



ENROLLMENT VERIFICATION/REGISTRATION CHECKLIST

We would like to welcome you and your child to Easter Seals Children's Academy. We are happy to inform you that we have verified a space for:

Child's Name _____
Parent's Name _____
Phone number to contact you _____
Requested Start Date _____

We thank you for choosing our program for your child's Early Care & Education. With qualified and loving staff, we will do everything to ensure that your child receives the best care possible (using Connecticut Regulations and NAEYC Accreditation guidelines.)

Enclosed you will find our enrollment papers:

- Registration Form
- Care4Kids Application/Parent-Provider Agreement Form
- Consent for Medical Treatment Form
- Permission/Release Form
- "All About Me" Form
- Health Assessment Record (*Completed/signed by physician: other side completed by parent*)
- Family Intake Referral Form
- Parent Handbook (*The Letter of Agreement (The Last Page of the Parent Handbook will need to be signed and dated when read by the parent/guardian.)*).

To complete your child's registration, you must provide the following:

- A copy of your child's birth certificate.
- If your child has health insurance, a copy of their health insurance card.
- 4-weeks worth of pay stubs from each parent's employer(s).
- A work schedule from your employer(s).
- Proof of Residency in Waterbury.

Please call the Campus of your choosing to setup an appointment for you and your child to visit Easterseals Children's Academy prior to his/her first day. We look forward to sharing this partnership in the care of your child. If you have any questions, please do not hesitate to call us! Thank you, and WELCOME! ☺



REGISTRATION FORM

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in registration information.

Child's Full Name _____ Sex _____ Age _____

Date of Birth _____ (Please attach a copy of the birth certificate).

Address _____ Phone (____) _____
(Street) (City) (Zip)

Legal Guardian #1 _____ Relationship to Child _____

Home Address & Phone (If different from above).

Address _____ Phone (____) _____

Cell Phone (____) _____ E-mail _____

Occupation _____ Work Phone (____) _____ Ext _____

Employer's Name and Address _____

Legal Guardian #2 _____ Relationship to Child _____

Home Address & Phone (If different from above)

Address _____ Phone (____) _____

Cell Phone (____) _____ E-mail _____

Occupation _____ Work Phone (____) _____ Ext _____

Employer's Name and Address _____

Marital Status _____ Custody Arrangements (if any-submit legal papers) _____

Persons **other than parents** authorized to be contacted in an emergency &/or to pick up and transport my child (Must be 18 years of age or older with a proper ID).

Name	Phone #	Alt. Phone #	Relationship to Child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Other adults authorized to pick up and transport my child:

1. _____
2. _____

(Over)



Child's Physician _____ Phone (____) _____

Child's Dentist _____ Phone (____) _____

Does your child have any allergies or health problems that we should be aware of? ____No ____Yes

If yes, please explain _____

Number of people living in the home? _____

Please list the names and ages (if children) of other members of your household):

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Language(s) spoken at home ____English Other: _____

Is English read at home? ____No ____Yes

If English is not spoken or read, please name a person we may contact to translate on your behalf:

Name of Translator _____ Phone (____) _____

Is this your child's first experience in a childcare center/preschool? ____No ____Yes

Please list any information which you feel is important or may help us to better understand and serve you and your child:

(Signature of Parent or Guardian #1)

(Date)

(Signature of Parent or Guardian #1)

(Date)

Office Use Only	
Date of Enrollment _____	Classroom _____
Date Withdrawn _____	Classroom _____
SASID # _____	

Parent Initials _____	Date _____	Parent Initials _____	Date _____
Updated _____		_____	
Parent Initials _____	Date _____	Parent Initials _____	Date _____
Updated _____		_____	



CONSENT FOR MEDICAL TREATMENT

Child's Name _____

Address _____
(Street) (Town) (Zip)

Home Phone (____) _____

Mother's name _____ Mother's Cell Phone (____) _____

Place of Employment _____ Work Phone (____) _____

Father's name _____ Father's Cell Phone (____) _____

Place of Employment _____ Work Phone (____) _____

Persons (other than parents) authorized to be contacted in an emergency and/or pick up child:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Child's Physician _____ Phone (____) _____

Child's Dentist _____ Phone (____) _____

Health Insurance Company _____ Policy # _____

Hospital choice: Waterbury Hospital _____ or St. Mary's Hospital _____

Any health Problems, allergies or concerns: _____

I hereby give my consent for the Director or staff person in charge to take whatever steps may be necessary to obtain emergency medical care if warranted. I understand that my child may be treated at the Center by authorized personnel or may be transported by emergency vehicle to the hospital of my choosing and be treated by appropriate personnel. I also give permission for my child to receive First Aid procedures. I understand that all efforts to notify the parents will be taken. It is also my responsibility to notify the Center of any changes. The Center will not be responsible for missing or false information.

