authorization to Pick-Up Form

JFUMC Preschool

This form provides the parent/guardian’s permission for the following people to pick your child up from JFUMC Preschool. The school will not require written notice from the parent/guardian prior to releasing the child to any of these individuals. It is recommended, however, that the parent/guardian notify the school at any time when there is a change in routine for the child. The school reserves the right to require picture identification from any person who comes to pick up a child, whether the person is on the following list or not. JFUMC Preschool will not release a child to any person who exhibits symptoms of impairment due to drugs or alcohol.

If at any time there is a change to this list, it is the responsibility of the parent/guardian to notify the school in writing immediately. Please notify both the preschool director and the child’s teacher.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following people have the permission of (insert parent/guardian name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to pick up my child from JFUMC Preschool. I understand that the school may release my child to these individuals without any further notice from me.

 Full Name Relationship to the Child Contact Information

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Please note that each of these individuals must be 18 years of age or older).

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Release Form JFUMC Preschool

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF CHILD

I, (legal parent or guardian’s full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, make oath and say that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

**Child**

(Child’s full legal name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (child’s gender) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on (child’s birthdate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and residing at (child’s residential address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance**

Child’s insurance provider name, policy/group/member ID #’s, and insurance telephone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently on the following medications:**

(List all over-the-counter medications/supplements, as well as prescription drugs/treatments of child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important allergies, illness, and/or medical information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In my absence and due to an emergency, I hereby authorize and appoint the staff at JFUMC Preschool and as my agents. My agents may consent to my child’s medical examination or treatment. Such treatment may include but is not limited to the following:

Transportation by ambulance, Examination, X-rays, Diagnoses, Hospitalization, Anesthesia, Medication

My child’s primary care physician is (Child’s primary physician name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located in (location of physician’s office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the phone number of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

PHOTOGRAPHY CONSENT FORM

JFUMC Preschool staff members take photographs or video during normal day-to-day activities and special events. These images may appear in scrapbooks, on school bulletin boards, in newsletters or publications, on our church website, or on our Facebook page. These images may also be used in local media or for promotional purposes. Photography of enrolled children and the use of images of enrolled children at JFUMC Preschool require parental permission. If you prefer that your child not be photographed or that images of your child not be used for the said purposes, please indicate this below. It is our policy to not photograph or use images of children for whom we do not have parental consent.

YES / NO May images of your child be used in school scrapbooks or on school bulletin boards?

YES / NO May images of your child be used on our website, Facebook page, or in other promotional materials?

CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**PLEASE PRINT)**

PARENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(PLEASE PRINT)**

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conditions of use of images:

• We will NOT include names of any child in an image.

• We may use images of individual or groups of children with general labels, such as “making a craft” or “lunch time.”

