**Group Day Care and School Age Child Care**

 **Face Sheet and Enrollment Form**

|  |  |  |
| --- | --- | --- |
| Child’s Name: | Date of Birth: |  |
| Group Day Care: [[ ] ]  | School Age Care: [[ ] ] | Sex: \_\_\_\_\_\_\_\_\_\_ | Date of Admission: \_\_\_\_\_\_\_\_ |
| Eye Color: \_\_\_\_\_\_\_\_\_ | Skin Color: \_\_\_\_\_\_\_\_ | Hair Color: \_\_\_\_\_\_\_\_\_\_\_ | Height: \_\_\_\_\_\_\_ | Weight: \_\_\_\_\_\_\_\_\_ |
| Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ZIP: \_\_\_\_\_\_\_\_ |
| Telephone #: (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ | Primary Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Identifying Marks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Allergies/Special Diets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Attendance: | Monday [[ ] ] | Tuesday [[ ] ] | Wednesday [[ ] ] | Thursday [[ ] ] | Friday [[ ] ] |
| Drop Off/Pick Up: | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Siblings |
| Name |  |  |  |  |
| Age |  |  |  |  |
| School |  |  |  |  |

**Parent/Guardian Information**

|  |  |  |
| --- | --- | --- |
|   | Parent/Guardian 1 | Parent/Guardian 2 |
| Parent/Guardian Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to Child: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  City, ZIP: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Number: | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ |
| Cell Number: | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ |
| E-mail Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Address: City, ZIP: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Number | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ |
| Hours at Work | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Physician/Clinic Information**

|  |  |
| --- | --- |
| Physician/Clinic Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ |
| (Address) | (Phone Number) |
| Chronic Health Conditions: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Special Limitations or Concerns: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***I certify that documentation of physical examinations, immunizations, and lead poisoning screenings, in accordance with public school health requirements, are on file at my child’s school.***

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature | Date |
| ***For School Age Children Only*** |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| School | School Address |

**Developmental History and Background Information**

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

|  |  |  |
| --- | --- | --- |
| Child’s Name and DOB: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Name) | (Date of Birth) |

**Developmental History**

|  |
| --- |
| Age began sitting: \_\_\_\_\_\_\_\_\_\_\_ crawling: \_\_\_\_\_\_\_\_walking: \_\_\_\_\_\_\_\_\_\_talking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Speech Difficulties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special words to describe needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language(s) spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ History of Colic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Health**

|  |
| --- |
| Allergies (i.e. asthma, hay fever, insect bites, medicine, food reactions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any known complication(s) at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Serious illness and/or hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special physical conditions and/or disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Regular medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Eating Habits**

|  |
| --- |
| Special characteristics or difficulties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Favorite foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Foods refused: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Toilet Habits**

|  |
| --- |
| Do you use: Disposable diapers [ ] Cloth diapers [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there frequent occurrence of diaper rash? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you use: Oil [ ] Powder [ ] Lotion [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are bowel movements regular? Yes [ ] No [ ] Number per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there a problem with diarrhea Yes [ ] No [ ] Constipation Yes [ ] No [ ]Has toilet training been attempted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please describe any procedure(s) to be used at the center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is used at home: Potty Chair [ ] Special Child Seat [ ] Regular Seat [ ]How does your child indicate bathroom needs (i.e., special words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is child ever reluctant to use the bathroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does child have accidents? Yes [ ] No [ ] Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Sleeping Habits**

|  |
| --- |
| Does your child sleep in a crib [ ] or a bed [ ]Does your child nap during the day (include time and duration)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When does your child go to bed? \_\_\_\_\_\_\_\_\_\_\_\_What time does he/she wake up? \_\_\_\_\_\_\_\_\_\_\_\_ Describe any special characteristics or needs (stuffed animal, story, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Social Relationships**

|  |
| --- |
| How would you describe your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous experience with other children/daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction to strangers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Able to play alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Favorite toys and activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fears (the dark, animals, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How do you comfort 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anything else we should know about your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Family Customs (optional)**

Identify the holidays that are important to your family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What traditions do you celebrate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What languages are spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature | Date |

**First Aid and Emergency Medical Care Consent Form**

|  |  |  |
| --- | --- | --- |
| Child’s Name and Date of Birth: |       |       |

**I authorize staff at Aruna’s Place 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 authorized Aruna’s Place to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.**

|  |
| --- |
| **General Health Information** |
| **Pediatrician Information** | **Name** |        |
| **Address** |       |
| Phone |       |
| **Known Allergies** |       |
| **Chronic Health Conditions** |       |
| **Coverage, Policy Number, and Hospital** |                   |