(Signature) (Signature)

(Witness) (Witness)

Date _____

Parent Initials	Date	Parent Initials	Date
Updated _____	_____	Updated _____	_____
Parent Initials	Date	Parent Initials	Date
Updated _____	_____	Updated _____	_____



PERMISSION/RELEASE FORM

(I) we _____ and _____ give permission for (my) our child _____ to:

1. Go on supervised field trips and to participate in scheduled events with staff, children, and other appointed adults associated with and organized by Easterseals Children's Academy. I understand that these trips may include walks away from the premise (such as walks around the building or to other parts of the building that may not be on the license). I also understand that no trip will be undertaken unless a safe ratio of adult-to-child exists.
2. Utilize all of the equipment provided by Easterseals Children's Academy both on and off the premises.
3. The publication of either public or private release or Exhibition of photographs, motion pictures, video tape recordings or other means of sight recordings obtained by Easterseals Children's Academy.
4. The Easterseals Children's Academy distributes articles and flyers, and provides workshops for parents to inform them about family and childcare topics. Easterseals Children's Academy does not necessarily support the views of authors or presenters. Information sent out is for references/resources and should not be construed as the only opinion or as advice.
5. Easterseals Children's Academy works in collaboration with various outside agencies such as, but not limited to the Office of Early Childhood, the State Department of Health, State Department of Education, Department of Social Services, City of Waterbury School and Health Departments, Birth to Three, and the National Association for the Education of Young Children (NAEYC). At times it will be necessary for these agencies to review and/or request our records (including parent and child information). All information will be kept confidential and will only be used in relation to the care of the child and/or family.

I hereby release from liability: Easteseals Children's Academy, its officers, employees, and all persons involved therein. The husband, wife, parent, guardian, other relative, any heirs, administrators and assigns waive and release any and all rights and claims in signing this consent agrees and concurs in each and every of the above recitals.

_____ Date _____ (Signature)

_____ Date _____ (Signature)

The signing of this Permission/Release Form is a stipulation of enrollment and may not be altered without written permission from the Program Director.

Please Note- This form will be retained by Easterseals

Parent Initials	Date	Parent Initials	Date
Updated _____	_____	Updated _____	_____

Parent Initials	Date	Parent Initials	Date
Updated _____	_____	Updated _____	_____



AT WILL/ Loco Parentis

“AT WILL” and “Loco Parentis”(meaning in place of a parent) is an adult authorized by a parent and/or legal guardian to pick up a child at any time without prior consent from a parent and/or legal guardian, and also can receive general information about a child, which may include but is not limited to: Child’s daily activities, illness or incidents, classroom activities, parent letters.

“AT WILL” or Loco Parentis authorized individuals may not sign any documents on behalf of a parent and/or legal guardian, without written notarized parental permission.

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To the Staff of Easterseals Children’s Academy:

I give my permission for (name) _____

(Phone Number) _____

(Relation)_____ to act as “AT WILL” and Loco Parentis for my child (Name) _____.

This will allow the above named person to remove my child from the Easterseals Children’s Academy without my daily verbal and/or written permission as well as receive general information. This will be effective as of (date) _____.

All persons removing children from the Easterseals Children’s Academy must be 18 years old and older and may be asked for proof of identification.

Parent/Guardian Signature (Two parents must sign (if applies). Parent/Guardian Signature

Date

Updated _____	Parent Initials _____	Date _____	Updated _____	Parent Initials _____	Date _____
Updated _____	Parent Initials _____	Date _____	Updated _____	Parent Initials _____	Date _____



TODDLER "ALL ABOUT ME" FORM

Child's Name _____ Birth Date _____

Today's Date _____

OVERALL HEALTH

Has your child had any of the following?

