

Early Years Child Development Center Application for Enrollment



Child's name _____ Nickname _____

Address _____ Birthday _____

_____ Primary Language _____

Parent Name _____ Address _____

Cell Phone _____

Employer _____ Occupation _____

Business Phone _____ Email _____

Co-Parent _____ Address _____

Cell Phone _____

Employer _____ Occupation _____

Business Phone _____ Email _____

Marital Status of Parents _____ Home Language _____

Names of Other Persons Living in the House

Relationship to Child

EYCDC 0-2y/o Enrollment Form

For security purposes please give your family's special word_____.

Hint:_____.

Your hint will be a phrase that we can give you to help you remember your special word. You will need this word to verify your identity when you call our program to receive any information regarding your child or specifying a different pick up person.

Please submit 2 emergency contact persons living in the state of Vermont in the event that a parent or co-parent cannot be reached. The center may call the following:

Name_____ Phone_____

Address_____

Relationship_____

Name_____ Phone_____

Address_____

Relationship_____

The following people may pick up my child(ren). I understand they will need to provide identification and may only pick up with prior written or telephone permission.

Name_____ Phone_____

Relationship_____

Name_____ Phone_____

Relationship_____

Parent Signature_____

Requested Days of Attendance:

Days: M T W T F

Estimated time of Drop off_____ Pick up_____

Requested Start Date_____ Tuition Fee _____

If drop off or pick up times are needing to be changed permission must be granted by the Director. Early morning and late afternoon spots may not always be available.

Health Information Record:

Medical History: _____

List any diseases, serious illnesses or operations including ear infections or sinus infections _____

List any accidents your child has had _____

Dietary requirements: _____

Any known allergies or food allergies? _____

Attach a list of immunizations received or attach a current immunization record.

Physician's name _____ Phone _____

Physician's address _____

Dentist name _____ Phone _____

Dentist's address _____

Early Years Child Development Center has my permission to contact my child's physician or dentist in case of an emergency.

Parent/Co-Parent Signature _____ Date _____

Development in Early Childhood:

Comments on the health of your child during delivery and infancy _____

When did your child walk? _____ When did your child talk? _____

Does your child usually take a nap? _____ At what time? _____

Does your child have a special nap routine? _____

Does your child have bladder control? _____ Child's terminology _____

Does your child have bowel control? _____ Child's terminology _____

At EYCDC we strive to use anatomically correct language with all children when diapering and toileting.

Does your child need reminding to go to the bathroom? _____

Describe any special needs your child may have _____

Play and Social Experiences

Has your child participated in any group experiences? _____
Where? _____

Did your child enjoy the experience? _____

How does your child relate to others? _____

Does your child prefer to play alone or with others? _____

What are your child's favorite activities? _____

What do you and your child like to do together? _____

Is there anything about your child's play that the center should know about? _____

What child guidance procedures work best for your child? _____

General Information:

Breast or bottle fed _____ Formula Name _____

Feeding schedule _____

If your child is on solid food, what type? _____

Child's sleeping schedule _____

Effective ways to offer comfort if upset _____

Favorite activity and/or object _____

Fears or dislikes _____

Any other information that may be helpful to know about your child and your family?

What holidays do you celebrate and how? _____

Would you be willing to share special cultural activities with the children at EYCDC? _____

In what ways can we assist you and your child in transition to our school? _____

Parental Agreement:

We use an app called Bright Wheel for all our communications. You must download the app and sign in to the Early Years platform. During this process you will also be required to sign up for direct deposit payments. You may choose ACH or credit card. You will be responsible for any fees for this transaction. Billing invoices are sent out on Fridays and payment is due on Mondays of each week. Please agree by signing below:

Parent/Guardian

Parent/Guardian

Social Media:

Early Years has a private Facebook Page for our families called, Learn With Early Years. Please request to join. In doing so you agree that we may share your child's photos on this platform. Only Early Years families have access to this page.

I give permission for my child's photo to be used on the Learn With Early Years Facebook page.

Parent/Guardian

Parent/Guardian

Parent Agreement

I _____ give permission for my child _____

- 1. to use all play equipment and participate in all daily center activities.
- 2. to participate in field trips and nature walks with proper center supervision.
- 3. to participate in water play and sprinkler activities.
- 4. to be photographed and videoed by Early Years Child Development Center for documentation and publication purposes.

I _____ give permission for Early Years Child Development Staff to apply and/or administer Tylenol, sunscreen, teething ointment, diaper cream, bug spray, baby wipes (all to be provided by parent), antibacterial soap and first aid cream on my child.

If in the event of illness or injury, which in the judgment of Early Years Child Development Center Staff requires immediate medical attention, I _____ give my consent for the staff to administer first aid, call said child's physician or dentist or the Colchester Rescue Squad. If in fact said child develops such an emergency, I understand that I will be notified immediately.

Parent/CO-Parent Signature _____ Date _____

Policies and Procedures

Your child may be terminated from the program based on abuse and neglect of the parent rules and guidelines. If you are found to be in violation of the rules and guidelines the following procedures will be taken:

- 1. Written notice to bring the situation to your attention.
- 2. Parent/Director meeting to discuss the situation.
- 3. Termination from the program if the situation continues. After Step 2, the Director may terminate your child's enrollment within 24 hours.

Reasons for termination may include infrequent attendance, unpaid tuition fees, medical records not up-to-date or disruptive or abnormal behavior.

I _____ have read the Family Resource Handbook carefully and understand the information and responsibilities held within. I accept these obligations both financially and otherwise for the duration of my child's/children's enrollment.

Parent signature _____ Date _____

Director signature _____ Date _____

We look forward to providing you with the highest quality child development program. If you have any questions, concerns or suggestions please bring them to the attention of the Director.