

## GROUP CHILD CARE AND SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

Program:  
**Child's Name:**  
Home Address:  
Telephone:  
**Date of Admission:**  
Date of Birth:  
Identifying Marks:  
Allergies / special diets:

Group Child Care:  
Eye Color:  
Hair Color:  
Sex:  
Age at Admission:  
Primary Language:

School Age Care:  
Skin Color:  
Height:  
Weight:

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:  
Relationship to child:  
Home Address:  
Home Telephone #:  
Bus. Name:  
Bus. Address:  
Bus. Telephone #:  
Hours at Work:

Parent/Guardian Name:  
Relationship to child:  
Home Address:  
Home Telephone #:  
Bus. Name:  
Bus. Address:  
Bus. Telephone #:  
Hours at Work:

### ADDITIONAL INFORMATION:

Child's Physician/Clinic:  
Address:

Phone:

Chronic health conditions:

Special limitations or concerns:

### SCHOOL AGE ONLY

Current School: \_\_\_\_\_ School Address: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. *Parent/Guardian initials:* \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\*Note: Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

### DEVELOPMENTAL HISTORY

Age began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl? \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\*Does your child use pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \*When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

### HEALTH

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: \_\_\_\_\_

Regular medications: \_\_\_\_\_

### EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on a special formula, describe its preparation in detail \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

\* Is your child fed held in lap? \_\_\_\_\_ High chair? \_\_\_\_\_

\* Does your child eat with spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

### TOILET HABITS

\*Are disposable or cloth diapers used?

\*Is there a frequent occurrence of diaper rash?

\*Do you use: oil \_\_\_\_\_ powder \_\_\_\_\_ lotion \_\_\_\_\_ other \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ how many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*Please describe any particular procedure to be used for your child at the center \_\_\_\_\_

What is used at home? potty chair? \_\_\_\_\_ special child seat? \_\_\_\_\_ regular seat? \_\_\_\_\_

How does your child indicate bathroom needs (include special words): \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_

**SLEEPING HABITS**

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_  
Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

*Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver*

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_  
Describe any special characteristics or needs (stuffed animal, story, mood on walking etc) \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child: \_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ Able to play alone: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc): \_\_\_\_\_

How do you comfort your child: \_\_\_\_\_

What is the method of behavior management/discipline at home: \_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_

**DAILY SCHEDULE:** Please describe your child's schedule on a typical day.

\*For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CARD INFORMATION

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

Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. \_\_\_\_\_  
(Name, Address, Phone #)

2. \_\_\_\_\_  
(Name, Address, Phone #)

### PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. \_\_\_\_\_  
(Doctor's Name, Address, Phone#)

### EMERGENCY CONTACT PERSON(S)

1. \_\_\_\_\_  
(Name, Address, Phone #)

2. \_\_\_\_\_  
(Name, Address, Phone #)

### MEDICAL EMERGENCY TREATMENT

I hereby give \_\_\_\_\_  
(Name of program)

permission to administer basic first aid and/or CPR to my child \_\_\_\_\_  
(Name)

and/or take my child \_\_\_\_\_, to a hospital for medical  
(Name)

treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### INSURANCE INFORMATION (OPTIONAL)

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE  
FIRST AID AND EMERGENCY MEDICAL CARE  
CONSENT FORM  
102 CMR 7.09(3)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, 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.

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_

**Emergency Contacts (In order to be contacted)**

1. Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Do you give permission for child to be released to this person?    Yes                      No	
2. Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Do you give permission for child to be released to this person?    Yes                      No	
3. Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Do you give permission for child to be released to this person?    Yes                      No	

Health Insurance Coverage: _____	Policy #: _____
Parent(s) Name: _____	Phone(w)                      Phone (h)
Parent(s) Name: _____	Phone(w)                      Phone (h)

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

We need four permission slips to be placed into our files.

Photographs:

We would like to take pictures of your children and we need your permission. We will be using these photos throughout our classroom displays as well as placing them on our webpage.

Walking Field Trips:

We frequently take walks during the week and we need your permission to take your child along. Some examples of such excursions are: the local cemetery, the local elementary school playground, the fire station, police station, library, lunch or ice cream trips to town, etc. Any field trips requiring busing or other transportation will need an additional permission slip to be signed prior to departure.

Sunscreen:

All efforts are made to avoid excessive sun exposure to children in our care, however, as we are outside on a daily basis we feel that children require the additional protection that sunscreen has to offer. Permission is required for the application of topical creams and ointments.

Insect Repellent:

Sometimes, in the later afternoons the mosquitoes seem plentiful and it is necessary to apply bug repellent. We typically use DEET free products which are effective for a shorter period of time but for our use it seems acceptable. We will apply as sparingly as possible, and only when necessary, with most of the application to be placed on clothing as opposed to exposed skin areas.

PLEASE SIGN THE SLIPS BELOW (TO BE PLACED IN EACH INDIVIDUAL FILE)

Date: \_\_\_\_\_

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

I give Small World Preschool and Child Care Center permission to take photos of my child for the classroom  
\_\_\_\_\_ and the website \_\_\_\_\_.

I give Small World Preschool and Child Care Center permission to take walking field trips with my child  
\_\_\_\_\_.

I give Small World Preschool and Child Care Center permission to apply sunscreen on my child on an as needed  
basis \_\_\_\_\_.

I give Small World Preschool and Child Care Center permission to apply bug repellent as necessary on my child  
\_\_\_\_\_.

I give Small World Preschool and Child Care Center permission to allow my child to use the "kiddie" pools  
containing under two feet of water, which are cleaned and emptied daily \_\_\_\_\_.