___ Chickenpox ___ Whooping Cough ___ Mumps ___ Measles ___ Ear Infections ___ Strep

Throat ___ Skin Irritation/Rashes ___ Frequent Diarrhea ___ Frequent Colds ___ High Fevers

___ Tonsillitis ___ Frequent Stomach Aches ___ Conjunctivitis/Pinkeye ___ Other

Please Explain

Any serious illness/accident or hospitalizations?

Any known allergies? _____

Any medications given regularly? _____

Are there any special needs that your child has? _____

Does your child have any distinguishing marks on their body such as birthmarks, Mongolian spots, Urticaria Pigmentosa, etc?

TOILETING HABITS

Is your child? ___ Toilet Trained ___ Not Trained ___ Frequent Accidents ___ In the Process

___ Wearing "Pull-up" ___ Wearing Underwear

Toilet Learning is done on ___ Potty Chair ___ Toilet Seat

What times are you toilet learning during the day? _____

How many times does child initiate toilet learning during the day? _____

Word used for Urination _____ Bowel Movement _____

Usual time for bowel movement? _____

Does your child use a diaper ointment frequently? ___ If yes, what type? _____

When/how often? _____



SLEEPING HABITS

Child's Bedtime _____ Wake-up Time _____ Sleeps through the night _____

Child's Morning Mood _____

Child's Nap time _____ Child's sleeping position _____

Uses a pacifier ___ Yes ___ No

Does your child have a special-sleeping object? ___ Yes ___ No If so, what? _____

What routine, if any, is followed for wake-up and evening time sleeping?

EATING HABITS

Does child:

Drink milk _____ (What type?) Bottle ___ Cup ___

Drink juice _____ (What type?) Bottle ___ Cup ___

If from a bottle, when? _____

By themselves ___ With help ___

Eat with a spoon and fork ___ Spoon only ___

What is your child's usual eating time?

Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Dinner _____

Late snack _____

Some of your child's favorite foods are _____

Does your child have any dietary restrictions or eating problems? _____

Our center provides a daily breakfast, lunch, and PM snack, please read the following items and check the foods your child **has** tried.

- Cream cheese ___ Bagels ___ Whole Wheat bread ___ Kix cereal ___ Cheerios cereal ___ Corn Flakes ___ Butter ___ Cheese ___ Corn Muffins ___ Blueberry Muffins ___ Rice Krispies ___
- Chex cereal ___ Boiled Eggs ___ Tacos ___ Turkey Ham ___ Baked Chicken ___ Spaghetti with meat sauce ___ Fish sticks ___ Brown rice ___ Mashed potatoes ___ French fries ___ Turkey ___
- Stuffing ___ Green beans ___ Carrots ___ Peas ___ Broccoli ___ Baked beans ___ Cucumbers ___
- Lettuce ___ Pineapple ___ Apples ___ Oranges ___ Cantaloupe ___ Canned Pears ___ Vanilla yogurt ___ Wheat Thins ___ Gold Fish Crackers ___ Tortilla Chips ___ Salsa ___ Saltines ___
- Watermelon ___ Sun Chips ___ Canned Apricots ___ Tomatoes ___ Canned Mandarin Oranges ___
- Blueberries ___ Canned Tropical Fruit ___ Oyster Crackers ___ Animal Crackers ___



SOCIAL DEVELOPMENT

Does your child have a favorite toy? _____

Does your child have a favorite song? _____

Do you share a special routine with your child during the day? Please share. _____

What are your child's current interests?

What activities do you share with your child? _____

Does your child prefer to play with:

Adults _____ Other Children _____ Alone _____ Older Children _____

Has your child been in a social setting with peers previously? _____

What helps your child to relax? _____

What upsets your child? _____

How does your child react when upset? _____

How does your child calm down from being upset? _____

Other information about your child that will help us to understand him/her better? _____



DEVELOPMENTAL LEVEL

What are some of the skills that your child has accomplished or is working on? Elaborate on each skill as much as possible.

Language

Response and Reaction to People

Using Hands to Manipulate

Response and Reaction to Peers and Adults

Full Body Coordination

Self-Help/Independence

Anything Else That You Would Like to Share