

**Office Use Only**

Original Enrollment

Date
_____**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? _____

• _____ •

Transportation

My child arrives to the program by:

_____ Parent _____ Other (Nanny, Grandparent, Etc.) _____

My child departs the program by:

_____ Parent _____ Other (Nanny, Grandparent, Etc.) _____

• _____ •

Parent/Guardian 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/CPR to give my child first aid/CPR 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)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

Permission Form



Child's First and Last Name: _____

INITIAL AFTER EACH PERMISSION

Transportation _____

I am responsible for the transportation of my child to and from Super Stars Learning Center. If I contract with a 3rd party for transportation of my child, I will provide Super Stars Learning Center with written authorization to release my child.

Topical Cream Permission _____

I give permission to the staff of Super Stars Learning Center to apply topical cream for my child. Topical creams are defined as diaper rash ointments, calamine lotion, bug spray, and sunscreen. I understand that I am responsible to provide these creams as they are needed for my child.

Field Trip Permission _____

I give permission for my child to take nature walks and buggy rides while under the supervision of the staff of Super Stars Learning Center. I understand that these field trips will be restricted to the Super Stars Learning Center parking lot and grounds.

Bike and Helmet Permission _____

I give permission for my child to ride age appropriate riding toys provided by Super Stars Learning Center. I understand that Super Stars Learning Center does not provide helmets. If I want my child to wear a helmet I will provide a helmet, labeled with my child's name to my child's teacher.

Tooth Brushing- Check one _____

☐ I DO ☐ I DO NOT

Give permission for brushing my child's teeth while in the care of Super Stars Learning Center as a part of Massachusetts EEC Regulation 606 CMR 7.11(11)(d). I understand that Super Stars Learning Center will provide tooth brushes for the children.

Parent Visitation _____

As a parent, I understand that I may visit my child at school unannounced at any time during the hours that my child is in care. I also understand that other relatives (other than mother and father) visiting would have to have permission and be accompanied by a parent.

Photo Posting—Child Allergies _____

I understand that Super Stars Learning Center will take photos of my child for allergy alert posting in classrooms, if applicable. This posting is a requirement for EEC and is used in the interest of identifying my child with Super Stars Learning Center's staff to prevent possible allergic reactions.

Picture Taking-Check one _____

☐ I DO ☐ I DO NOT

I understand that periodically Super Stars Learning Center will take **photos** of my child's classroom for documentation and display purposes. These photos can be displayed in the school for **projects, e-mailing** and/or documentation of **classroom activities**. I understand that these photos may contain my child and possibly other children in their classroom. **These photos will not be used for any marketing activities (such as advertisements or newsletters) without my express consent.**

Photos for Facebook display-Check one _____

☐ I DO ☐ I DO NOT

Give permission for Super Stars Learning Center to display a photo of my child taken at Super Stars Learning Center during an activity to display on Super Stars Learning Center's Facebook Page

Parent Photo Taking _____

I understand that other Super Stars Learning Center parents may want to take pictures of their child at special events in the center. Super Stars Learning Center will do its best in asking other parents to respect the privacy of our families but Super Stars Learning Center cannot guarantee that NO photographs will be taken of my child.

Parent/Guardian Signature

Date

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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:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

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 _____ *Any history of colic? _____

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

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

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: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
- * Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
- *Do you use: oil: _____ powder: _____ lotion: _____ other: _____
- *Are bowel movements regular? _____ How many per day? _____
- *Is there a problem with diarrhea? _____ Constipation? _____
- *Has toilet training been attempted? _____
- *Please describe any particular procedure to be used for your child at the center: _____
- _____
- *What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____
- *How does your child indicate bathroom needs (include special words): _____
- Is your child ever reluctant to use the bathroom? _____
- Does your 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)? _____
- _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

- 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 etc) _____
- _____

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 this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)