



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 \_\_\_\_\_