

THE SCHOOL DISTRICT OF PHILADELPHIA

OFFICE OF EARLY CHILDHOOD EDUCATION

440 N. BROAD STREET, SUITE 170
PHILADELPHIA, PENNSYLVANIA 19130

DIETARY RESTRICTIONS

Center _____

Child's Name _____

Date of Birth _____

Dear Parent/Guardian,

The Child and Adult Care Food Program (CACFP) provides a daily nutritional breakfast, lunch and snack for your child. A monthly menu, posted in each center, lists the foods and beverages that your child is offered at each meal component. The Office of Early Childhood recognizes the fact that certain foods, due to religious, medical or other reasons, are restricted from some children's diets. Please tell us about your child. This information will be shared with your child's nutritional, health and instructional staff. In order to ensure that your child is receiving an age appropriate, nutritionally sound diet, requests for food restrictions must be verified by a note from your child's health care provider or religious leader. If your child has a dietary restriction, efforts will be made to provide your child with an allowable substitution.

If your child has a significant food allergy which requires the administration of an **EPI-PEN, Benadryl or other medication**, please let us know immediately so that we can begin the process required to train the center staff.

Please check one box and complete as necessary:

At this time, my child does not have a dietary food restriction.

My child has the following dietary food restriction(s):

1. Name of restricted food: _____

Reason for restriction: Religious _____ Other (please specify) _____

Medical _____ Please indicate reaction and treatment: _____

2. Name of restricted food: _____

Reason for restriction: Religious _____ Other (please specify) _____

Medical _____ Please indicate reaction and treatment: _____

3. Name of restricted food: _____

Reason for restriction: Religious _____ Other (please specify) _____

Medical _____ Please indicate reaction and treatment: _____

The information on this form is true to the best of my knowledge. I will inform my child's teacher if any of this information changes.

Signature of Parent/Guardian

Date

Application for Preschool – Page 1

Parent/Guardian ~ The Application for Preschool is 4 pages - please complete both pages to the best of your knowledge.

Child Information

Name _____ Date of Birth _____ Gender: Male Female
Address _____ Apt. _____ Zip _____ Phone # _____
Does your child speak English? Yes _____ No _____ Does your child understand English? Yes _____ No _____
If you answered 'No' to either question, what language does your child speak and understand? _____

Parent/Guardian 1 Information

Name _____ Gender: M F Address _____ Zip _____
Phone Numbers: Day _____ Evening _____ Cell _____
E-mail address _____
Are you a single parent? Yes _____ No _____ Family Size: Number of adults _____ Number of children _____
Do you receive: TANF _____ Food Stamps _____ Medical Assistance _____ If 'Yes', welfare case # _____

Parent/Guardian 2 Information

Name _____ Gender: M F Address _____ Zip _____
Phone Numbers: Day _____ Evening _____ Cell _____
E-mail address _____
Are you a single parent? Yes _____ No _____ Family Size: Number of adults _____ Number of children _____
Do you receive: TANF _____ Food Stamps _____ Medical Assistance _____ If 'Yes', welfare case # _____

Application for Preschool-

Emergency Contact Information (Adult individuals, other than the parent/guardian, who have agreed to be an emergency contact ~ Photo ID will be required)

1. Name _____ Relationship to Child _____

Phone Numbers: Day _____ Evening _____ Cell _____

Approximately how long will it take for this individual to travel to your child's school? _____

2. Name _____ Relationship to Child _____

Phone Numbers: Day _____ Evening _____ Cell _____

Approximately how long will it take for this individual to travel to your child's school? _____

Escort Information (Individuals other than the parent/guardian who have agreed to be an escort for your child ~ Escorts must be at least 18 years old ~ Photo ID will be required)

1. Name _____ Relationship to Child _____

Phone Numbers: Day _____ Evening _____ Cell _____

2. Name _____ Relationship to Child _____

Phone Numbers: Day _____ Evening _____ Cell _____

Application for Preschool- Page 2

Child's Health Care Information

Name of Doctor/Health Center/Clinic _____

Address _____ Zip _____ Phone Number _____

Type of Health Insurance: Medical Assistance _____ CHIP _____ Private _____ Other _____

Name of Health Insurance Company _____ Policy Number _____

Name of Dentist/Dental Clinic _____

Address _____ Zip _____ Phone Number _____

Child's Preschool Information (This information will be shared with the instructional staff to better assist your child while enrolled in preschool.)

Does your child have preschool experience? _____ Is your child currently enrolled in a preschool? _____

If you answered 'Yes' to either question, name of preschool _____

Please share with us any educational concerns you have for your child: _____

Child's Early Intervention Information (This information will be shared with the Special Needs Coordinators to better assist your child while enrolled in preschool.)

Has your child been referred for a developmental screening? _____ If Yes, has it been completed? _____

Does your child have an Individualized Education Plan (IEP)? _____

If Yes, name of Early Intervention agency: _____

Please share with us any developmental concerns you have for your child: _____

My signature below indicates that:

I UNDERSTAND THAT COMPLETING AND SUBMITTING AN APPLICATION FOR PRESCHOOL DOES NOT GUARANTEE THAT MY CHILD WILL BE ACCEPTED IN TO A PRESCHOOL PROGRAM;

The information I have provided on both pages of the Application for Preschool is accurate;

I agree to inform my child's teacher when any of this information changes;

I understand that this information must be kept accurate so that I can be contacted in the event my child becomes ill or injured while attending preschool;

I understand that if my child is enrolled in preschool, I agree to abide by the program policies and to adhere to the scheduled arrival and departure times.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____