

CHILD'S FACE SHEET/ENROLLMENT PACKET

Enrollment Date _____

CHILD'S INFORMATION

Child's Name: _____

Place of Birth: _____

Date of Birth: _____

Primary Language: _____

Home Address: _____

Email address _____

City/Town _____

Reachable #: _____

Child's Identifying Information (required by the department of EEC):

Eye Color: _____

Hair Color: _____

Sex: _____

Height: _____

Weight: _____

Skin Color: _____

Identifying Marks: _____

Allergies: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Parent/Guardian Name _____

Relationship _____

Relationship _____

Home Address _____

Home Address _____

(Street, city & zip code)

(Street, city & zip code)

Home Telephone # _____

Home Telephone # _____

Bus. Name _____

Bus. Name _____

Bus. Address _____

Bus. Address _____

Bus. Telephone # _____

Bus. Telephone # _____

Hours at Work _____

Hours at Work _____

If parents cannot be contacted, notify: (include names on emergency release form)

Name _____

Name _____

Address _____

Address _____

Relationship _____

Relationship _____

Telephone # _____

Telephone # _____

Initial _____ **date** _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

CHILD'S NAME _____ DATE OF BIRTH _____

DEVELOPMENTAL HISTORY

Any speech difficulties? _____

Special words to describe needs? _____

HEALTH

Any known complications at birth? _____

Serious illnesses or operations? _____

Special physical conditions, disabilities? _____

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

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____ child eats with hands _____ spoon _____ fork _____

child drinks from cup _____ sippy cup _____

Foods refused: _____

TOILET HABITS

How does child indicate bathroom needs (include special words) _____

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? _____

When does child go to bed at night? _____ get up in the morning? _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, storms, etc.) _____

How do you comfort your child: _____

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

Initial _____ date _____

What would you like your child to gain from this child care experience?

Is there anything else you would like us to know about your child?

List other family members.

ADDITIONAL INFORMATION

Allergies/Special Diet: _____

Please attach Individual Health Plan for child with a chronic health condition.

Copies of any custody agreements, court orders, and restraining orders pertaining to your child should be given to the directors.

Any special limitations or concerns? _____

Transportation Plan and Authorization

My child will arrive at the program:

Parent drop off _____
Other _____

My child will be picked up:

Parent pick up _____
Other _____

Parent/Guardian Signature _____ date _____

Refer to First Aid and Emergency Medical Care Consent Form for Release Information

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth _____

I authorize staff at the Lollipop Tree Nursery School who are trained in the basics of first aid/CPR to give my child first aid and 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 facility and/or to _____, and secure medical treatment for my child.

Child's Physicians 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)

School Participation Authorization, Payment Agreement and School Policies

Initial

- _____ 1. I hereby grant permission for my child to use all of the play equipment and participate in all school activities.
- _____ 2. I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.
- _____ 3. The school will not be held responsible for anything that may happen as a result of false information given at the time of enrollment.
- _____ 4. I agree to pay the yearly tuition divided into 10 payments or will make other arrangements with the Directors to satisfy this financial obligation. (details in parent handbook)
- _____ 5. I agree to give a 30-day notice if changing my child's schedule or if withdrawal of my child is necessary. If the 30-day notice is not given I will pay the next installment of the tuition. Please note if notice is given after February 1st the remaining 3 tuition payments are due. **I understand that all fees and tuition are non-refundable.** (Details are in the Parent Handbook)
- _____ 6. I am aware that the Parent Handbook, information sheet, and yearly calendar along with the Lollipop Tree Facebook page policy are available online or in the school office. The monthly newsletters will be sent home via email, posted on the parent information board and available in the office.
- _____ 7. My child _____ picture CAN _____ CANNOT _____ be used on The Lollipop Tree Nursery School website.
- _____ 8. Would you like your email added to our parent Network?
- Yes email _____ No _____

Signed (parent/guardian) _____ Date _____

Signed (parent/guardian) _____ Date _____

Signed Witness _____ Date _____

Please attach a current physical and immunization records, including a lead screening.