



New Student

<i>For Staff Use</i> Classroom: _____ Updated by: _____ Date: _____

Enrollment Information

Child's Information

Child's Name: _____ Date of Birth: _____ Sex: _____

Nickname (if applicable): _____ Ethnicity: _____

Home Address: _____

Parent/Legal Guardian #1:

Name: _____ Relationship: _____

Address (if different from above): _____

Phone Number: _____ E-mail: _____

Driver License Number: _____ License Plate Number: _____

Name of Employer: _____ Work Phone: _____

Days/Hours of Employment: _____

Address of Employment: _____

Parent/Legal Guardian #2:

Name: _____ Relationship: _____

Address (if different from above): _____

Phone Number: _____ E-mail: _____

Driver License Number: _____ License Plate Number: _____

Name of Employer: _____ Work Phone: _____

Days/Hours of Employment: _____

Address of Employment: _____

Emergency Information

Transport Arrangement in an Emergency Situation:

Hospital Preference: _____

**If one is not specified, Windham Hospital will be utilized. **

I give consent for trained CFDRC staff to provide my child with first aid and/or transport them via ambulance to a hospital as needed. I understand that when my child is ill or needs to be picked up for other unexpected reasons that I (or another designated adult) must arrive within thirty minutes of being called. I agree to review and update this information whenever a change occurs or every six months.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

Emergency Contacts (to whom child may be released to if legal guardian is unavailable):

Emergency Contacts must bring a photo ID. If you have more than two emergency contacts attach additional sheet.

Name #1: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Name #2: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Name of any other individuals who may access your child's CFDRC health records:

Health

Asthma: Yes ___ / No ___ **Allergies:** Yes ___ / No ___ **Epi-Pen Needed:** Yes ___ / No ___

If answered yes to any, please explain:

My Child has or has had:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">▪ Diabetes▪ Seizures▪ Brain or neurologic concerns▪ Head injury or concussion▪ Bleeding disorder or bleeding that's very hard to stop▪ Problem with under eating or weight loss | <ul style="list-style-type: none">▪ Stomach or intestinal concerns▪ Heart concerns▪ Bone or joint concern▪ Glasses▪ Hearing Aid(s)▪ Activity or gym restrictions (requires doctor's note)▪ Problem with overeating or weight gain | <ul style="list-style-type: none">▪ ADD, ADHD, Hyperactivity▪ Depression▪ Other psychological concern▪ Frequent absences from school▪ Concerns in school▪ Concerns at home▪ Other medical concern(s) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please provide more information if any are checked off:

Are there special requirements or limitations for your child's diet while in childcare? Yes / No

If yes, are they family preference? Yes / No

If yes, are they doctor's requirement? Yes / No

Please specify requirements or limitations:

I give permission for the CFDRRC nurse to contact my child's health care provider for purposes of care planning and medication administration.

I understand that all records, documentation, and discussion between the CFDRRC nurse and health care providers will be confidential and I will be consulted before any changes are made in the care of my child.

Yes, CFDRRC may contact my child's provider

No, CFDRRC may not contact my child's provider

Child's Pediatrician: _____ **Phone Number:** _____

Address: _____

Child's Dentist: _____ **Phone Number:** _____

Address: _____

Child's Health Insurance:

Is your child covered by medical insurance? Yes / No

Name of Insurance Plan: _____ ID #: _____

Subscriber's Name (on insurance card): _____

Consent and Release

- I give permission for my child to participate in center sponsored field trips and excursions whether transportation is by foot or vehicle. I also understand that I will be notified prior to any field trips taken by vehicle. Yes ___ / No ___
- I understand my child will be observed by non-center personnel for teaching or training purposes. I give permission for my child to participate in the observation projects conducted by those authorized by the CFDRRC Director. Confidentiality will always be maintained. Yes ___ / No ___
- I give permission for my child to participate in research or testing as approved by the CFDRRC Director. A separate consent form will be supplied prior to research.
Yes ___ / No ___

- In the event of an emergency (illness or accident) involving my child, I give my consent to the Child and Family Development Resource Center to provide emergency care for my child through an emergency medical technician, clinic, hospital, private physician or dentist. Yes ___ / No ___

Parent/Legal Guardian Signature: _____ Date: _____

Development

Any concerns about your child's:

Mental ___ Visual ___ Auditory ___ Physical ___ Emotional ___ Behavioral ___

Please provide more information if any are checked off:

Does your child require specialized treatment or medication? Yes ___ / No ___

If yes, please specify:

Will treatment or medication need to be administered at the center? Yes ___ / No ___

Does your child use specialized equipment for health or mobility? Yes ___ / No ___

If yes, please specify:

Child's Personal History

If applicable, name step-parents in your child's life or other significant caregivers:

1. Name: _____

2. Name: _____

Are there pets in the home? Yes ___ / No ___

If yes, specify:

How has childcare been provided in the past? (*check any that apply*)

Parent_ Grandparent_ Other Relative_ Day Care Home_ Day Care Center_ Nanny_ Other_

Is English your child's primary language? Yes ___ / No ___

If no, what is?

Describe your child's style of communicating (e.g. uses a few words, gestures and points, uses full sentences, etc.):

Describe your child's activity level at home:

Describe your child's preferred play activities (e.g., toys, games, books):

Please describe the type of discipline for behavior you use at home:

Are there religious or family/cultural traditions your child observes? Yes ___ / No ___

If yes, please specify:

Please describe any unique circumstances in your family or child's life that may affect your child's current behavior? (For instance: child's imaginary playmate, new sibling, a recent move, problems with childcare arrangement, family death, illness or hospitalization, parent separation or divorce, etc.)

Please take a moment to describe your child's personality and temperament:

What do you hope your child gains from enrollment in our program?

Parent Survey

Monthly parent-teacher meetings are held during the fall and spring semesters. Are there specific topics you would like addressed? Yes ___ / No ___

If yes, specify:

Do you have any personal talents/skills you would enjoy sharing with classroom children (e.g. musical talent, craft skill, etc.)? Yes ___ / No ___

If yes, specify:

How did you hear about the Child and Family Development Resource Center?

What influenced your decision to apply to our Center? (check any that apply)

Location__ Price__ Reputation__ Educational Program__ Head Teacher__ Director__ Facility__

Bill Payment

I, _____, understand that I will be held solely responsible for payment of child care charges accrued during my child's enrollment at the Child and Family Development Resource Center. I understand that the determination of my charges will be based on the child care rates in effect during my child's enrollment, and that I will be expected to pay charges by the posted due dates in order to maintain my child's enrollment status.

Print name of person responsible for payment: _____ Date: _____

Signature of person responsible for payment: _____

For Office Use Only

Submission Date: _____ Date Enrolled: _____ Withdrawal Date: _____