

**Kid Connection Preschool Vacation Week
Child Enrollment Form**

EEC Regulations require this information to be on file to address the needs of children while in care. This form must be submitted with a current physical/school form, listing immunizations, before your child can attend.

Child's Name: _____ Date of Birth: _____

Primary Language of child: _____ Primary Language of parents: _____

Identifying Marks: _____ Gender: _____ Skin Color: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Does your child have any allergies? _____

Does your child have any special concerns or limitations? (dietary, speech, physical, etc.) _____

If so, please describe _____

Please describe any previous group experiences (ie: play groups, daycare) _____

Parent/Guardian: _____ Primary phone number: _____

Email Address: _____

Employment/location during child care: _____

Parent/Guardian: _____ Primary Phone number: _____

Email Address: _____

Employment/location during child care: _____

Copies of any custody agreements, court orders, restraining orders (if applicable)

Transportation Plan

My child will arrive at the program by:

Supervised walk

Parent drop-off

Other (describe _____)

My child will depart from the program by:

Supervised walk

Parent pick-up

Other (describe _____)

I additionally authorize the following individual(s) to take my child from the child care premises.

1. Name: _____ relationship: _____

Address: _____ phone: _____

2. Name: _____ relationship: _____

Address: _____ phone: _____

DEVELOPMENTAL HISTORY

At what age did your child begin sitting: _____ crawling: _____ walking: _____ talking: _____

Does your child use any special words to describe needs? _____

Please describe your child's schedule on a typical day. _____

HEALTH

Any known complications/health issues during birth or infancy? _____

Any serious illnesses and/or hospitalizations? _____

If yes to any of the above questions, please list/comment: _____

Please list any regular medications administered to your child:

Note: If your child requires an epipen, inhaler, or other lifesaving medication, an Individual Health Care Plan must be submitted. Medication must be provided in original package with prescription.

Hand Sanitizer: Staff will supervise use of hand sanitizer when soap and water is not readily available.
____ I give ____ I do not give permission for my child to use hand sanitizer at school.

EATING HABITS / TOILET HABITS

Is your child toilet trained? _____ Does your child have accidents? _____

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

Is your child ever reluctant to use the bathroom? _____

SOCIAL RELATIONSHIPS

Please describe any previous group experiences (ie: play groups, daycare) _____

How would you describe your child's personality? _____

How does your child relate to other children? _____

What are your child's favorite toys and activities? _____

Does your child have any worries or fears? _____

How do you comfort your child? _____

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

Is there anything else we should know about your child or family that will help us provide the most positive experience for your child? _____

Parent/Guardian Signature

Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/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 care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____ Phone: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____ Relationship to child _____

Address _____ Cell phone: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to child _____

Address _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian _____ *Signature* _____ *date* _____