



## Enrollment Application

Child's Full Name:

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Application Date:

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School Location:

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Start Date:

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*Please Note: Services offered and received at all  
of our locations are referred to as "**the program**" in this document.*

# Enrollment Application Checklist

Fill out and sign all the required forms in this document. In addition to the forms in this document, other required forms are listed in chart below.

## FORMS NECESSARY FOR ENROLLMENT

<i>Please complete and sign all forms below</i>	<i>Completed</i>
Child and Family Overview	<input type="checkbox"/>
Medical & Dental Information and Physical Description	<input type="checkbox"/>
Transportation Plan and Emergency Contacts	<input type="checkbox"/>
Family Agreement and Consent Form	<input type="checkbox"/>
Kaymbu Contact List	<input type="checkbox"/>
Unconventional Schedule Waiver	<input type="checkbox"/>
Developmental History and Background Information (3 Pages)	<input type="checkbox"/>
Payment Policies Consent and Tuition & Fee Agreement included with the Admissions Agreement	<input type="checkbox"/>
<i>Please complete based on payment method preference:</i>	
Electronic Funds Transfer Authorization, including voided check (preferred payment method)	<input type="checkbox"/>

## REQUIRED FORMS NOT INCLUDED IN THIS DOCUMENT

<i>Please complete and submit the following additional forms</i>	<i>Completed</i>
Physical Form from Most Recent Physical (usually provided by doctor's office)	<input type="checkbox"/>
Immunization Record (usually provided by doctor's office)	<input type="checkbox"/>
<i>Please complete and submit the following additional forms <u>only if needed</u></i>	
Meal Enrollment	<input type="checkbox"/>
Ages and Stages Developmental Screening	<input type="checkbox"/>
Medication Consent Form	<input type="checkbox"/>
Individual Health Care Plan	<input type="checkbox"/>
Individualized Family Service Plan	<input type="checkbox"/>
Individualized Education Plan	<input type="checkbox"/>
Supportive Information Release Form	<input type="checkbox"/>
Copies of Any Custody Agreements, Court Orders, and Restraining Orders Pertaining to the Child	<input type="checkbox"/>

## FOR SCHOOL USE ONLY

Employee signature:

Date received (mm/dd/yy):

## CHILD AND FAMILY OVERVIEW

### FOR SCHOOL USE ONLY

Class:	School:
Days Attending:	Date of Admission:
Hours:	Age at Admission:

### CHILD INFORMATION

Child's Full Name:		
Nickname:	Place of Birth:	Primary Language(s):
Date of Birth (mm/dd/yy):	Age at Registration:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary

### FAMILY INFORMATION

#### Parent 1

Relationship:	First Name:	Last Name:
Cell Phone:	Secondary Phone:	
I would like to receive school alerts through text messaging: <input type="checkbox"/> No <input type="checkbox"/> Yes, and Cell Phone Carrier:		
Email:	Primary Language:	
Home Address:		
City:	State:	ZIP Code:
Employer Name:		
Work Address:		
City:	State:	ZIP Code:
Work Phone:	Hours at Work:	

#### Parent 2

Relationship:	First Name:	Last Name:
Cell Phone:	Home Phone:	
I would like to receive school alerts through text messaging: <input type="checkbox"/> No <input type="checkbox"/> Yes, and Cell Phone Carrier:		
Email:	Primary Language:	
Home Address:		
City:	State:	ZIP Code:
Employer Name:		
Work Address:		
City:	State:	ZIP Code:
Work Phone:	Hours at Work:	

☐ By checking this box, I agree to authorize all instances of my name, typed or signed, to serve as legal binding signature.

My signature below indicates the above information is complete and correct to the best of my knowledge.