Developmental Chart by Age

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Gross Motor | Fine Motor | Visual | Feeding | Social/Emotional | Speaking &Hearing | Developmental Concerns |
| 15-18months | • Tries to run• Throws large ball while standing. • Walks up and down stairs with help. | • Pushes car along surface. • Pushes large buttons on toys. • Holds crayon in fist to scribble. | • Points to far off objects. • Knows people in photos. | • Holds and drinks from cup with one hand (drinks through straw). • Brings spoon/ fork to mouth with some spilling. • Bites through cookies/ crackers. | • Plays alone near adult for 15-20 minutes. • Uses voice to get attention. • Tries out different behaviors to test parent. | • Stops when told “No”. • Asks for food or drink with sounds or words. • Will start to say more words.  | •Doesn't seem to notice if you are in the room•Doesn't seem to notice certain noises (for example, seems to hear a car horn or a cat's meow but not when you call his or her name)•Acts as if he or she is in his or her own worldfork, spoon) by fifteen months. |
| 18-24months | • Pushes or pulls toys while walking. • Bends at waist to pick up objects without falling. • Walks backwards and sideways.  | Builds toy with pieces. (Ex: stacking toys) • Is able to do 2-3 piece inset puzzles. • Begins to eat with spoon on their own. | •Watches and copies parent play “peek-a-boo”.•Watches and focuses during an activity.•Imitates adult activities•Identifies self in mirror | Eats table food with spoon by self. • Bites through many different food thickness’, and textures. • Drinks from cup without help. | • Will easily stay with someone they know, without parent. • Has tantrum or crying when frustrated. • Shows self-control by following simple rules (eats at the table). | • Knows named objects. (Ex: blanket, teddy, car) • Names pictures in books. • If child is not using clear words by 24 months, he/she should see an Speech and Language Pathologist. | •Cannot walk by eighteen months•Fails to develop a mature heel-toe walking pattern after several months of walking, or walks exclusively on his toes•Does not speak at least fifteen words by eighteen months |
| 2-2.5Years | • Jumps up and down with both feet off the floor. • Walks up or down stairs by self with both feet on each step. • Walks on tiptoes. | • Turns pages in a picture book one at a time. • Can draw in a circular motion. • Follows along with finger plays and other action songs | • Matching objects together (pairing toy animals). • Matches objects to picture (magazine pictures with a toy). | • Prefers 4-6 small meals instead of 3 large. • Likes to be given choices with food. (Ex: peas or carrots) | • Is starting to avoid common dangers. • Wants to do many things on their own. • Explores places or people they don’t know with parent present.•Shows appropriate affection towards familiar people, pets, and belongings. •Smiles and claps when praised• Copies play activities of other children | • Points to 3 body parts. • Talks in 2 or 3 word sentences. • Responds appropriately to requests (if not, see Speech Pathologist). | •Has intense interest in objects young children are not usually interested in (Can say the ABCs, numbers, or words to TV jingles but can't use words to ask for things he or she wants•Doesn't seem to be afraid of anything•Doesn't seem to feel pain in a typical fashion•Uses words or phrases that are unusual for the situation or repeats scripts from TV |
| 2.5-3 Years | • Kicks a ball. • Walks up or down stairs with one foot on each step. • Balances on one foot. | • Folds a piece of paper in half. • Begins to cut with scissors. • Can draw or copy a vertical line. | • Matches colors. • Matches picture to picture. | • Uses fork well. • Pours from jug to glass without help. | • Learning how to take turns through playing and talking. • Plays near other children each doing separate activities.• Follows instructions related to daily routines• Transitions well • Shows pride in accomplishments | • Knows 4 prepositions (in, on, under, beside). • Child uses “I, Me or mine”. • People should understand 50% of what the child says. •Responds to, “what’s your name?” | •Has difficulty scribbling•Cannot stack four blocks•Ignores other children•Doesn't use sentences of more than three words |
| 3-4Years | •Catches a large ball with two hands. • Pedals tricycle without bumping into things. • Jumps over objects or off a step | • Can copy drawing a circle. • Can complete a simple jigsaw puzzle. • Can screw lids on jars. | • Begins to sort objects into colors and sizes. | • Will develop food likes and dislikes, but still provide a variety of food groups. • Rejects foods for no reason at all (broken cracker). | • Will do what parent asks most of the time.• Waits 3-5 minutes to have needs met.• Engages in pretend play • Beings to use the nouns: I, me, or name • Correctly responds to, “how old are you?” • Begins to engage in adult roleplaying and imitation | • Understands concepts such as size, numbers and shapes. • Tells stories, and uses the words “and, or, but.” • Can follow 3 step directions.• Listens to a short story | •Shows no interest in interactive games•Doesn't respond to people outside the family•Doesn't engage in fantasy play•Resists dressing, sleeping, using the toilet•Lashes out without any self-control when angry or upset•Cannot copy a circle•Doesn't use "me" and "you" appropriately |
| 4-5 Years | •Hops on each foot 3 times without falling. • Skips with both feet and gallops.• Bounces and catches a ball. | • Can draw a person with most of the body parts. • Can cut and glue simple shapes. • Can dress by themselves (buttons and zippers). | •Begins to recognize printed name. • Begins to recognize printed numbers and letters. | • Uses a table knife for spreading soft toppings on toast with parent present. • Serves self food during meals | • Will try new experiences. • Talks about having friends. • Sometimes talks about own or others’ feelings.•Sits for 5-10 minutes while learning a new topic | • Tells meaning of words they know. (apple is round and a fruit) • Uses sentences with at least 5-6 words. • Hearing should be tested before starting school.•Listens to story for 2-3 minutes without interrupting the reader•Uses words that are 100% understandable by strangers | •Shows extremely fearful or timid behavior•Shows extremely aggressive behavior•Shows little interest in playing with other children•Rarely uses fantasy or imitation in play•Doesn't express a wide range of emotions•Has trouble eating, sleeping, or using the toilet•Can't differentiate between fantasy and reality•Can't correctly give their first and last name•Cannot build a tower of six to eight blocks•Has trouble taking off their clothing |
|  |  |  |  |  |  |  |  |

\*Children develop at different rates. Use this as a general guideline to development. Any concerns should be directed to your pediatrician.