



**PLAYGROUP REGISTRATION FORM**

**Enfield Family Resource Centers**

Enfield Street School  
1318 Enfield Street  
Enfield, CT. 06082  
PHONE (860) 253-5144

Harriet Beecher Stowe  
117 Post Office Road  
Enfield, CT. 06082  
PHONE (860) 253-6580

FAX (860) 741-4029

For office use only:  
Slot #: \_\_\_\_\_  
Day: \_\_\_\_\_  
Time: \_\_\_\_\_  
Site: \_\_\_\_\_  
ASQ date: \_\_\_\_\_

**Complete One Form Per Child**

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Gender: Male Female

Parent's/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check here if child is attending with a relative or child care provider, and fill out the section below.

**Child Care Provider or Attending Relative Information:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Electronic Signatures:** Each party agrees that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

**Parent/Guardian General Permission:**

I/We the parent/guardian of the above named child give permission for my child to participate in indoor and outdoor physical activities by the Enfield Family Resource Center. I also give my permission to the program aides to provide snacks and drinks during this time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer Statement:**

I/We the parent/guardian of the above named child understand that I/We are solely responsible for any injuries/accidents that may occur during my child's attendance at the Enfield Family Resource Center events. I/We understand that by signing this form, we do hereby waive, release, absolve, indemnify and agree to hold harmless the Enfield Family Resource Center staff, leaders, aides, and volunteers regarding any activity for any claims arising out of any injury to my child whether the result of negligence or for any other cause.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release Form:**

I authorize the Town of Enfield and the Enfield Family Resource Center to record and to use my child's picture in any manner or media (including social media), and to use my child's name, likeness, or other information in connection with the photo. I understand that this picture(s) will not be used for commercial purposes. I agree to hold harmless the Town of Enfield in connection with all claims regarding my picture including legal fees and other costs incurred. I waive any claim to compensation for the use of these pictures and waive the right to inspect or approve any use of my name, likeness and actions. I have read this release and agree to be legally bound by it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

What is the primary language spoken **by you or other** persons in your home? \_\_\_\_\_

What is the primary language spoken **by your child** when he/she is at home? \_\_\_\_\_

Preschool and/or Kindergarten Experience: Yes No Name of School: \_\_\_\_\_

Are your participating child's immunizations up to date? Yes No

**EMERGENCY CONTACT INFORMATION (Must be local):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer all questions:**

1. Does your child have medical insurance? Yes No Insurance Provider: \_\_\_\_\_

2. Do you have dental insurance? Yes No Dental Provider: \_\_\_\_\_

3. Has your child seen a dentist? Yes No

4. Was your child born premature? Yes No If yes, how many weeks premature? \_\_\_\_\_

5. Does your child currently, or have they ever received Birth to 3 or Preschool Special Education Services?  
No B-3 Preschool Sp. Ed.

6. Are you enrolled in the WIC program? Yes No

7. Has your child had any illness, injury, or health issues? Yes No

Explain: \_\_\_\_\_

8. Does your child have any allergies? Yes No

Explain: \_\_\_\_\_

9. Does your child take any medication on a regular basis? Yes No

Explain: \_\_\_\_\_

11. Do you have any concerns that your child is too quiet or doesn't make sounds like other children their age? Yes No

Explain: \_\_\_\_\_

12. Please share any additional concerns that you have about your child (developmental, behavioral or medical):

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

**PLEASE LIST ALL HOUSEHOLD MEMBERS BELOW:**

<u>Name</u>	<u>Relationship To Participating Child</u>	<u>Place of Employment (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Family Composition:**

Two Parents/Adoptive Parents  
Single Parent (male)

Foster Parent(s)  
Single Parent (female)

Relative/Guardian  
Grandparent(s)

DCF Guardianship  
Birth Parent and Step

**Ethnicity/Race (optional):**

Participating Child - Ethnicity:      Not Hispanic or Latino      Hispanic or Latino  
Race (check all that apply):      American Indian/Alaska Native      Asian      White  
Black or African American      Native Hawaiian or Pacific Islander      Multi-Racial  
Other: \_\_\_\_\_

Mother/Guardian - Ethnicity:      Not Hispanic or Latino      Hispanic or Latino  
Race (check all that apply):      American Indian/Alaska Native      Asian      White  
Black or African American      Native Hawaiian or Pacific Islander      Multi-Racial  
Other: \_\_\_\_\_

Father/Guardian - Ethnicity:      Not Hispanic or Latino      Hispanic or Latino  
Race (check all that apply):      American Indian/Alaska Native      Asian      White  
Black or African American      Native Hawaiian or Pacific Islander      Multi-Racial  
Other: \_\_\_\_\_

**Once you have completely filled out this form, you can save the document  
and email it to your Play Group instructor:**

**Erin at [egrimes@enfield.org](mailto:egrimes@enfield.org)**

**Lisa at [lcarriere@enfield.org](mailto:lcarriere@enfield.org)**

**OR you can print it and bring it to your next Play Group.**