<div style="font-size: 2em; margin-bottom: 5px;">➔</div> Parent /Guardian Signature:	Date (mm/dd/yy):
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## MEDICAL & DENTAL INFORMATION AND PHYSICAL DESCRIPTION

MEDICAL INFORMATION	DENTAL INFORMATION	CHILD'S PHYSICAL DESCRIPTION	
<i>Child's Physician Information</i>	<i>Optional: Child's Dentist Information</i>	<i>Optional: Attach a recent photograph</i>	
Physician and/or Clinic Name:	Dentist and/or Clinic Name:	Height:	Weight:
Phone:	Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	
Address:	Address:	Hair Color:	Eye Color:
City:	City:	Race/ Ethnicity:	
State, Zip Code:	State, Zip Code:	Distinguishing Features:	
<i>Allergies and Conditions (describe in the spaces provided, if needed, submit a separate Individual Health Care Form to detail specific care):</i>			
Allergies and Their Reactions:			
Chronic Health Conditions:			
Medical Alerts, Disabilities, or Medical, Behavioral, or Dietary Limitations:			
<i>Individualized Family Service or Education Plan</i>			
<input type="checkbox"/> My child has an Individualized Family Service Plan (IFSP) or Education Plan (IEP)		<input type="checkbox"/> A copy of the plan has been given to my child's teacher in order to accommodate my child's specific needs	
<i>Physical and Immunizations</i>			
<input type="checkbox"/> I have submitted my child's last physical record to school		Date of Last Physical (mm/dd/yy):	
<input type="checkbox"/> I have submitted my child's immunization record to school		Date of Last Immunization (mm/dd/yy):	
<i>Medications</i>			
<input type="checkbox"/> My child takes regular medications at home (describe reason and potential side effects):			
<input type="checkbox"/> My child will take regular medications at school (describe reason and potential side effects, must also fill out school medication form):			
<i>Health Insurance</i>			
Health Insurance Coverage (optional):		Policy #:	

In the unlikely event of an emergency requiring medical attention for my child, I understand that every effort will be made to contact me. I authorize staff at the program who are trained in the basics of first aid or CPR to give my child first aid or CPR when appropriate. However, if I cannot be reached or if my child needs immediate emergency treatment and a delay would be dangerous to the health of my child, I hereby authorize the program to transport my child to the nearest medical care facility and/or to and to secure necessary medical treatment for my child including but not limited to a epinephrine auto-injection for suspected exposure to a life threatening allergen.

The program does not discriminate on the basis of a person's religion, race, color, national origin, cultural heritage, sex, marital status or any other factors protected by law. Toilet training is not an eligibility requirement for enrollment. Contact Disability Services to assist with special needs or reasonable accommodation issues.

<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div>         Parent /Guardian Signature:       </div>	Date (mm/dd/yy):
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## TRANSPORTATION PLAN AND EMERGENCY CONTACTS

### TRANSPORTATION PLAN

My child will <u>arrive</u> at program by:		My child will <u>depart</u> program by:	
Drop off by (who?):	<input type="checkbox"/>	Pick up by (who?):	<input type="checkbox"/>
Private Transportation ( <i>arranged by parent</i> )	<input type="checkbox"/>	Private Transportation ( <i>arranged by parent</i> )	<input type="checkbox"/>
School Transportation (if applicable)	<input type="checkbox"/>	School Transportation (if applicable)	<input type="checkbox"/>
Arrival Times		Departure Times	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

Please list below all emergency contacts and persons besides legal guardians. In addition to the guardians listed, please provide at least one additional contact that is authorized to be contacted in case of an emergency. A separate sheet may be submitted if more space is needed. Please also note if the contact is authorized by you to pick your child up from school. It is the policy of the program not to release children to anyone not authorized by the parent/guardian in writing. If a child is protected by a restraining order, please submit the order to the program. If applicable, a copy of court orders on custody and visitation arrangements must be provided to the Executive Director. It is the responsibility of the parents/guardians to keep this information updated.

