

KID CARE PRESCHOOL ENROLLMENT FORMS

Please fill out forms and return before or by September 1, 2021. You may mail them to: Kid Care Preschool 352 Mass. Ave Arlington Ma. 02474. Drop them off at school or email them to Kim at kgrubb@town.arlington.ma.us

Please make sure every page is signed and dated. We also need a recent picture of your child attached to the enrollment form.

We will need a recent physical form and immunization record for your child. All forms and physical/immunization forms need to be returned before school begins.

Thank you,

Kim Grubb

Director

Kid Care Preschool

352 Mass. Ave

Arlington, Ma. 02155

781-953-9005

kgrubb@town.arlington.ma.us

www.arlingtonkidcare.com

KID CARE PRESCHOOL

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____

Parent/Guardian Signature _____ **Date** _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ DATE OF BIRTH _____

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

*Does your child use pacifier or suck thumb? _____ *When? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

* Does your child eat with spoon? Fork? Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____

*Are bowel movements regular? how many per day? _____

*Has toilet training been attempted? _____

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

Is your child ever reluctant to use the bathroom? _____

Does the child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)?

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking)

SOCIAL RELATIONSHIPS How would you describe your child:

Previous experience with other children/day care:

Reaction to strangers: Able to play alone:

Favorite toys and activities:

Fears (the dark, animals, etc.)

How do you comfort your child?

What is the method of behavior management/discipline at home:

What would you like your child to gain from his/her experience at Kid Care Preschool?

What are your child's strengths?

In what areas would you like to see your child grow?

Is there anything else you would like us to know about your child?

Parent/Guardian signature _____ **Date** _____

EMERGENCY CARD INFORMATION

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____

(Name, Address, Phone #)

2. _____

(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____

(Doctor's Name, Address, Phone#)

EMERGENCY CONTACT PERSON(S)

1. _____

(Name, Address, Phone #)

2. _____

(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give _____ permission to

(Name of educator/assistant)

Permission to administer basic first aid and/or CPR to my child _____

(name)

and/or take my child _____, to a hospital for medical

(Name)

treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature _____ **Date** _____

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy# _____

Subscribers Name:

Other pertinent medical information: _____

Parent Signature _____ Date _____

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 to give my child first aid 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 Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

1. Name: _____

Address: _____

Relationship to Child: _____

Phone #: _____

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

2. Name: _____

Address: _____

Relationship to Child: _____

Phone #: _____

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

3. Name: _____

Address: _____

Relationship to Child: _____

Phone #: _____

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

Health Insurance Coverage: _____ Policy# _____

Parent(s) Name: _____ Phone: _____

Parent(s) Name: _____ Phone: _____

Parent/Guardian Signature _____ **Date(valid for one year)** _____

Permissions

General Permission - (Basic Transport)

By signing this form, I am allowing my child to be taken off the child care premises.

I _____ hereby give Kid Care Preschool Staff permission to take my child _____ off the premises of the child care facility for the following excursions: (specific places your child is allowed to go): _

Spy Pond Playground, Thompson School playground, neighborhood walking.

We will be using the following forms of transportation: Walking

Parent/Guardian Signature

Date

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment

I _____, hereby give Kid Care Preschool Staff permission to administer basic first aid and/or CPR to my child _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature

Date

Topical Medication/Ointments

(Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

I _____ give permission for my child _____ to use Hand sanitizer at school or on the playground, when washing hands with soap and water are not easily available.

Parent/Guardian Signature

Date

TRANSPORTATION PLAN AND AUTHORIZATION

[7.09(3) AND 7.12(1)]

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY

: _____ UNSUPERVISED WALK

_____ SUPERVISED WALK

_____ SCHOOL BUS DROP OFF

_____ PROGRAM BUS

_____ PROGRAM VAN

_____ PARENT DROP OFF

_____ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ PARENT PICK UP

_____ UNSUPERVISED WALK

_____ SUPERVISED WALK (WHO

_____ PROGRAM BUS

_____ PROGRAM VAN

_____ OTHER

I give permission for my child to be released from the program at the of the day as stated above and/or I

give my permission to the following people to receive my child at the end of the day.

(If no one is authorized, please indicate below by writing "NO ONE")

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND

MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED.

THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF

SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

ARLINGTON RECREATION DEPARTMENT

KID CARE PRESCHOOL

352 MASSACHUSETTS AVE

ARLINGTON, MA

Dear Parents,

From time to time photographs are take of the children at Kid Care Preschool. The photographs are occasionally displayed here at the program site, in our newsletters, for open houses and our Shutterfly Share Site (only for enrolled students.)

Please sign the form below to let us know if you would like your child photographed or not.

_____ hereby allowed my child _____ to be photographed.

_____ hereby allow my child _____ to be photographed for display at the program site, Kid Care Preschool newsletters, and Open Houses.

_____ hereby allow my child _____ to be photographed for use on our Shutterfly Share Site.

_____ hereby **deny** permission for my child _____ to be photographed for any reason.

Parent/ Guardian Signature _____ **Date** _____

Dear Parents,

To save paper the Parent Handbook is listed on line under Arlingtonrec.com/Kid Care Preschool. Once you have accessed it and read it, please sign below. Please let me know if you need a hard copy.

Kim Grubb

I have read and understand the policies of Kid Care Preschool Handbook.

Parent/Guardian Signature

Date