

# ENFIELD CHILD DEVELOPMENT CENTER

110 High Street/132 South Road

Enfield CT 06082

Phone: 860-253-5212/860-763-7003

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. 10/29/07

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	_____
Social Security Card	_____	Physical Date	_____	Red Book	_____
Birth Certificate	_____	Health Insurance Info	_____	Lisa	_____
Official School Schedule	_____	<b>Registration Fee \$50.00</b>	_____	Class Book	_____
		<b>Due upon entry</b>		Travel Book	_____
Comments	_____				

**APPLICATION FOR:**

**Preschool** \_\_\_\_\_  
**School Age (Kindergarten & Up)** \_\_\_\_\_  
**Date care needed** \_\_\_\_\_

**Full Time (over 19 ¾ Hrs.)** \_\_\_\_\_

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

Child's Sex \_\_\_\_\_ male \_\_\_\_\_ female Child's Social Security Number \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Place of Birth \_\_\_\_\_

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

Health Insurance held on child: \_\_\_\_\_ Through an  
Insurance Identification Number \_\_\_\_\_ employer \_\_\_\_\_ Public(Husky) \_\_\_\_\_ None \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Date of Birth \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Social Security Number \_\_\_\_\_ Father's Social Security Number \_\_\_\_\_

Mother's Work or School Name \_\_\_\_\_ Father's Work or School Name \_\_\_\_\_

Mother's Work or School Address \_\_\_\_\_ Father's Work or School Address \_\_\_\_\_

Mother's Work or School Phone \_\_\_\_\_ Father's Work or School Phone \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Mother's Work or School Hours \_\_\_\_\_ Father's Work or School Hours \_\_\_\_\_

Mother's Work or School Days \_\_\_\_\_ Father's Work or School Days \_\_\_\_\_

Mother's Weekly Gross Income \_\_\_\_\_ Father's Weekly Gross Income \_\_\_\_\_

Mother's home/work e-mail address: \_\_\_\_\_ Father'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 PARENTS) 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 \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 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? \_\_\_\_\_

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? \_\_\_\_\_

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

NAME	LOCATION	REASON FOR LEAVING
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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.

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

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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: \_\_\_\_\_

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

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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 \_\_\_\_\_

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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: \_\_\_\_\_

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Describe any problems during infancy: \_\_\_\_\_

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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? \_\_\_\_\_

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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?

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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 so that we can obtain the information.

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

\_\_\_\_\_  
Date

## 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.

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**  
110 High Street/132 South Road  
Enfield CT 06082

Phone: 860-253-5212/860-763-7003  
Fax: 860-253-5393/860-763-7089

**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  
110 High Street/132 South Road  
Enfield CT 06082  
Fax number: 860- 253-5393/860-763-2960  
Phone number: 860- 253-5212/860-763-7003

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, etc.

\*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

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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: \_\_\_\_\_

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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