

ENFIELD CHILD DEVELOPMENT CENTER

117 Post Office Road

Enfield CT 06082

Phone: 860-763-7003

Fee Information: 860-763-7089

CHILD APPLICATION

Accredited by NAEYC

National Association for the Education of Young Children



Child's Name _____

For Office Use Only

Rev. 9/10/14

Application Received	_____	Pay Stubs (4 weeks)	_____	Contract Signed	_____
		Child Support	_____		
		Social Security (Parent)	_____		
Date of Entry	_____	Walk Permission	_____	Fee Letter	_____
Class	_____	Photo Permission	_____	Food Form	_____
Home Visit	_____	Emergency Release	_____	Bullying Info	_____
Emergency Contacts	_____	Medical Records	_____	EZ Care	_____
		Physical Date	_____	Red Book	_____
Birth Certificate	_____	Health Insurance Info	_____	Lisa	_____
Official School Schedule	_____	Registration Fee \$50.00	_____	Class Book	_____
		Due upon entry		Travel Book	_____
Comments	_____				

APPLICATION FOR:

Preschool _____

School Age (Kindergarten & Up) _____

Date care needed _____

Full Time (over 19 ¼ Hrs.) _____

Child's Name _____
Last First Middle Nickname

Child's Date of Birth _____ Child's Sex _____ male _____ female

Child's Physician _____ Child's Place of Birth _____

Insurance Identification Number _____ Physician's Phone Number _____

Health Insurance held on child: _____ Through an employer _____ Public(Husky) _____ None _____

Mother/Legal Guardian Name _____ Father/Legal Guardian Name _____

Guardian's Date of Birth _____ Guardian's Date of Birth _____

Home Address _____ Home Address _____

Phone Number _____ Phone Number _____

Cell Phone _____ Cell Phone _____

Guardian's Work or School Name _____ Guardian's Work or School Name _____

Guardian's Work or School Address _____ Guardian's Work or School Address _____

Guardian's Work or School Phone _____ Guardian's Work or School Phone _____

Position _____ Position _____

Guardian's Work or School Hours _____ Guardian's Work or School Hours _____

Guardian's Work or School Days _____ Guardian's Work or School Days _____

Guardian's Weekly Gross Income _____ Guardian's Weekly Gross Income _____

Guardian's home/work e-mail address: _____ Guardian's home/work e-mail address: _____

Phone to call while child in day care: _____ **Phone to call while child in day care:** _____

Do you presently have an active Care 4 Kids certificate? _____ Yes _____ No

RESPONSIBLE PERSONS (OTHER THAN PARENT/GUARDIANS) WHO MAY BE CALLED IN AN EMERGENCY SITUATION: (You must list at least two) (Must have signed emergency contact forms submitted)

1. _____
Name Relationship to Child Number to call if Emergency
2. _____
Name Relationship to Child Number to call if Emergency

PERSONS AUTHORIZED BY YOU TO PICK UP YOUR CHILD (MUST HAVE TWO):

- 1 _____
- 2 _____

Marital Status: Married ___ Separated ___ Divorced ___ Re-married ___ Single ___ Widowed ___

If parents are not together (living in the same household), does the absent parent have authorization to pick up the child? _____ To be called in case of an emergency or illness? _____ Does the child see the absent parent? _____ How often? _____

Legal documentation must be provided regarding custody issues. If parent is on the birth certificate and not authorized to pick up, we will need court documentation to support this; otherwise legally both parents will be authorized to pick up.