**REQUIRED IMMUNIZATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Immunization** | **No of Doses (avg. age of dose)** | **Dose 1** | **Dose 2** | **Dose 3** | **Does 4** |
| DTaP | 4 (2 mo, 4 mo, 6 mo, 18 mo) |       |       |       |       |
| Polio (IPV) | 3 (2 mo, 4 mo, 18 mo) |       |       |       | ---------- |
| Varicella | 1 dose or history of chicken pox |       | ---------- | ---------- | ---------- |
| MMR | 1 (5 yr) |       | ---------- | ---------- | ---------- |
| Hib | 1 to 4 (2 mo, 4 mo, 6 mo) |       |       |       |       |
| **\*Please bring most recent Physical that includes proof of 3 year old Lead testing**  |

**EMERGENCY CONTACTS**

*in order to be contacted*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship to Child** | **Address****(Street, City)** | **Phone Number** | **Permission for child to be released to contact** |
| 1 |       |       |       |       |  |
| 2 |       |       |       |       |  |
| 3 |       |       |       |       |  |
| 4 |       |       |       |       |  |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature | Date |

**Emergency Card Information**

|  |  |  |
| --- | --- | --- |
| Child’s Name and DOB: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Name) | (Date of Birth) |
| Parent/Guardian Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to Child: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Number: | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ |
| Cell Number: | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ |
| Work Number: | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ | (\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_ |

**EMERGENCY CONTACTS**

*in order to be contacted*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name and Relationship to Child** | **Address** | **Phone Number** | **Permission for child to be released to contact** |
| 1 |  |  |  | Y | N |
| 2 |  |  |  | Y | N |
| 3 |  |  |  | Y | N |
| 4 |  |  |  | Y | N |

**MEDICAL EMERGENCY TREATMENT CONSENT**

|  |
| --- |
| I hereby give Aruna’s Place permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and/or to take my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , to the hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child’s health. |
| **General Health Information** |
| **Pediatrician Information** | **Name** |  |
| **Address** |  |
| Phone |  |
| **Known Allergies** |  |
| **Health Insurance Coverage, Policy Number, and Participating Hospital** |  |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature | Date |

**General Consent and Emergency Contacts Form**

|  |  |  |
| --- | --- | --- |
| Child’s Name and DOB: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Name) | (Date of Birth) |

You may photograph my child: Yes No

My child may appear on the Aruna’s Place website/Facebook: Yes No

My child may be observed or recorded for record-keeping purposes: Yes No

I grant permission for neighborhood walks: Yes No

I authorize the application of suntan lotion or bug spray to my child: Yes No

My child may have his/her teeth brushed: Yes No

My child’s information may be included in the telephone directory: Yes No

**Transportation Plan and Authorization**

|  |  |
| --- | --- |
| **My child will arrive at Aruna’s Place by…** | **My child will leave Aruna’s Place by…** |
| [ ] Parent drop-off | [ ] Parent pick-up |
| [ ] Supervised walk | [ ] Supervised walk |
| [ ] Unsupervised walk | [ ] Unsupervised walk |
| [ ] Public/private van | [ ] Public/private van |
| [ ] Contract van | [ ] Contract van |
| [ ] Other private transportation | [ ] Other private transportation |
| [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature | Date |



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**Fee Schedule**

Below is the fee schedule, effective as of **March 1st, 2018.**

|  |  |
| --- | --- |
| **Description of Fees** | **Due Date** |
| * **Registration:** A $175 fee ($75 for each additional sibling) to hold your child’s place. Checks should be made out to *Aruna’s Place For Children* and should be deposited in the payment box.
 | **Sign-Up** |
| * **Supply Fee and Field Trips and Enrichment:** A fee of $175 for Caterpillars and $350 for Butterflies, Checks should be made out *Aruna Pundit.*
 | **Sign-Up**(Needs to be paid annually) |
| * **Tuition:** Checks should be made out to *Aruna’s Place For Children* and should be deposited in the payment box by the first of every month to avoid a late fee of $25\*.
 | **1st of month** |
| **Other Fees and Reminders** |
| * All previous dues along with current charges will need to be paid **in full** before the child can attend Aruna’s Place in September.
* *Vacations*: If a child is going to be out for 6 or more weeks, new enrollment forms are needed along with a registration fee.
* There is a $65/day fee for a child/sibling’s attendance in the case of their school being closed due to snow or vacation.
 |

|  |  |
| --- | --- |
| **Monthly Fees**\*\* | **Hours per day** |
| **Full Time****7.30am-6pm** | **Half Day****9am-3pm** | **Preschool****9am-1pm** | **Afterschool****3pm-6m** |
| **Number of Days** | **5** | $ 1,385 | $ 1,110 | $ 785 | $ 600 |
| **3** | $ 1,005 | $ 775 | $ 545 | $ 435 |
| **2** | $ 725 | $ 640 | $ 390 | $ 325 |
|  |
| *\*On the 2nd of every month a late payment charge of* ***$25*** *will be applied.*  ***For every minute past the scheduled hours, a charge of $1.00 per minute will be applied. No exceptions.*** |
| *\*\*In the case of siblings, the oldest will receive a 5% discount*  |