### EMERGENCY CONTACTS (in order to be contacted)

Guardian 1		
First Name:	Last Name:	
Cell Phone:	Secondary Phone:	Email:
Guardian 2		
First Name:	Last Name:	
Cell Phone:	Secondary Phone:	Email:
Additional Contact 1		
Relationship:	Name:	Email:
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child
Additional Contact 2		
Relationship:	Name:	Email:
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child
Additional Contact 3		
Relationship:	Name:	Email:
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child
Additional Contact 4		
Relationship:	Name:	Email:
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child

My signature below indicates I have read and consent to ALL of the above information.

Parent /Guardian Signature:
Date (mm/dd/yy):

# PARENTAL AGREEMENT AND CONSENT FORM

**Child's Full Name (Print):**

	Yes	No
1. I have read and agree to the program's Family Handbook.	<input type="checkbox"/>	<input type="checkbox"/>
2. I have been informed of and understand the policies and procedures of the program.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have been informed of the goals and overall philosophy of the program.	<input type="checkbox"/>	<input type="checkbox"/>
4. I am aware that I will be informed of specifics through regular newsletters, letters, daily boards, and emails.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree that it is the responsibility of both the staff of the program and I (we) as parent/guardian(s) to keep an open line of communication and that I will alert the program if anything in this enrollment package changes.	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand that parents/guardians will be asked to evaluate the program using the form provided annually.	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand the payment policies and that I will be charged a late fee if services are not paid for on time.	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand that I must give 4 weeks notice to any schedule changes or withdrawal from the program.	<input type="checkbox"/>	<input type="checkbox"/>
9. I have been given an opportunity to observe my child interacting in his/her classroom prior to enrollment.	<input type="checkbox"/>	<input type="checkbox"/>
10. I am aware and agree to the program using screening and evaluation tools in order to ensure that my child is getting the best care possible.	<input type="checkbox"/>	<input type="checkbox"/>
11. I give permission for my child to be observed during general classroom visits by guests in which there will be no interactions between my child and the observer and no identification of individual children.	<input type="checkbox"/>	<input type="checkbox"/>
12. I give permission for my child's photograph to be used for <u>internal</u> purposes at the program (e.g. posted in classrooms, training materials, school emails, or newsletters).	<input type="checkbox"/>	<input type="checkbox"/>
13. I give permission for my child's photograph to be used on digital and physical marketing collateral including but not limited to social media.	<input type="checkbox"/>	<input type="checkbox"/>
14. I give permission for the following to be used on my child, if needed:		
a. Topical, non-prescription (not applied to open wounds or broken skin) medications such as diaper ointment, powder, lotion, sunblock, etc. Must be provided by the parent.	<input type="checkbox"/>	<input type="checkbox"/>
b. Unanticipated, non-prescription and topical, non-prescription medications	<input type="checkbox"/>	<input type="checkbox"/>
c. General first aid medications and supplies in the event of an injury	<input type="checkbox"/>	<input type="checkbox"/>

**Initial**

**Walking Trips**

I give permission for my child to leave the school for off-site walking trips. This may include taking a walk for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by program staff and will be under proper staff supervision at all times. (All other off-site school field trips will require an individual field trip release form with parental/guardian written permission.)

**Transportation**

I give permission for my child to be transported for field trips, to and from school sponsored activities, or during an emergency. All field trips will have a specific, separate permission slip. Any time my child is being transported will be under proper staff supervision and while all child care licensing regulations and school policies including minimum-age requirements are met.

**Water Activities**

I give permission for the program to include my child in supervised water activities at the school. I will be given a specific permission slip for all off-site water activities. Water activities will meet state child care licensing regulations. I understand that I must provide water shoes for my child, which must be worn at all times during outside water play.

**My signature below indicates I have read and completed ALL of the information above.**



Parent /Guardian Signature:	Date (mm/dd/yy):
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## KAYMBU CONTACT LIST

Kaymbu is our family communication tool that allows teachers to share memorable moments with you throughout the day. Our teachers are able to take pictures of daily activities on their classroom iPad, tag your child, and send the pictures directly to your inbox using the Kaymbu app. Kaymbu has the ability to store multiple contacts for each child so that they can share in the daily experiences too.

