



New Student

For Staff Use

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. **

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 CFDRRC health records:

I give consent for trained CFDRRC 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.

I understand that if I am not available, I authorize the above people to act for my child.

Parent/Guardian #1 Signature: _____ **Date:** _____

Parent/Guardian #2 Signature: _____ **Date:** _____

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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stomach or intestinal concerns | <input type="checkbox"/> ADD, ADHD, Hyperactivity |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart concerns | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Brain or neurologic concerns | <input type="checkbox"/> Bone or joint concern | <input type="checkbox"/> Other psychological concern |
| <input type="checkbox"/> Head injury or concussion | <input type="checkbox"/> Glasses | <input type="checkbox"/> Frequent absences from school |
| <input type="checkbox"/> Bleeding disorder or bleeding that's very hard to stop | <input type="checkbox"/> Hearing Aid(s) | <input type="checkbox"/> Concerns in school |
| <input type="checkbox"/> Problem with under eating or weight loss | <input type="checkbox"/> Activity or gym restrictions (requires doctor's note) | <input type="checkbox"/> Concerns at home |
| | <input type="checkbox"/> Problem with overeating or weight gain | <input type="checkbox"/> 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: _____