

ENROLLMENT PACKET

Enrollment Date _____

CHILD’S INFORMATION

Child’s Name: _____ Primary Language: _____
 Place of Birth: _____ Email address: _____
 Date of Birth: _____ Reachable #: 1. _____
 Home Address: _____ 2. _____
 City/Town _____ 3. _____

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 _____ (Street, city & zip code)	Home Address _____ (Street, city & zip code)
_____	_____
Home Telephone # _____	Home Telephone # _____
Cell Phone # _____	Cell Phone # _____
Bus. Name _____	Bus. Name _____
Bus. Address _____	Bus. Address _____
Bus. Telephone # _____	Bus. Telephone # _____
Hours at Work _____	Hours at Work _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

CHILD'S NAME _____ DATE OF BIRTH _____

DEVELOPMENTAL HISTORY

Any speech difficulties? _____

Special words to describe needs? _____

Does your child receive any special services? Speech/OT? Early intervention? Y _____ N _____

If Yes, please explain _____

HEALTH

Any known complications at birth? _____

Serious illnesses or operations? _____

Special physical conditions, disabilities? _____

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

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____ Foods refused: _____

Child eats with hands _____ spoon _____ fork _____ Child drinks from cup _____ sippy cup _____

Does your child have any food allergies or restrictions? _____

TOILET HABITS

Is your child toilet trained, in diapers or pull ups? _____

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? _____

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: _____

If your child has allergies or needs medication please attach a **Medication Consent Form**.

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 if parent/guardian cannot be reached)

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 using one of the tow (2) payment options. (Paid in full by June 1st or 10 payment plan. Or I will make other arrangements with the director to satisfy this financial obligation. (more details can be found 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, yearly calendar and other Lollipop Tree Nursery School policies are available online or in the school office.

Signed (parent/guardian) _____ Date _____

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

Please attach Medication Consent Form and Individual Health Plan, if needed.

All forms can be found on the school website or in the office