Kaymbu employs a “closed” system for each school – it is not connected in any way with social media or other public applications. Finally, all information captured and stored in the system will never be used for any other purpose outside of direct communication with families or as dictated by school media policies. However, please note that pictures tagged with multiple children will be sent to each family tagged.

**Please select ONE statement below (☒):**

- ☐ **I would like to participate in the secure Kaymbu photo system and receive regular photographs of my child as teachers document activities, learning and fun as a method of daily family communication. I also give permission for my child’s photograph to occasionally be sent as a group photo to other families as a method of daily family communication.**
- ☐ **I do not want to participate in the Kaymbu photo program and understand that I will not receive photo emails of my child.**

CHILD INFORMATION	
Child’s Full Name:	Date of Birth:
School:	Classroom:
KAYMBU CONTACTS	
<b>Contact 1</b>	
First Name:	Last Name:
Email:	Relationship:
<b>Contact 2</b>	
First Name:	Last Name:
Email:	Relationship:
<b>Contact 3</b>	
First Name:	Last Name:
Email:	Relationship:
<b>Contact 4</b>	
First Name:	Last Name:
Email:	Relationship:
<b>Contact 5</b>	
First Name:	Last Name:
Email:	Relationship:
<b>Contact 6</b>	
First Name:	Last Name:
Email:	Relationship:
<b>Contact 7</b>	
First Name:	Last Name:
Email:	Relationship:
<b>Contact 8</b>	
First Name:	Last Name:
Email:	Relationship:

**My signature below indicates I have read and completed ALL of the information above.**

<div style="position: relative; height: 100%;"> <div style="position: absolute; left: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">➔</div> </div>	Date (mm/dd/yy):
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## UNCONVENTIONAL SCHEDULE WAIVER

We strive to encourage and inspire little minds as children develop throughout their educational journey with us.

Deciding which schedule will best suit a family's needs truly depends upon the individual requisites and goals of the family. As an educational institution, the program's **conventional schedule** is either a 5-day, full-time program, or a 3-day full-day program, or 2-day full-day program.

Our curriculum builds upon learning from previous days in the week. Independent research asserts that children often react with interest and excitement when they can recognize and practice concepts progressively each day. Conventional scheduling allows our teachers to consistently implement our curriculum and build strong relationships with families and children. Most importantly, it enables children and families to derive maximum value and results from the program. Certain schools may offer part-time availability, which we deem an **unconventional schedule**.

For this reason, if another family seeks a conventional schedule in the space your child occupies, you will be first given the option to modify your schedule or risk losing your space in the program. We will make every effort to accommodate the original schedule requested but may need to adjust your schedule depending on the community's needs. Although this circumstance is extremely rare, the program would provide at least four (4) weeks' written notice of any proposed schedule change. Whether a family selects a part-time or full-time program, it is our belief that early education is a lasting gift a family can bestow upon a child. Both types of programs offer children an array of new experiences, a social environment, a playful atmosphere, and an opportunity for children to grow inspired by a love of learning.

Select **ONE**  
(☒)

<input type="checkbox"/>	<b>Conventional Schedule:</b> <u>I plan to enroll my child in a 5-day, 3-day, or 2-day full-day program.</u> By selecting this schedule, the program agrees to reserve a space for the child over the duration of the service term. I understand the program requires a four-week (4) written notice for any schedule changes or termination. This notice must be provided to the Director of my school and will not be honored if given to the child's teacher. I understand that if my schedule changes from the conventional offering, I assume responsibility for the unconventional schedule waiver below.
<input type="checkbox"/>	<b>Unconventional Schedule:</b> <u>If available at my school, I plan to enroll my child in the program with an unconventional schedule not listed above.</u> By selecting this schedule, I understand that this is an unconventional schedule. I am aware that the program may request to modify my schedule in the future to maximize care availability in my school community. The program agrees to provide four (4) weeks written notice regarding any proposed schedule change. If I cannot adjust my schedule, I recognize that my space will be forfeited, and I may need alternative care. I understand the program requires a four-week (4) written notice for any schedule changes or termination. This notice must be provided to the Director of my school and will not be honored if given to the child's teacher.

