

The Commonwealth of Massachusetts
 Department of Early Education and Care

Child's Enrollment Form for West Parish Family School

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Primary Address: _____ Town: _____

Zip: _____ Reachable Phone Number: _____

Primary Language: _____ Additional Languages Spoken in Home: _____

Identifying Marks: _____ Eye Color: _____

Hair Color: _____ Skin Color: _____ Sex: _____

Height: _____ Weight: _____ Any Health Concerns: _____

Allergies, medications, food reactions: _____

Other children or adults living in the home:

Name _____ age _____, Name _____ age _____,

Name _____ age _____, Name _____ age _____,

Name _____ age _____, Name _____ age _____,

Parent/Guardian Information (List in order to contact for illness or emergency)

#1 Parent/Guardian		#2 Parent/Guardian	
Relationship to Child		Relationship to Child	
Address (if different than listed above)		Address (if different than listed above)	
Home Phone		Home Phone	
Cell Phone Does it accept texts?		Cell Phone Does it accept texts?	
Email		Email	
Business Name		Business Name	
Business Phone		Business Phone	

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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff members of West Parish Family School 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.

Name of Child's Physician: _____

Address: _____ Phone Number: _____

Child's Allergies or Special Diet: _____

Chronic Health Conditions: _____

For each of the following two questions if answering yes, please attach required copies.

Is there an Individual Health Care Plan for a chronic health condition? _____ Request if needed.

Are there any custody agreements, court orders, or restraining orders pertaining to the child? _____

Are there any special limitations or concerns that we should be aware of? _____

Parent/Guardian Signature

Date

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

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

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for 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 _____

*Any history of colic? _____ *Does your child use a pacifier or suck thumb? _____

*When? _____ *Is there a special blanket or item held when upset? _____

*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: _____

Has your child had any involvement with Early Intervention or any consultants for screenings and/or services? _____ Please explain if yes _____

Do you have any concerns about your child's development? _____

(Allergies, health conditions & medication need to be listed on page 1 & 2 of enrollment forms.)

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

* Is your child fed while held in lap? _____ High chair? _____

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

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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 school: _____

*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)? _____

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/child 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? _____

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DAILY SCHEDULE

Please describe your child's schedule on a typical day. For toddlers, 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 family or your child? _____

What would you like your child to gain from this early education experience? _____

Parent /Guardian Signature

Date

VACATION WEEKS will be required to be paid in advance in addition to monthly tuition. Information to register is usually given about six weeks in advance. (This information is non-binding & only used to help us plan for staffing.)

yes ___ no___ I expect to use the February vacation option T ___ W ___ Th ___ F ___

yes ___ no___ I expect to use the April vacation option T ___ W ___ Th ___ F ___

SUMMER PROGRAM Registration starts in late April

yes ___ no___ I expect to use all or part of the eight week summer program option

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Child's Name _____

Publicity Release

I agree ___ I disagree ___ that my child's picture may appear in the West Parish Family School brochure, website, and in newspaper articles. Names are not given without additional permission.

I agree ___ I disagree ___ that my child's picture may appear on our Facebook page

I agree ___ I disagree ___ that my child's picture may appear in the school or church newsletter

Class List Release

I give ___ I do not give ___ permission to have my child's name, parent/guardian name, address, phone number, and email on a class list to be distributed to families. (Often requested for birthday invitations.) You may cross out any information above not to be shared, if you choose.

Water Play Permission –for summer program

I give ___ I do not give ___ permission to have my child participate in water play with supervision on the West Parish of Barnstable church grounds, which is the grassy area adjacent to the playground.

Walking on West Parish of Barnstable Property

I give ___ I do not give ___ permission to have my child walk with supervision on the West Parish of Barnstable church and school grounds.

Sunscreen Application Permission

I give ___ I do not give ___ West Parish Family School staff permission to apply sunscreen to my child. I agree to provide labeled sunscreen, which will be handed to a faculty member so it's not accessible to children.

Nut Safe Zone *Please initial that you understand the following requirements/policies:*

_____ I understand that West Parish Family School is a nut safe school. I agree not to send peanut butter or any nut products to school with my child.

Water bottles

_____ I understand that the Dept. of Early Education and Care requires two water bottles to be filled and sent daily for any child spending a full day at school. I agree to send two labeled water bottles daily.

Tooth Brushing

_____ I understand that tooth brushing is a requirement unless I send a signed & dated note stating that I don't want my child to participate. I agree to send in a labeled toothbrush, cover and toothpaste to be kept at WPFS.

Transportation Policy

_____ I understand that West Parish Family School does not provide transportation to or from school. I agree to provide transportation, walk the child into their classroom or early care, and ensure that a faculty member sees my child whenever he/she is dropped off & picked up daily.

Parent /Guardian Signature

Date

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Emergency Contacts and Release (in addition to parents/guardians)

The following people can be notified to pick up my child from West Parish Family School:

(List in preferred order to contact for illness or emergency if parents/guardians are unable to be reached)

Name _____

Address _____

Relationship to child _____

Cell Phone _____ Work or Home Phone _____

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

Name _____

Address _____

Relationship to child _____

Cell Phone _____ Work or Home Phone _____

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

Name _____

Address _____

Relationship to child _____

Cell Phone _____ Work or Home Phone _____

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

Name _____

Address _____

Relationship to child _____

Cell Phone _____ Work or Home Phone _____

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

Name _____

Address _____

Relationship to child _____

Cell Phone _____ Work or Home Phone _____

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

Parent /Guardian Signature

Date (valid for one year)