7 North Turnpike Road, Wallingford, CT 06492 * www.carverpreschool.org * T: 203-626-9265 * F:203-793-7359

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ENROLLMENT INFORMATION

Child's Information

Child's name:_____
Child's address:_____
City, State, Zipcode:_____
Phone number:_____ Gender (circle one): Male Female
Date of Birth(month/day/year)_____/_____/_____ Start date: _____/_____/_____

Parent Information

Mother/ Guardian's Name:_____
Mother's/Guardian's age:_____
Relationship to child:_____
Home Address:_____
Home Phone Number:_____
Email Address:_____
Cell Phone Number:_____
Employer's Name:_____
Employer's Address: _____
Work Phone Number:_____

Father/ Guardian's Name:_____
Father's/Guardian's age:_____
Relationship to child:_____
Home Address:_____
Home Phone Number:_____
Email Address:_____
Cell Phone Number:_____
Employer's Name:_____
Employer's Address: _____
Work Phone Number:_____

Child's Name:_____

Family physician:_____Phone Number:_____
Address:_____

Please describe any and all medical conditions your child has:

_____
_____
_____
_____

How did you hear of us?_____

Weekly Care Schedule

If the schedule is not adhered to, an additional fee will apply.
If your child is enrolled over 45 hours per week, an additional fee will apply.

Day	Arrival Time		Departure time
Monday	_____	-	_____
Tuesday	_____	-	_____
Wednesday	_____	-	_____
Thursday	_____	-	_____
Friday	_____	-	_____

A Registration fee of $100.00 must be attached to this application form. FACTS withdrawals will be taken out on the 5th or 20th of every month. Care 4 Kids copays will be due by the 15th of each month. I wish to enroll my child at carver preschool and certify that all information in this application is current and correct.

Please sign below:

Mother/ guardian signature:_____ Date: _____

Father/ guardian signature:_____ Date: _____

Office use only:
Deposit:_____ Check Number:_____ Date:_____
Withdrawal date:_____ Reason for withdrawal:_____
Re-registration date:_____ Check Number:_____ Date:_____

Child's Name:_____

Family Information

Marital Status of Parents(Please circle all that apply):
Married * Living Together * Living separated * Has Stepfather * Has Stepmother
Custody/ Living arrangements of child:_____
_____
_____

Siblings of Child:
Name:_____Date of birth:____/_____/_____ Grade in school:____
Name:_____Date of birth:____/_____/_____ Grade in school:____
Name:_____Date of birth:____/_____/_____ Grade in school:____
Name:_____Date of birth:____/_____/_____ Grade in school:____
Other Members of household (include Relationship and age): _____
_____

Developmental Information

Time child typically eats breakfast:_____Lunch:_____ Dinner: _____
Eating problems:_____Is your child vegetarian?_____
Dietary restrictions:_____
Any Allergies(List Item and reaction/ treatment):_____
_____

What Time does child typically go to bed:_____Awaken:_____
Does child have any sleeping conditions:_____

If applicable:
What are your child's favorite indoor activities:_____
Outdoor activities:_____
Does your child have any speech problems:_____
Any other problems we should be aware of:_____
What method of behavior control is used in your home:_____
_____
How would you describe your child's personality:_____
_____
_____

Child's Name:_____

Permission to pick up child

I authorize the following adults (besides parents/ guardians) to pick up my child from Carver Preschool.

Name and Address:	Relationship to child	Cell and Work Phone
1._____	_____	_____
_____	_____	_____
2._____	_____	_____
_____	_____	_____
3._____	_____	_____
_____	_____	_____
4._____	_____	_____
_____	_____	_____

For the safety of your child, it is Carver Preschool's policy that all persons who pick up a child at our center are asked to present proper picture identification. Please be sure to inform the people listed above of this policy. If the person picking up your child is not listed above, your child will not be released unless written permission by the parent has been made prior to pick up time. There will be no exceptions to this policy.