I have read the above and agree to the terms set forth by the program.



Parent /Guardian Signature:

Date (mm/dd/yy):



## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION (1 of 3)

### SOCIAL RELATIONSHIPS

	Please describe, or indicate “yes,” “no,” or “N/A”
How would you describe your child?	
What are the things you love most about your child?	
What makes your child most happy? Any favorite toys?	
What makes your child most upset?	
How do you comfort or reassure your child?	
What does your child do to self soothe?	
Do you have any concerns with your child’s sight? Hearing? Behaviors? Sensory stimulation?	
Any specific fears we should know about?	
What behavior management techniques do you use at home?	
What experience with other children of the same age does your child have?	
Reaction to strangers?	
Please describe routines you have at home that you would like us to try in school.	
What would you like your child to gain from this experience?	

### DAILY SCHEDULE

Please describe your child’s schedule on a typical day. Please include: awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, bathing, where they sleep, bedtime routines, etc.

### EARLY EDUCATION & CHILD CARE EXPERIENCE

	Please describe, or indicate “yes,” “no,” or “N/A”
Previous centers in which the child has been in care?	
Child’s experience with their care?	
Please describe how you feel your child will benefit from enrollment at the program.	

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION (2 of 3)

DEVELOPMENTAL HISTORY			
Does your child...	Please describe or indicate “yes,” “no,” or “N/A”		
Did your child have any prenatal or birth complications? Have a history of colic?			
Did your child ever have any serious illness or history of hospitalization?			
Tell us about your child as an <b>infant</b> . Temperament? Specific sleep or eating routine? Pacifier Use? Formula or breastfed? <i>Note: The program follows Infant Sleep Safe Guidelines and a Back-to-Sleep policy for all infants under 12 months.</i>			
Tell us about your child as a <b>toddler</b> . Speech difficulties? Aggression issues? Mobility (walking, climbing, stairs, etc.)? Self-help skills? Anything else?			
Tell us about your child as a <b>preschooler or kindergartener</b> (if applicable): Topics of interest? Signs of learning or attention struggles? Capacity for friendship? Anything else?			
Does your child have a particularly fussy time of the day? When? How do you handle this time?			
If applicable, at what ages did your child start:	Sitting?	Crawling?	Walking?
Talking?	Potty Training?	Dressing self?	Recognizing own name?

EATING HABITS	
Does your child...	Please describe or indicate “yes,” “no,” or “N/A”
Have any special characteristics or difficulties related to eating?	
Eat in a high-chair or lap? Eat with hands or utensils? Drink from a bottle/cup? Other?	

SLEEPING HABITS	
Does your child...	Please describe, or indicate “yes,” “no,” or “N/A”
Sleep in a crib or bed?	
Become tired or nap during the day? (When? And for how long?)	
Have any special needs when going to bed or waking up? (e.g. stuffed animal, story, mood upon waking, etc.)	
When does your child go to bed at night? Wake up in the morning?	

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION (3 of 3)

### TOILET HABITS

Is your child...	Please describe, or indicate “yes,” “no,” or “N/A”
<input type="checkbox"/> In Diapers	If so, what kind of diapers? Is there any concern with diaper rash? Any specific instructions?
<input type="checkbox"/> Potty Training	If so, how does your child indicate bathroom needs? What methods are you trying at home? Are you still putting on diapers during parts of the day?
<input type="checkbox"/> Potty Trained	If so, does your child have accidents? Any specific care instructions we should be aware of?
Does your child have regular or irregular bowel movements? (How many per day?)	