What is place of this child in the family? Only ___ Oldest ___ Youngest ___ 2nd ___ 3rd ___ Other ___

All persons living in the home:

	<u>Name</u>	<u>Birth date</u>	<u>Relationship to child</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Who cares for the child now? _____

Why are services needed? _____

Who referred you to Enfield Child Development? _____



Have you ever used Enfield Child Development Center (Enfield Day Care)? Yes ___ No ___

PLEASE NOTE: IF ABOVE ANSWER IS YES AND YOU HAVE AN OUTSTANDING BALANCE YOU WILL NOT BE ELIGIBLE FOR WAITING LIST

Other agencies which the family has used:

VNA ___ Neighborhood Center ___ WIC ___ Welfare Assistance ___ Mental Health Clinic ___

Day Care ___ DCF ___ Youth Services ___ Other _____

HEALTH AND DEVELOPMENTAL HISTORY

How do you feel about placing your child with us? _____

Is any other language besides English spoken in the home? Yes No

If yes – Which Ones _____

What are your child's interests at home? _____

Does your child have accessibility to his/her own supplies (scissors, paper, crayons, etc.)? _____

In which room does your child usually play? _____

Where are your child's toys kept? _____

Does your child play well with other children _____ By him/herself? _____ With adults? _____

What opportunities does your child have for socializing? (Play group, Sunday school, neighborhood children, school, etc.)? _____

What is your favorite activity with your child? _____

Have you ever taken your child on a "field trip" especially planned for him/her? (i.e. Children's museum, fair, amusement part, etc.)? _____ If so, where? _____

Did anything unusual happen while your child was growing up (serious illness, moving, death, change in family pattern, problems with other children, serious problems between you and your child)? _____

Are there any discipline problems at home or school/daycare? _____

What form of discipline do you use at home? _____

What does your child do when he/she is really angry? _____

Is your child accustomed to taking naps? _____ How long? _____

Is your child right or left handed? _____ Does your child wet the bed? _____

What time does your child wake up? _____ Go to bed? _____

Does your child have a fear of water? _____

Please Initial _____

Please describe your child's swimming abilities: Beginner: _____ Novice: _____ Intermediate: _____

What depth of water is your child allowed to swim in?

Wading pool only: _____ Deep pool with diving board: _____

Does your child have any fears? _____

List any preschool, daycare or home daycare which your child has attended:

NAME	LOCATION	REASON FOR LEAVING

Are parents in good health? _____

Have either you or your doctor noted that your child has had:

_____ high fever	_____ eczema	_____ constipation	_____ asthma	_____ earaches
_____ hives	_____ seizures	_____ rashes	_____ toothaches	
_____ wheezing	_____ speech problems	_____ nose bleeds	_____ vomiting	
_____ difficulty seeing	_____ difficulty hearing	_____ diarrhea	_____ frequent colds	

If "YES" is answered to any of the above, please explain **how often** it occurs, **cause**, and **treatment** given.

Please list all allergies including food, medication, insect bites, or stings. *Documentation from your child's physician must be provided.* _____

Has your child had any of the following illnesses?

_____ chicken pox	_____ "red" or "hard" measles	_____ strep throat
_____ "German" or "hard" measles	_____ impetigo	_____ mumps
_____ pin worms	_____ meningitis	
_____ other medical problems:		

Please explain: _____

Please list any medication given regularly with an explanation of its use: _____

Please Initial _____

Has your child ever:

had broken bones

been hospitalized

ingested a poisonous substance

had burns

had surgery

had cuts requiring a doctor

other accidents

Please explain if you answered "YES" to any of the above _____

Child's food preferences: _____

Dislikes: _____

Does your child eat one or more servings each day?

Dairy products

Grain products

Meat, fish, eggs, or poultry

Fruits/vegetables

Describe any problems during pregnancy and birth: _____

Describe any problems during infancy: _____

List what age your child: walked _____ talked _____ was toilet trained _____

Does your child:

Bite nails

Have nightmares

Suck thumb or fingers

Have temper tantrums

Wet the bed

Hold his/her breathe

Twirl hair

Sleep walk

Are there any special goals you have for your child this year? _____

Program staff use a variety of formal and informal ways (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and any information families wish to share about their socioeconomic, linguistic, ethnic, religious, and cultural backgrounds.

Are there any special values or family traditions that you practice at home that you would like to let us be aware of?