Please sign below:

Mother/ guardian signature:_____ Date: _____

Father/ guardian signature:_____ Date: _____

Child's Name:_____

Emergency Transportation Authorization

I give my consent to Carver Preschool to transport my child in event of a school or town emergency to a safe facility by the most expedient means (i.e. public or private vehicles).

It is understood that a conscientious effort will be made to notify me before such action is taken if the time permits.

I also authorize an acting representative of the school to give consent for any and all necessary emergency medical care for my child while they are in the center's care.

Please sign below:

Mother/ guardian signature:_____Date: _____

Father/ guardian signature:_____ Date: _____

Information Release Form

Occasionally, parents ask the teachers for other student's addresses and phone numbers so the children may get together outside the center or for birthday parties. Please check off whether or not Carver may share this information with other parents who are currently enrolled in the center.

_____Yes, you may give out our home address and phone number.

_____ No, Please do not give out any information listed above.

Please sign below:

Mother/ guardian signature:_____Date: _____

Father/ guardian signature:_____ Date: _____

Child's Name:_____

Photography and Publicity

- ☐ I understand that my child,_____ may be photographed, and that his/her photo may be used for publicity purposes. (photo and first name only, no address)
- ☐ I do not want my child,_____ photographed nor his/her name used for publicity purposes.

Please sign below:

Mother/ guardian signature:_____Date: _____

Father/ guardian signature:_____ Date: _____

Child's Name:_____

Parent Contract

We, the undersigned, have fully read the parent handbook, understand and have discussed any questions that I have regarding the discipline, tuition and sick policies of Carver Preschool.

1. All fees are due by the 15th of each month.
2. If we are behind on a payment more than one month our child will not be permitted to attend class until the account is brought current and we are at risk of losing their spot .
3. We understand that tuition is due each week, regardless of my child's attendance. If we take vacation, my child is sick, there is weather cancellation or there is a holiday, we are still obligated to pay our regular tuition.
4. If my child is here past 5:30 pm, I understand the late charge is $1.00 per child for each minute that I am late.
5. My child will not be dropped off later than 10:00 a.m. I understand that carver adjusts staffing to accommodate teacher/ child ratios at 10:00a.m.
6. My child's medical forms must be current and up to date on a yearly basis.
7. I understand that I must provide extra clothing and a blanket. I am responsible for linens, pillow and blanket on friday or as needed to wash and return.
8. I understand that Carver Preschool needs a two week written notice if I decide to withdraw my child from the center.
9. I understand the sick policy and will pick up my child within one hour of receiving a call from the center,
10. I understand my child will be released to persons whose names are listed on the release form. I will notify the head/ lead teacher, in advance, if someone other than the names listed on the form will be picking up.
11. I will keep my emergency numbers, emergency contact people, allergy information, etc, current. I understand that it is a state regulation to sign my child in and out daily. I understand that all records must be complete on my child's first day. My child cannot attend until all forms are complete and returned.
12. If extra hours are needed, depending on availability, additional hours will be approved by the lead teacher as needed. Additional fees will be due with the next payment.
13. I understand I am responsible for 100% of my child's tuition.
14. I understand I am responsible for my child's lunch and that carver is a tree/nut free zone.
15. I understand that Carver preschool follows the Wallingford public school system for delays and cancellations. All closings will be posted on carver preschools facebook by 6:00 a.m.

Please sign below:

Mother/ guardian signature:_____Date: _____

Father/ guardian signature:_____ Date: _____

Child's Name:_____

Parent Acknowledgement Form- Discipline and Behavioral Policy

Positive guidance, reinforcement and redirection is the basis for our Disciple Policy. It is our goal to encourage and praise our children throughout their day. We will redirect children when difficulties arise. Each classroom establishes limits and is continuously supervised by staff during disciplinary actions. Positive acknowledgement for desirable behavior and to draw little attention to undesirable behavior. Staff shall not be abusive, neglectful or use corruptly, humiliating or frightening punishment under any circumstances. No child will be physically restrained unless it is necessary to protect the safety or health of the child or others, using the least restrictive methods, as appropriate. Time out is used as a last resort and is used for unacceptable behavior such as biting, aggression ,disrespect towards another child or adult, or a child losing self control. Time out is used in a classroom or within the center's office, and for the number of minutes that is the child's age; Then expected behavior is discussed with the child.

