



7 North Turnpike Rd., Wallingford, CT 06492 * www.carverpreschool.org * T: 203.626.9265 * F: 203.886.1074

ENROLLMENT INFORMATION

Child's name: _____
Child's address: _____
City, state, zip code: _____
Phone number: _____ Gender: _____
Date of birth: _____ Start Date: _____

Parent Information

Mother/Guardian's name: _____
Relationship to child: _____
Home address: _____
Home phone number: _____
Email address: _____
Cell phone number: _____
Employer's name: _____
Employer's address: _____
Work phone number: _____
Marital status: _____
_____ Single _____ Foster Parent
_____ Married _____ Separated
_____ Divorced _____ Other

Father/Guardian's name: _____
Relationship to child: _____
Home address: _____
Home phone number: _____
Email address: _____
Cell phone number: _____
Employer's name: _____
Employer's address: _____
Work phone number: _____
Marital status: _____
_____ Single _____ Foster Parent
_____ Married _____ Separated
_____ Divorced _____ Other

My child lives with: _____

Child's Name: _____

Family physician: _____ Phone number _____

Address _____

Please describe any medical conditions your child has:

Is your child allergic to any foods? If so, please list them. Any other allergies?

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 each month. Care 4 Kids co-pays 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.

(Signature of Mother or Legal Guardian) (Date)

(Signature of Father or Legal Guardian) (Date)

For office use only

Deposit: _____

Check number: _____

Date: _____

Withdrawal date: _____

Reason for withdrawal: _____

Re-registration date: _____

Check number: _____

Changes Made: _____

Child's Name: _____

Developmental Questionnaire

Family and Social History

Mother/ Guardian _____ Age: _____

Father/ Guardian _____ Age: _____

Marital status of parents:

Living together _____ Stepfather _____ Age of Adoption _____
(how long)

Separated _____ Stepmother _____ Does the child know he/she is
(how long) (how long) adopted? _____

Custody/living arrangements:

Brothers and sisters 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):

If both parents are away from home during the morning, please state arrangement for child's care before day care: _____

Does child have his/her own room? _____ If not, with whom does he/she share? _____

Who has cared for your child other than parents? (State whether adults or teenagers) _____

Has your child had group play experience? _____ Where? _____

When and with whom does child watch television? _____

Developmental History of Child

Age at which your child:

Crept on hands and knees _____

Repeated short sentences _____

Sat alone _____

Slept through night _____

Walked alone _____

Began toilet training _____

Names simple objects _____

Word child uses for urination _____

Bowel movements _____

Usual time for B.M. _____

Does child dress self? _____

Undress self? _____

Is your child right or left-handed? _____

What time does your child usually eat breakfast? _____ Lunch? _____ Dinner? _____

Eating problems? _____ Is your family vegetarian? _____

Other dietary restrictions? _____

What time does your child usually go to bed at night? _____ Awaken? _____

Does your child sleep well? _____

Child's Name: _____

What are your child's favorite indoor activities? _____

Outdoor activities? _____

Does your child have any speech problems? _____

Does your child have any other problems we should be aware of? _____

What method of behavior control is used in your house? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

Health History of Child

What illnesses has your child had? At what age?

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____

Other _____

Does your child have frequent colds? Explain _____

Tonsillitis? _____ Earaches? _____

Stomachaches? _____ Does child vomit easily? _____

Is child allergic? _____ If so, how does it usually manifest itself?

