



Dear Families,

It is a pleasure to welcome your parents and your child to our school Mi Nuevo Mundo. This school is very happy and proud of the important work that has been carried out and the excellent achievements that we have obtained with all our children. It is a direct result of the institution, teachers, and parents working together to achieve common goals and help our children become caring, responsible, and later productive citizens. At this school, we know how interested you are in the experiences your children will have this school year. We will work together with you to meet the needs of your children. Every child is different. Each child grows and learns at their own pace.

Our Approach to Education:

We uphold high education standards in a nurturing environment.

Our focus is to offer a stimulating early childhood experience which promotes each child's,

Social-emotional, cognitive, language, and physical development.

We teach our children with love, respect, and discipline.

Child's Name: _____

Start Date: _____



Child's picture

Date: _____

Child's Name: _____ Date of birth: _____ Male ___ Female ___

Parent's Name: _____ E-mail _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cellphone: _____

Employers Name: _____ Work Phone: _____

Parent's Name: _____ E-mail _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cellphone: _____

Employers Name: _____ Work Phone: _____

How many people live at home? _____ Does your child have siblings? _____ What are their ages? _____

Who does your child resides with: mom _____ dad _____ someone else: _____

Does your child reside in one or two households? _____

Who has taken care of your child until now? _____

EMERGENCY CONTACTS:

Please indicate the name, telephone number and relationship of four family members or friends that we may reach in case of an emergency. The emergency contacts must be able to pick-up your child from the center if you are unable to do so. Your child will not be released to any other person. These people must bring **identification** when picking up your child.

These phone numbers cannot be the same as those listed above.

1- Name: _____ Relationship: _____ Telephone: _____

2- Name: _____ Relationship: _____ Telephone: _____

3- Name: _____ Relationship: _____ Telephone: _____

4- Name: _____ Relationship: _____ Telephone: _____

Child's Name: _____

How did you hear about us? (Check all that apply) Recommended _____ Online _____ Passed by _____ Other family _____

MEDICAL INFORMATION:

Doctor's Name: _____

Address: _____ Telephone Number: _____

Type of Birth: Natural _____ Cesarean _____ Medical Problems: _____

Has your child been hospitalized? _____ What for? _____ For how long? _____

Allergies? _____ Explain: _____ Asthmatic? _____

Is your child frequently ill with?

Colds _____ Flu _____ Constipation _____ Infections: Throat _____ Ears _____ Stomach _____ Lungs _____ Urinary _____

Any other condition, therapy or recovery: _____

Does your child have any difficulties in the following areas?

Speech: _____ Hearing: _____ Vision: _____ Learning process: _____ Social-Emotional: _____ Motor: _____ Self-Care: _____

Has your child ever been evaluated? _____ What was the diagnosis? (Please explain) _____

Does your child have their immunizations updated? _____

Does your child have the COVID-19 vaccine? _____

Eating habits:

What time does your child eat: Breakfast _____ Lunch _____ Dinner _____ Does your child use **utensils**? _____

He/she eats everything by his/herself _____ He/she eats **everything, with help** _____

He/she eats **some food, with help**: _____ He/she must be motivated to eat _____

What are your child's favorite foods? _____ and least favorite food? _____

Social/Emotional Development:

Does your child separate easily from you? Yes _____ No _____ Comment: _____

Is your child afraid of anything? Yes _____ No _____ Comment: _____

Does your child have a favorite toy, blanket, bottle or soother? Yes _____ No _____ Please identify: _____

Does your child spend time with other children? Yes _____ No _____ Comment: _____

What is your child's normally behaves? _____

What activities does your child enjoy? _____ What activities does he/she dislike? _____

How do you handle discipline at home? _____

When my child has a fever during school hours please:

_____ Give him/her cool compresses to reduce fever until I pick him/her up.

Any recommendations: _____

Students' Safety

- Please note that we are mandated by law to report any suspicion of child abuse or maltreatment by a parent, guardian, custodian, or other person legally responsible for the child to ACS.

EMERGENCY:

In case of an emergency, I/ we, the parent(s)/ guardian(s), of _____

Child's name

authorize Mi Nuevo Mundo to seek **any immediate attention** that may be required.

Parent: _____

Signature

Name