Carver reserves the right to request a child be picked up if he/she exhibits:

- Abusive verbal or physical behavior towards staff or classmates
- Disruptive behavior that does not respond to appropriate discipline

Caver may work with parents in one or more of the following ways:

- Parents may be provided with information explaining Carver's policies and procedures regarding behavioral issues.
- A parent conference may be held. The goal of the conference will be to establish a written plan to support the child in developing appropriate self-control. Failure of a parent to establish and implement a plan may result in disenrollment.
- Carver will assist parents with seeking and finding proper resources to aid in educating their child on appropriate behavior.

A child exhibiting behavioral issues may not be able to attend field trips or may be required to be accompanied by a parent/guardian. This will be at the recommendation of the director.

Child's Name:_____

I,_____ have discussed with carver preschool staff, and understand the discipline and behavioral policy and guidelines followed as stated in the parent handbook in effect at carver preschool.

Please sign below:

Mother/ guardian signature:_____Date: _____

Father/ guardian signature:_____ Date: _____

Emergency Medical Permission Form

I give permission for a staff member of Carver Preschool who is certified in first aid, to administer first aid to my child in the event that it is necessary. I also authorize a carver staff member to contact the following pediatrician.

Dr._____

Address:_____

Phone Number: _____

If the above pediatrician I request is not available, I authorize a pediatrician recommended by carver to be contacted. The pediatrician will be authorized by me to render medical services that he /she deems necessary.

If a medical emergency arises involving my child, I authorize a staff representative of Carver to accompany my child in any emergency vehicle to an emergency treatment center or

Child's Name:_____

hospital. I authorize the center or hospital to treat my child on the event of an emergency. I absolve carver preschool in all costs relating to any medical treatment and transportation of my child.

Please sign below:

Mother/ guardian signature:_____Date: _____

Father/ guardian signature:_____ Date: _____

All efforts will be made by Carver preschool to contact me immediately in the event of an emergency. However, in the event I cannot be reached, the following persons will be contacted:

1. Name_____ Phone Number:_____
Relationship to Child_____

2. Name_____ Phone Number:_____
Relationship to Child_____

Child's Name:_____

Infant sleep policy

➢ Infants shall be physically observed at least every fifteen minutes to assess the infants breathing, color, temperature, and comfort.
➢ Infants are placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular child
➢ The mattress is snug fitting and covered by a tightly-fitted sheet unless the child has written documentation from a medical provider specifying a medical reason for an alternative sleep position or alternate piece of equipment.
➢ When infants can easily turn over from the supine to prone position (back to front), they will be put down to sleep on their back, but then allowed to adopt whatever position they prefer for sleep.
➢ No items including, but not limited to, pillows, soft bumpers, toys and blankets, including weighted blankets, weighted sleepers, and weighted swaddles, shall be placed with an infant in a crib or hung over the side of the crib or other piece of equipment designed for sleeping except for a pacifier without attachments unless the child has written documentation from a medical provider specifying a medical reason for its use.
➢ Bibs and garments with ties or hoods shall be removed from infants that are placed to sleep.
➢ No toys or objects shall be attached to sleeping or rest equipment.
➢ No infant shall be put to sleep on a sofa, bed, couch, soft mattress, waterbed, or other soft surface.
➢ No infant shall be put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a medical provider specifying a medical reason for their use.
➢ No infant shall be swaddled unless the child has written documentation from a medical provider specifying instructions and a timeframe for swaddling the infant.
➢ No child under 3 years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard.

I,_____ have discussed with carver preschool staff, and understand the Infant sleep policy and guidelines followed as stated in the parent handbook in effect at carver preschool.