Asthma _____ Hay Fever _____ Hives _____ Other _____

Do you know what the allergy is caused by? _____

Has your child been to a dentist? _____ Had vision checked? _____

Had hearing tested? _____ Wear corrective shoes? _____

Does your child have any special fears that you are aware of? _____

For school use only:

Illness _____ Date _____ Illness _____ Date _____ Illness _____ Date _____

Illness _____ Date _____ Illness _____ Date _____ Illness _____ Date _____

Illness _____ Date _____ Illness _____ Date _____ Illness _____ Date _____

Accidents: _____

Other health information: _____

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 our 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 a 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 p.m., 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 10am. I understand that Carver adjusts staffing to accommodate teacher / child ratios at 10am.
6. My child's medical form 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 taking home linens, pillow, and blanket on Friday or as needed to wash a return.
8. I understand that Carver Preschool requires 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, in writing if someone other than the names listed on the form will be picking my child 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 completed and returned.
12. If extra hours are needed, depending on availability, additional hours will be granted with approval from the head teacher. 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 *Weather* cancellations and delays.

Mother/Guardian's signature _____ Date _____

Father/ Guardian's signature _____ Date _____

Child's Name: _____

PERMISSION TO PICK UP CHILD

I authorize the following adults to pick up my child from Carver Preschool.

Name & Address	Relationship to Child	Home 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.

Mother/Guardian's signature _____ Date _____

Father/ Guardian's signature _____ Date _____

Child's Name: _____

INFORMATION RELEASE FORM

Occasionally, parents ask the teachers for other students' 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.

Mother/Guardian's signature

Date

Father/Guardian's signature

Date

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.

Mother/Guardian's signature

Date

Father/Guardian's signature

Date

Child's Name: _____

**PERMISSION SLIP FOR WALKS IN THE NEIGHBORHOOD
AND LOCAL PARK**

On nice days during the year, the staff at Carver will take the children for walks in the neighborhood and to the local park. Please sign the permission slip below, if your child may participate in these outings. A cell phone will always accompany the group on these outings, and that phone number will be made available to you upon request.

I, _____ give the staff at Carver permission to take my child
_____ on walks in the neighborhood and to the local park during the year.

Mother/Guardian's signature

Date

Father/Guardian's signature

Date

EMERGENCY TRANSPORTATION AUTHORIZATION

I give my consent to Carver to transport my child in the 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 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.

Mother/Guardian's signature

Date

Father/Guardian's signature

Date

Child's Name: _____

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Mother/Guardian's signature

Date

Father/Guardian's signature

Date

Child's Name: _____

EMERGENCY MEDICAL PERMISSION FORM

I give permission for a staff member of Caver 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 hospital. I authorize the center or hospital to treat my child in the event of an emergency. I absolve Carver Preschool in all costs relating to any medical treatment and transportation of my child.

Mother/Guardian's signature

Date

Father/Guardian's 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 person(s) will be contacted:

1. Name _____

Phone number _____

Relationship to Child _____

2. Name _____

Phone number _____

Relationship to Child _____

Parent Acknowledgement Form-Discipline Policy:

Positive guidance, reinforcement and redirection is the basis for our Discipline 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 acknowledgment for desirable behavior and to draw little attention to undesirable behavior. Staff shall not be abusive, neglectful, or use corporal, 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 least restrictive methods, as appropriate. Time out is used as a last resort, and is used for unacceptable behavior such as biting, physical or verbal aggression, disrespect towards another child or adult, or a child losing self control. Time out is used in the classroom or within the centers office, and for the number of minutes that is the child's age. Then expected behavior is discussed with the child.

I, _____ have discussed with Carver Preschool Staff, and understand the Discipline policy and guidelines followed as stated in the Parent Handbook in effect at Caver Preschool.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Child's Name _____

Parent Contract

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1. All fees are due by the 15th of each month.
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4. If my child is here past 5:30 p.m., 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 10am. I understand that Carver adjusts staffing to accommodate teacher / child ratios at 10am.
6. My child's medical form 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 taking home linens, pillow, and blanket on Friday or as needed to wash a return.
8. I understand that Carver Preschool requires 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, in writing if someone other than the names listed on the form will be picking my child 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 completed and returned.
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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 *Weather* cancellations and delays. All closings will be posted on Carver Preschool's Facebook page no later than 6:00 AM.

Mother/Guardian's signature _____ Date _____

Father/ Guardian's signature _____ Date _____