

TOWN OF ENFIELD CHILD DEVELOPMENT CENTER AT  
STOWE EARLY LEARNING CENTER  
117 Post Office Road  
Enfield CT 06082  
Phone: 860-763-7003  
Fee Information: 860-763-7089

## APPLICATION FOR CHILDCARE

**Accredited by NAEYC**  
**National Association for the Education of Young Children**



Child's Name \_\_\_\_\_

The Town of Enfield Child Development Center is a Division of the  
Town of Enfield Social Services Department

Application Received Date \_\_\_\_\_

**APPLICATION FOR:**

**Infant/Toddler** \_\_\_\_\_  
**Preschool** \_\_\_\_\_  
**School Age (Kindergarten & Up)** \_\_\_\_\_  
**Date care desired** \_\_\_\_\_

**If multiple children would you  
start separately** \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Child's Date of Birth \_\_\_\_\_ Child's Gender \_\_\_\_\_ male \_\_\_\_\_ female

Child's Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**PLEASE ENTER COMPLETE INFORMATION FOR ALL PARENTS LISTED ON BIRTH CERTIFICATE**

Parent 1/Legal Guardian Name \_\_\_\_\_ Parent 2/Legal Guardian Name \_\_\_\_\_

**(Enter any legal step parent on next page)**

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 \_\_\_\_\_

Work or School Hours \_\_\_\_\_ Work or School Hours \_\_\_\_\_

Work or School Days \_\_\_\_\_ Work or School Days \_\_\_\_\_

Guardian's Weekly **Gross** Income \_\_\_\_\_  
(before taxes/deductions) **if interested in sliding fee**

Guardian's Weekly **Gross** Income \_\_\_\_\_  
(before taxes/deductions) **if interested in sliding fee**

Guardian's home/work e-mail address: \_\_\_\_\_  
Guardian's home/work e-mail address: \_\_\_\_\_

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 ALSO AUTHORIZED BY YOU TO PICK UP YOUR CHILD – PLEASE LIST BELOW NAMES

\_\_\_\_\_

\_\_\_\_\_

Marital Status (CIRCLE ONE)    Married    Separated    Divorced    Re-married    Single    Widowed

If parents are not together (living in the same household), does the absent parent see the child?

\_\_\_\_\_ How often? \_\_\_\_\_

**\*\*\*PLEASE NOTE\*\*\***

**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. Proof of residency may be required for either parent.**

What is place of this child in the family? Only \_\_\_    Oldest \_\_\_    Youngest \_\_\_    2<sup>nd</sup> \_\_\_    3<sup>rd</sup> \_\_\_    Other \_\_\_

All persons living in the home (INCLUDE ANY LEGAL STEPPARENT BELOW, WITH CONTACT INFO):

	<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 \_\_\_\_\_

DCF \_\_\_\_\_ Youth Services \_\_\_\_\_ Birth to 3 \_\_\_\_\_ Family Resource Center \_\_\_\_\_ Other \_\_\_\_\_

# HEALTH AND DEVELOPMENTAL HISTORY

How do you feel about placing your child with us? \_\_\_\_\_

What are your child's interests at home? \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

Does your child have temper tantrums? \_\_\_\_\_

For Preschool Only:

Does your child wet the bed? \_\_\_\_\_

What time does your child wake up? \_\_\_\_\_ Go to bed? \_\_\_\_\_

Is there anything else about your child that you think we should know? If yes, please describe below.

Please Initial \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

List any preschool, daycare/childcare 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:

- |  |   |                                       |   |                                       |
|--|---|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> high fever        | <input type="checkbox"/> eczema             | <input type="checkbox"/> constipation | <input type="checkbox"/> asthma         | <input type="checkbox"/> earaches     |
| <input type="checkbox"/> hives             | <input type="checkbox"/> seizures           | <input type="checkbox"/> rashes       | <input type="checkbox"/> toothaches     | <input type="checkbox"/> other (list) |
| <input type="checkbox"/> wheezing          | <input type="checkbox"/> speech problems    | <input type="checkbox"/> nose bleeds  | <input type="checkbox"/> vomiting       |                                       |
| <input type="checkbox"/> difficulty seeing | <input type="checkbox"/> difficulty hearing | <input type="checkbox"/> diarrhea     | <input type="checkbox"/> frequent colds |                                       |
| <input type="checkbox"/> specific          |   |                                       |   |                                       |