What time (day, evening, lunch hour) will you be able to attend parent and teacher conferences? _____

Has your child received any psychological testing? _____ If yes, when? _____

Where? _____

Would you be willing to provide any documentation? _____

Has your child received counseling outside of the home/school? _____ If yes, when? _____

Where? _____

Would you be willing to provide any documentation? _____

If there are special medical/psychological findings, please sign the authorization release on the following pages so that we can obtain the information.

Confidentiality Policy

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by Enfield Child Development Center, will be accessible to the parent or legal guardian. The following persons will also have access to the file; administrators of the center, center secretary, child's current classroom teachers, nurse consultant, Department of Public Health (Licensing Agent), and the National Association for the Education of Young Children (NAEYC). Information concerning your child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian. All files are locked in the secretary's office and accessible through authorization only.

Printed Name of Parent/Guardian

Application Date

Please use the space below or the back of this paper if there is any other information about your child which you would like to include:

ENFIELD CHILD DEVELOPMENT CENTER
117 Post Office Road
Enfield CT 06082
Phone: 860-763-7003
Fax: 860-741-0625

Authorization for Release of Requested Information
For collaboration between agencies

I hereby authorize and request – Please check those that apply:

	Name of Agency	Telephone Number
<input type="checkbox"/> Academic	_____	_____
<input type="checkbox"/> Medical	_____	_____
<input type="checkbox"/> Social	_____	_____
<input type="checkbox"/> Psychological	_____	_____
<input type="checkbox"/> Other	_____	_____

If you checked any of the above, please provide the appropriate agency name and telephone number.

Child's Name: _____

Date of Birth: _____

To: **Enfield Child Development Center**

These reports should be sent to:

Enfield Child Development Center
117 Post Office Road
Enfield CT 06082
Fax number: 860-741-0625
Phone number: 860-763-7003

Signed: _____

Relationship: _____

Date: _____

ENFIELD CHILD DEVELOPMENT CENTER

117 Post Office Road

Enfield CT 06082

Phone: 860-763-7003

Fax:

PERMISSION FORM

Child's Name _____ Date of Birth _____

Name of Parent/Guardian _____

Address _____

Telephone Numbers: Home _____ Work _____

Cell _____

WALK PERMISSION

I hereby grant permission for my child to participate in all the routine activities of the *Enfield Child Development Center*. These activities may include indoor and outdoor play, special field trips that are within walking distance, etc.

***Please note any exceptions** _____

Signature of Parent/Guardian

PHOTOGRAPH PERMISSION

I hereby do _____ do NOT _____ allow the *Enfield Child Development Center* to use and/or reproduce photographs taken of my child for classroom use only.

I hereby do _____ do Not _____ allow the *Enfield Child Development Center* to use and/or reproduce photographs taken of my child for publicity purposes, including but not limited to newspapers, television, internet, etc.

I hereby do _____ do Not _____ allow the *Enfield Child Development Center (ECDC)* to use and/or reproduce photographs taken of my child for the ECDC FACEBOOK page

***Please note any exceptions** _____

Signature of Parent/Guardian

EMERGENCY PERMISSION

In case of emergency, when or if I cannot be reached, I hereby authorize the *Enfield Child Development Center* to take my child to a hospital, and I also authorize treatment by the doctor on call or to the Ambulatory Care Center in Enfield and any emergency personnel to provide the necessary treatment. I also agree that I will be responsible for the cost of the said medical care.

***Please note any exceptions** _____

Signature of Parent/Guardian

Date

ENFIELD CHILD DEVELOPMENT CENTER

117 Post Office Road

Enfield CT 06082

Phone: 860-763-7003

Fax:

EMERGENCY CONTACT VERIFICATION

Dear _____,

Your name has been submitted as an emergency contact person for (Child's Name) _____ . When parents cannot be reached, you will be called on to accept parental responsibility in an emergency situation.

Please sign your name below if you are willing to accept and are available to serve in this capacity.

PRINTED NAME: _____

SIGNATURE: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

PHONE NUMBER TO CALL IF EMERGENCY: _____

THIS CONTACT MUST HAVE THE APPROPRIATE CAR SEAT

This form must be signed by the emergency contact

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