### FAMILY INFORMATION (OPTIONAL)

*No information provided will be used in a discriminatory manner. All questions below are optional and will be used only for us to best serve your family and your child. We celebrate diversity and strongly practice an Anti-Bias policy. Knowing more about your family dynamics help us honor all family structures and traditions.*

#### Child's Siblings:

Name:	Birth Date:	<input type="checkbox"/> Lives with Child
Name:	Birth Date:	<input type="checkbox"/> Lives with Child
Name:	Birth Date:	<input type="checkbox"/> Lives with Child
Name:	Birth Date:	<input type="checkbox"/> Lives with Child

#### Other Household Members:

How would you describe your child's...	
Racial or Ethnic Identity	
Cultural Identity	
National Origin	
Religious Identity	
Which languages are spoken in your home?	

### OTHER (OPTIONAL)

Is there anything else you'd like us to know about your child that will help us best serve them and your family?

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**My signature below indicates I have read and completed ALL of the information above.**

Parent /Guardian Signature:	Date (mm/dd/yy):
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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

### *For Automatic Checking/Savings Deductions through ACH*

*Automatic checking/savings account deductions are the preferred tuition payment method.*

We are pleased to offer you the convenience of automatic tuition payments through Tuition Express. Your payment will be safely and securely processed automatically from your bank account. Tuition Express offers peace of mind that your tuition will be paid on time. To learn more about Tuition Express, receive automatic payment notifications, or review your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

#### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize **Little Sprouts, LLC, Building Blocks Early Learning Center, or Heartworks** (called "SCHOOL" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize the SCHOOL to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize the SCHOOL to use the third party sender, Tuition Express to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law. **Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

ACCOUNT INFORMATION			
<i>Account Holder</i>			
First Name:	Last Name:	Phone:	
Home Address:			
City:	State:	ZIP Code:	
<i>Bank</i>			
Bank or Credit Union Name:			
Branch Address:			
City:	State:	ZIP Code:	
Phone:			
<i>Account</i>			
Routing Number:	Account Number:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

This authorization will remain in full force and effect until I (we) notify the SCHOOL in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Account-Holder Signature:

Date (mm/dd/yy):

*Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the program.*

## PLEASE ATTACH A COPY OF A VOIDED CHECK

## FAMILY TRADITIONS SHARE SHEET

Our school is part of the global Babilou network of 1,100 early education centers, serving over 50,000 families in 12 countries. Here in the United States, we operate in New England as:

- Building Blocks Early Learning Center (Connecticut)
- Heartworks Preschool, STEAMworks Preschool, & Loveworks Child Care Centers (Vermont)
- Little Sprouts Early Education & Child Care (Massachusetts & New Hampshire)

We often draw upon best practices from our global partners throughout the year; however, we also strive to celebrate and recognize the hyperlocal vibrancy represented in each community we serve. Families and staff are invited to use this Family Tradition Share Sheet to identify important days, events, food, stories, and practices they would welcome sharing with others.

### IMPORTANT DAYS RECOGNIZED IN YOUR FAMILY

While there are multiple ways to list your Family Traditions, please know these are merely suggestions and everything on this sheet is invitational; there are no expectations nor obligations to answer all or any.

*Examples: Jan 17: Stephanie's Birthday (youngest sister of the child), 3rd Week in Feb: Annual Family Snowmaking Contest, 2nd Wednesday of the month: Kids Choose the Dinner Night, June 19: Juneteeth BBQ, Dec 25: Christmas with Cousins.*

### ANNUAL / MONTHLY TRADITIONS

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

ANNUAL

## WEEKLY TRADITIONS

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

### FAVORITE FAMILY FOODS / RECIPES / SPICES

Does your family have any particular foods/recipes/spices they would welcome sharing with children and staff at school? If so, please describe in a few sentences how and when these foods come to your table and ideas for sharing at school.

### FAVORITE STORIES / BOOKS / SONGS / ART

Does your family have any specific stories, books, songs, or art that are of special significance? This could be content created by someone in your family or content created by others that your family treasures.

Please select the ways in which you would be comfortable working with the school's Executive Director and/or Assistant Director to develop a plan on how/when to share your Family Traditions:

☐

In School

☐

Online/Virtually

☐

Both

☐

None

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

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please return this Family Traditions Share Sheet to your school's Executive Director.