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.**

Please list any medication (prescription OR over the counter) given regularly with an explanation of its use:

Has your child ever:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> had broken bones | <input type="checkbox"/> been hospitalized | <input type="checkbox"/> ingested a poisonous substance |
| <input type="checkbox"/> had burns        | <input type="checkbox"/> had surgery       | <input type="checkbox"/> had cuts requiring a doctor    |
| <input type="checkbox"/> other accidents  | <input type="checkbox"/> other             |   |

Please explain if you answered “YES” to any of the above \_\_\_\_\_

Please Initial \_\_\_\_\_

Describe any problems during pregnancy, birth or infancy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

If yes – Which Ones \_\_\_\_\_

\_\_\_\_\_

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?

\_\_\_\_\_

Would you be willing to share/volunteer in your child's classroom a special talent, cultural practice, read, etc?

\_\_\_\_\_

Are there any foods that are prohibited for religious reasons? \_\_\_\_\_

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

### 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, Office of Early Childhood (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 or required by Law.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Application Date

Does your child have a 504 or IEP (individualized education plan)? If so, a copy must be provided prior to enrollment so that we can ensure coordination of services.

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.

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:

Please Initial \_\_\_\_\_

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**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: **Town of Enfield Child Development Center**

These reports should be sent to:

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

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_



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## 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, advertising, newsletters, etc.

I hereby do \_\_\_\_\_ do Not \_\_\_\_\_ allow the *Enfield Child Development Center (ECDC)* to use and/or reproduce photographs/videos taken of my child for the ECDC FACEBOOK page and/or Classroom use (please note that these may be also be taken and used by the local Patch/newspaper)

\_\_\_\_\_  
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 medical 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

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## 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: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL/HOME 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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**THIS CONTACT MUST HAVE THE APPROPRIATE CAR SEAT**

***This form must be signed by the emergency contact***

**\*\*FOR CHILDREN WHO WILL BE UNDER 3 THIS CURRENT YEAR\*\***

History of colic? \_\_\_\_\_ Is baby's skin highly sensitive? \_\_\_\_\_ Frequent diaper rash? \_\_\_\_\_

Do you use: Ointment? \_\_\_\_\_ Powder? \_\_\_\_\_ Lotion? \_\_\_\_\_ Other? \_\_\_\_\_  
(Must have topical ointment form filled out prior to use)

Describe child's typical current daily schedule: \_\_\_\_\_  
\_\_\_\_\_

Any special feeding problems? \_\_\_\_\_ Does your child eat unassisted? \_\_\_\_\_ Does he/she enjoy eating? \_\_\_\_\_

\*\*Please explain if feeding problems \_\_\_\_\_  
\_\_\_\_\_

Food Likes/Dislikes \_\_\_\_\_

How has child been fed? Held in lap \_\_\_\_\_ Highchair \_\_\_\_\_ Other \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

If toilet trained, how frequently do accidents occur? \_\_\_\_\_

If not toilet trained, has toilet training been attempted? \_\_\_\_\_ What is used at home? \_\_\_\_\_

Potty-chair? \_\_\_\_\_ Special toilet seat \_\_\_\_\_ Regular toilet seat? \_\_\_\_\_

Does child use a pacifier or suck thumb? \_\_\_\_\_ Does child pull to a self-standing position? \_\_\_\_\_

Crawl? \_\_\_\_\_ Walk with support? \_\_\_\_\_

Does child have a "fussy" time? \_\_\_\_\_ When? \_\_\_\_\_

How is it handled? \_\_\_\_\_  
\_\_\_\_\_

Does your child use one-word phrases? \_\_\_\_\_ Two-word phrases? \_\_\_\_\_

List any words or sounds used for familiar objects or needs \_\_\_\_\_

IS THERE ANYTHING WE SHOULD KNOW OR YOU WOULD LIKE US TO KNOW, ABOUT YOUR CHILD?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_