



## 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
<b>Monday</b>	_____	_____
<b>Tuesday</b>	_____	_____
<b>Wednesday</b>	_____	_____
<b>Thursday</b>	_____	_____
<b>Friday</b>	_____	_____

A registration fee of \$100.00 must be attached to this application form. FACTS withdrawals will be taken out on the 5<sup>th</sup> or 20<sup>th</sup> of each month. Care 4 Kids co-pays will be due by the 15<sup>th</sup> 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 \_\_\_\_\_ Steppather \_\_\_\_\_ Age of Adoption \_\_\_\_\_  
(how long)

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

Custody/living arrangements:

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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):

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

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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) \_\_\_\_\_

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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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### 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?

Asthmas \_\_\_ 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? \_\_\_\_\_

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### 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 15<sup>th</sup> 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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\_\_\_\_\_ on walks in the neighborhood and to the local park during the year.

\_\_\_\_\_  
Mother/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian's signature

\_\_\_\_\_  
Date

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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: \_\_\_\_\_

**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 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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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 \_\_\_\_\_