**Enrollment Agreement**

*Thank you for enrolling in Aruna's Place!*

*Below is the schedule for all children you’ve enrolled and the details of your enrollment agreement.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| Child’s Name and DOB: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Name) | (Date of Birth) |

 |
| **Attendance** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Tuition Per Month: $****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Effective Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Terms and Conditions*

* **Tuition:** You agree to pay Aruna's Place for tuition in accordance with the attached schedule regardless of your child(ren)'s actual attendance.
	+ Tuition is due on the first day of each **month**. Receipts are available upon request.
	+ A late fee of $25.00 will be incurred for **any** payment received after the first (1st) of the month. **After the fifteenth (15th) of the month, an additional $25.00 late fee shall apply.** These late fees shall be added directly to your tuition payment. After the 22nd of the month, your child(ren)'s attendance may be jeopardized.
	+ Aruna's Place may change the tuition fees at any time to become effective at the start of a new calendar month by posting the new rates at least fifteen (15) days in advance.
* **Additional Fees:** The following additional fees shall apply for attendance beyond the schedule and are payable in cash upon pickup:
	+ **$1.00/minute** for any drop off before 7:30 am or pickup after 6:00 pm.
	+ In the event that you need to schedule extra hours for a particular day (i.e., your child will be picked up an hour earlier/later than usual), there will be a **$10/hour** fee payable by cash or check (made out to *Aruna Pundit*). An Aruna’s Place staff member must approve the extra hour(s) prior; otherwise, a $1.00/minute late fee will be applied for every minute before/after the scheduled drop off/pickup time.
* **Schedule Changes:** You agree to notify Aruna's Place at least thirty (30) days in advance of any proposed change to the schedule, including withdrawal of your child(ren) from Aruna's Place.
	+ Any changes to this agreement or schedule must be made in writing *and* signed by an authorized representative of Aruna's Place.

|  |
| --- |
| *By signing below, you understand and agree to the above* Terms and Conditions. |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Aruna’s Place Signature | Date |

**Pre-Enrollment Checklist**

**Before your child may attend Aruna’s Place:**

**Please be sure to check off each item**, and feel free to ask if you have any questions!

**Payment Requirements:**

[ ]  Registration fee: A $175.00 check payable to *Aruna’s Place For Children* ($75 for each additional sibling).

[ ]  Supply Fee, Field Trips and Enrichment Fee: $175 for Caterpillars and $350 for Butterflies. Checks should be made out to *Aruna Pundit*.

**Things to Bring:**

[ ]  Your child’s most recent physical exam, immunization record, and proof of 3 year lead testing (for Caterpillars ONLY)

[ ]  The Aruna’s Place enrollment documents (Pages 1-6)

[ ]  Two (2) signed copies of the contract on Page 8 (One copy for Aruna’s Place and one copy for you).

[ ]  A water bottle with no straw

[ ]  An extra change of clothes

[ ]  A toothbrush

[ ]  Sunscreen labeled with your child’s name (April-September).

[ ]  A picture of your child (this can be sent electronically or delivered in hardcopy form).

**What you need to know:**

[ ]  How to sign your child in (first and last name), put his/her belongings away, and check his/her cubby daily.

[ ]  Payment and other fee policies (Page 8).

[ ]  You must call the school by 9:30 a.m. if your child is scheduled to come to school but will not be attending. **You understand that if you do not call by 9:30 a.m., you will be charged a $25.00 “search fee” for Aruna’s Place to call you.**

[ ]  Anyoneother than an authorized contact must have a note of written permission before your child will be released to him or her.

[ ]  Important notices are posted on the school doors and near the sign-in table, and you are responsible for reading these notices.

[ ]  Your child may bring a special stuffed animal/blanket from home for naptime and one (1) item for show and tell on Mondays and Tuesdays. Aruna’s Place will not be responsible for toys brought from home.

[ ]  You are responsible for packing your child’s lunch with a beverage, and Aruna’s Place will provide snacks and beverages for mid-morning and after-nap snacks.

[ ]  The times and dates of the scheduled closings of Aruna’s Place.

[ ]  In the case of inclement weather, please check your email or tune in to local TV stations to learn if the school is closed or has a delayed opening.

[ ]  In the summer, you are responsible for applying sunscreen on your child while getting them dressed before school. You understand that Aruna’s Place will reapply sunscreen as necessary, but that you are responsible for the initial application.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Signature | Date |