



Early Education Program Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Child's Former Child Care: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____ Marital Status: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____ Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____ Marital Status: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____ Hours at Work: _____

Child's Schedule (Limit: 10 hours daily)

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets: _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. Yes____ No____

Special limitations or concerns: _____

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

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 Signature _____
Date

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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*)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

Transportation Plan and Authorization

CHILD'S NAME: _____

Parent/Guardian Name(s): _____

Home Address: _____

Contact Phone Number(s):

(Home) _____ **(Cell)** _____ **(Work)** _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT DROP OFF

___ PARENT PICK UP

___ SUPERVISED WALK

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

___ OTHER

VEHICLE/FACILITY RELEASE AUTHORIZATION

I authorize the release of my child (from agency vehicles or facilities) to the following people with the understanding that they must be at least 13 years of age and be willing to present positive identification to agency personnel upon request.

Name	Relationship to Child	Telephone Number

I understand that my child will not be released to any individual not listed above, unless I have made prior arrangements with the agency in writing.

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:** _____

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? Pottychair? _____ 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 your 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. All BCLC caregivers follow the recommended sleep practices for SIDS prevention. 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 waking etc) _____

SOCIAL RELATIONSHIPS

Family or other individuals living in household? _____

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

General Consents	Parent/ Guardian Initials
<p>I authorize (BCLC) to discuss the status and/or progress of my child with other agencies and/or persons in order to share information which may be considered of value in the care and service of my child. I understand that such information will be kept confidential as a part of my child's file. I also understand that I have the right to terminate consent at any time. Please note, however, that the BCLC employees are mandated by law to report any possible cases of abuse and neglect of your child to the Massachusetts Department of Children and Families.</p>	
<p>I authorize BCLC to photograph, audio/or videotape my child while in attendance at the agency. I further authorize the release of such materials for public relations, advertising, and social media as the agency deems appropriate. I understand that BCLC will not conduct any research or experimentation involving my child without my formal consent in written form, but that my child may, during the normal operation of the agency, be observed by people such as student teachers, their supervisors or other human service professionals.</p>	
<p>I authorize BCLC to take my child on field trips (i.e. Beverly Public Library, Dane Street Beach, Lynch Park, and Beverly School for the Deaf and St. Peter's gymnasium), either on foot or in an authorized vehicle, under the supervision of designated agency personnel. I understand that separate permission forms for certain trips will also be required. In addition, I understand that my child can possibly be excluded from attending a field trip if their behavior is unsafe or inappropriate, which could, in any way, prevent the staff from effectively and attentively caring for all of the children.</p>	
<p>I understand that failure to take full responsibility for my child after the 6pm closing time in the center based program and after the 5pm closing time in the Family Child Care programs, will result in the assessment of a \$1.00 per child per minute "late fee" and that such a charge will be due immediately when my child is released. I further understand that such negligence may be considered a form of neglect and may be reported as such, and that frequent instances of tardiness may jeopardize my child's enrollment status.</p>	
<p>I authorize the staff of BCLC to apply SPF 30 or higher sunscreen on my 6month or older child as needed. Alternative methods for children younger than 6months will be utilized. I understand that if I wish my child to use a certain brand, I am responsible for supplying it in the original bottle labeled with my child's name.</p>	
<p>I authorize the staff of BCLC to apply insect repellent containing DEET on my child on a maximum basis of once daily as needed. I understand that if I wish my child to use a certain brand, I am responsible for supplying it in the original bottle labeled with my child's name.</p>	

Parent/Guardian Signature _____ Date _____

Please return this page on your child's first day of care.

Handbook Acknowledgement

I have read, understand and will adhere to the policies and procedures in this handbook for parents and guardians.

Parent/Guardian Signature:

Date: