

# 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 \_\_\_\_\_

Names of Other Persons Living in the House

Relationship to Child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EYCDC Before/After School 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 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:**

Does your child need reminding to go to the bathroom? \_\_\_\_\_

Describe any special needs your child may have \_\_\_\_\_

\_\_\_\_\_

**Play and Social Experiences**

How does your child relate to others? \_\_\_\_\_

Does your child prefer to play alone or with others? \_\_\_\_\_

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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:**

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? \_\_\_\_\_  
\_\_\_\_\_

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

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.