

GREAT NECK COMMUNITY SCHOOL

Student Information Sheet

Please complete, sign and return to Great Neck Community School, 225 Schenck Ave, Great Neck, NY 11021 or fax to 516-482-5053

A. Student Information

Child's Full Name (First MI Last)		Home Phone (xxx-xxx-xxxx)	Sex	Birth date (mm/dd/yy)	Program (2's, 3's, etc)	
Street Address			Apt	City	State	Zip code
Previous Group / School Experience	Primary Language(s) Spoken at Home		Sibling Name(s), Age(s)			
Is Child Toilet Trained?	At What Age?	Favorite Play Activity			Is child adopted?	
Is there anything we should know about your child to help us plan better for him/her?						

B. Allergies (Food/Insect/Animal) and Medical Conditions

Allergies / Medical Condition (Attach "Food Allergy Action Plan" form for Food Allergies)	Last Reaction	Pediatrician's Name	Pediatrician's Phone
Symptoms	Treatment and/or Plan of Action		

C. Parent/Guardian Information

	MOTHER (or Guardian)	FATHER (or Guardian)	BABYSITTER
First name			
Last name			
Cell phone			
Work phone			
E-mail Address			
Occupation			
Hobbies/ Special Interests			
Marital status			

D. Individuals Authorized to Pick Up Child

My child may be delivered or collected from school by the following adults other than those listed in section C. above. I understand that if the name does not appear on this list, my child will not be released from school.

Name	Relationship	Phone

E. Photograph / Videotape Consent

I hereby give permission for my child to be photographed and/or videotaped at Great Neck Community School for website, newsletters, brochures and promotional purposes. (Parent/Guardian consent must be given in order for your child to participate in activities that will be photographed and/or videotaped.)

Yes
 No

F. Signature(s)

I hereby certify that the above is true and correct.



Parent/Guardian's Signature	Parent/Guardian's Signature	Today's Date
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GREAT NECK COMMUNITY SCHOOL

Emergency Treatment Consent Form

Child's Full Name (First MI Last)	Home Phone	Sex	Birth date (mm/dd/yy)	Program	
Address		Apt	City	State	Zip code

In the event of an accident or illness requiring emergency medical treatment for my child, _____, if the school is unable, after diligent effort to locate either parent or the person designated as the alternate for such purposes (in writing filed with the school), I hereby authorize the School to engage emergency medical treatment for my child and hereby exonerate the School from all liability, provided it shall have used reasonable care in selecting medical personnel to render such emergency treatment.

This consent form is valid for the period of time in which my child is enrolled as a student at Great Neck Community School.



Parent/Guardian's Signature Parent/Guardian's Signature Today's Date

GREAT NECK COMMUNITY SCHOOL

Dental Health Report

Date: _____

This is to certify that _____

Is under my care for dental treatment

Has completed dental treatment

Has completed an examination

Dentist's Signature _____

Dentist's Name and Address:

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** Please retain this page for your records **

CARPOOL GUIDELINES

Carpooling is essential at Great Neck Community School. In the spirit of the Cooperative School every parent is responsible for a small piece of effort; the small parts fit together to create the whole. Parking difficulties around the School necessitate carpools to make arrivals and departures more efficient and safe. The modeling of adult collaboration in carpools serves as a concrete example to the children that working together is important. The carpool committee consists of parent volunteers who coordinate the requests. To be in a carpool, the following criteria must be met:

