



## 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? \_\_\_\_\_



**An updated physical must on file for each child enrolled.**

**\* Please be sure immunizations are listed.**

**\* Our licensing agency states all preschool physicals must show a lead (PB) test has been administered (results are not necessary, only the administration date).**



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**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)



**Hand Sanitizer**

Although each program encourages proper hand washing procedures throughout the day, there may be occasions of supervised use of hand sanitizer to help stop the spread of germs. I give my child(ren) my permission for supervised use of hand sanitizer regularly.

Circle One:    I agree    I disagree    Initial \_\_\_\_\_

**Sunscreen**

By selecting Apply Maplewood Sunscreen, I give my child(ren) my permission to have sunscreen (brand supplied by the program) applied to my child(ren) when participating in outdoor activities at Maplewood.

By selecting Apply Own Sunscreen, I prefer that my child(ren) use sunscreen (provided by me) for application when participating in outdoor activities.

Circle One:    Maplewood Sunscreen    Family Supplied Sunscreen    Initial \_\_\_\_\_

**Bug Repellent**

By selecting Apply Maplewood Bug Repellent, I give my child(ren) my permission to have bug repellent (brand supplied by the program) applied to my child(ren) when participating in outdoor activities at Maplewood.

By selecting Apply Own Bug Repellent, I prefer that my child(ren) use bug repellent (provided by me) for application when participating in outdoor activities.

Circle One:    Maplewood Bug Repellent    Family Supplied Bug Repellent    Initial \_\_\_\_\_

Parent 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:** \_\_\_\_\_

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? Pottychair? \_\_\_\_\_ 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)? \_\_\_\_\_  
\_\_\_\_\_
- 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)



Commonwealth of Massachusetts  
Department of Early Education and Care

**MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)**

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please ✓ one of the following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (**applied to open wound/ broken skin**) \_\_\_\_\_

My child has previously taken this medication \_\_\_\_\_

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner:  
\_\_\_\_\_

**Child's Health Care Practitioner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) gives permission  
(print name)

**to authorize educator(s) to administer medication to my child as indicated above.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)



Dear Parents,

In the past parents have requested the names and contact information of the children in our program to invite them to various off-site play/social activities under their sponsorship. Confidentiality issues will not permit us to make such information available to parents unless specific permission is granted. In addition, it is our policy not to allow invitations of any kind to be distributed at Maplewood. Invitations must be mailed directly to the children's homes. If you wish for your child's name, address, phone, and email address to be shared with other parents in our classroom, please complete the form below and return it to your teacher by the end of the week.

-Thank you

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

Child's Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

I authorize the release of the above information

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

I **do not** wish to have any contact information released at this time

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