1. All who wish to participate should be able to transport at least 2 children, unless another child must be transported at the same time. Each child must ride in a separate seat belt; no "double buckling" is permitted.
2. Each child under the age of 4 must ride in an approved child safety seat. The vehicle must be able to accommodate those children.
3. If the front seat of a car is to be used, it must be the child of the parent driving (only viable if car does not have a passenger air bag).
4. According to New York State's Occupant Restraint Law, every child under age 16 in the vehicle must use a safety restraint. **If under age 4, he or she must be properly secured in a federally-approved child safety seat* that is attached to a vehicle by a safety belt or universal child restraint anchorage (LATCH) system. A child under age 4 who weighs more than 40 pounds may be restrained in a booster seat with a lap and shoulder belt.** A child of age 4, 5, 6 or 7 must use a booster seat with lap and shoulder belt or a child safety seat (The child and safety restraint system must meet the height and weight recommendations of the restraint manufacturer).
Exception: **A child more than 4' 9" tall or more than 100 pounds is allowed to use a seat belt that has both a lap belt and a shoulder harness.** To use the seat belt, the child must be able to sit straight up against the vehicle's seat back with his or her knees bent comfortably over the edge of the seat. The lap belt should be placed low and tight across the upper thighs; the shoulder belt should rest tightly but comfortably across the child's chest and shoulder (collar bone) without touching the throat. If the seat belt does not fit properly, the child should use a booster seat with a lap and shoulder belt. A booster seat can be used only with a lap and shoulder belt together. If all the combination lap and shoulder belt positions in the vehicle are already occupied by children using child safety seats or booster seats, a child who ordinarily would use a booster seat should be restrained using only the lap belt.

*An appropriate child safety restraint system:

- Is required for all children until their 8th birthday and,
- Must meet the size and weight requirements for the child based on the Federal requirements and the recommendations of the manufacturer, and
- Can be a child safety seat, a harness, a vest or a booster seat attached with the vehicle seat belt or latch system, but not the vehicle seat belt alone, and
- Should not be used in the front seat of the vehicle.

5. For more information go to: www.safeny.ny.gov/media/belt-bro.htm
6. We advise the use of childproof locks. All drivers should carry a minimum of bodily liability insurance of \$100,000/\$300,000.
7. All who wish to participate in a carpool must follow the carpool procedures as outlined in the GNCS handbook. This handbook will be handed out at Summer Program and Fall Parent Orientations.



**** Please retain this page for your records ****

CARSEAT LAW ACKNOWLEDGE IMPORTANT MESSAGE

Dear Parents,

It has come to our attention that the Nassau County Police Department has recently begun spot checking automobiles to make sure that children under the age of 8 years and less than 4' 9" tall are riding in car seats. If they find that children are not so restrained, the driver receives a fine of \$100.00 and points on their license. We are informing you of this because we are concerned with the children's safety and because it is the law.

As of November 24, 2009, all children younger than 8 years old must be secured in a child safety seat restraint system. This includes safety seats, harness vests and booster seats attached via safety belts. Any child younger than 4, but who weighs more than 40 pounds, may be secured in a booster seat with a lap and shoulder belt.

Additionally, GNCS will not double-buckle any children, even if they meet age and height requirements.

No one will be able to use the driveway to discharge or pick up children under the age of 8 and less than 4' 9" unless their vehicle has the required car or booster seat. The Teaching Staff is not allowed to install car or booster seats in any car.

As always, we are counting on your cooperation. If you have any questions or suggestions, please contact the school office. Please sign to acknowledge that you have been made aware of the law.

Sincerely,
Great Neck Community School

Medical Report of Child in Day Care

To Be Completed By Physician, Physician's Assistant or Nurse Practitioner

Name	Date of Birth / /	Date of Exam / /
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IMMUNIZATIONS

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach certificate specifying which immunization(s) and complete and sign medical exemption statement on back of form

Include All Dates

DPT	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
ORAL POLIO	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
Hib(conjugate preferred)	1st / /	2nd / /	3rd / /	4th / /	
Hepatitis B	1st / /	2nd / /	3rd / /		
MMR	1st / /	2nd / /			

Other Immunizations

Type	Date / /
Type	Date / /
Type	Date / /

TESTS

Tuberculin Test

Pos Neg

 Date

Results

Tine Mantoux

 Specify

If positive, attach physician's statement documenting treatment and follow-up.

Lead Screening

 Date

Attach statement of lead screening

HEALTH SPECIFICS

Comments:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there allergies? (Specify)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is medication regularly taken? (Specify drug and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a special diet required? (Specify diet and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any hearing, visual or dental conditions requiring special attention?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any medical or developmental conditions requiring special attention?	

SUMMARY OF PHYSICAL EXAM (Including special recommendations to Day Care Provider)

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease Yes No and is able to participate in day care Yes No

Signature of Examiner

Name (please print)

Title

Address

City, State, Zip

() _____
Phone

_____ / _____ / _____
Date