

24:1 Early Childhood Learning Center

ENROLLMENT FORM

Child's Name: _____ Date of Birth _____

Gender: Male Female (Circle one)

Home Address: _____

Enrollment Schedule:

Monday – Thursday (circle Morning or Afternoon)

Morning (8:30am – 12:00pm)

Afternoon (1:00pm – 4:30pm)

Mother's/Guardian's Name: _____ Father's/Guardian's Name: _____

Address _____ Address: _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-Mail _____

Employer/School _____ Employer/School _____

Address _____ Address _____

Schedule _____ Schedule _____

Work Phone _____ Work Phone _____

Emergency Contacts/Persons Authorized to take the child from the Center:

Name _____ Name: _____

Relationship to Child _____ Relationship to Child _____

Address _____ Address _____

Phone _____ Phone _____

Name _____ Name: _____

Relationship to Child _____ Relationship to Child _____

Address _____ Address _____

Phone _____ Phone _____

Is child related to any staff at the 24:1 Early Childhood Learning Center? YES NO (If yes, how? _____)

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care I authorize the 24:1 Early Childhood Learning Center to contact the following: (MUST include phone number)

Physician/Clinic _____ Preferred Hospital _____

Phone _____ Phone _____

Parent's Signature _____ Date _____

Enrollment Date: _____ Discharge Date _____

This information must be updated annually or as changes occur.

1st Annual Update - Parent's Signature _____ Date _____

2nd Annual Update - Parent's Signature _____ Date _____

3rd Annual Update - Parent's Signature _____ Date _____

24:1 Early Childhood Learning Center

Policy/Procedure Acknowledgement

Child's Name: _____

DOB: _____

Policy	Parent's Initials
I have received a calendar of dates this facility will be closed and understand they will not provide care on major holidays. (New Year's, MLK Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas)	
I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	
I have been informed that a copy of the licensing rules for group child care homes and centers is available at this facility for review	
The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	
When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	
I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	
I understand that this facility does NOT provide transportation and does NOT have permission to transport my child.	
I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	
I understand that consistent attendance is a requirement for continued enrollment in the program. The Center will review cases individually, but discharge from the program is a possibility for excessive absences.	
I understand that the Center will make every effort to accommodate my child, but discharge from the program is a possibility for continual inappropriate or aggressive behaviors.	
I understand that the Center will utilize individualized screening and observational data in order to assess and evaluate my child's developmental progress. (Ages and Stages Questionnaire – 3 rd Edition and Social-Emotional 2 nd Edition – ASQ-3 and ASQ-SE-2)	
I understand I will need to re-enroll my children after each yearly session. Enrollment preference will be given to older children, and participation in the program does not guarantee continued enrollment.	
I understand that this facility does NOT provide meals. Children will receive one healthy snack per 3 ½ hour session.	

I have reviewed the policies and procedures for participation in the 24:1 Early Childhood Learning Center program.

Parent's Name (print)

Parent's Signature

Date

24:1 Early Childhood Learning Center

Toileting Needs:

Does your child need reminders to use the bathroom? YES NO
Does your child have frequent accidents? YES NO
How does your child indicate the need to use the bathroom? _____

Eating/Dietary Habits:

Is your child on a special diet? YES NO
Do you consider your child to be a "picky eater"? YES NO
How would you describe your child's appetite? SMALL AVERAGE LARGE

Favorite foods: _____

Strong dislikes in foods: _____

Sleeping Habits:

What is your child's typical bedtime? _____

What is your child's typical "wake-up" time in the morning? _____

Where does your child sleep at home? _____

Does your child have a comfort item at bed? (special toy, blanket, pacifier) YES NO

Please describe _____

Does your child nap during the day? YES NO (If yes, how long?) _____

Social/Emotional Development:

Has your child ever been in a group childcare setting? YES NO

Does your child have regular opportunities to play with other children? YES NO

Do you consider your child to be shy around others? YES NO

Does your child have any particular fears? (storms, sirens, animals?) YES NO

If yes, please describe: _____

Does your child have any particular habits? (thumb sucking, nail biting?) YES NO

If yes, please describe: _____

How do you calm your child when he/she is upset? _____

Does your child prefer to play alone or with others? ALONE WITH OTHERS

Has your child or family experienced any of the following within the past year?

Death of significant family member

Divorce/Separation of Parents

Change in primary caregiver

Move/Change in living arrangement

Birth of Sibling/New people in household

Illness of caregivers

Witness of community/domestic violence

Marriage/Addition of step-parent

Circle the activities your child enjoys most. Mark an X on any activity they do NOT enjoy or avoid:

Blocks/Legos

Dress-up Activities

Puzzles

Board Games

Arts/Crafts

Books

Puppets

Sand/Water

Music/Dance

Playground activity

Ball games

Bikes

Help with cooking

Clay/Playdough

Nature/Gardening

Computer

Other:

Any other information regarding your child's family, extended family or development that you would like to share with us:

What are your expectations or hopes for your child at the 24:1 Early Childhood Learning Center?

24:1 Early Childhood Learning Center

Photography Consent Form

Date _____

Dear Parent/Guardian,

Your child may be photographed during normal daycare hours and activities. The 24:1 Early Childhood Learning Center, United 4 Children, and our partners (Beyond Housing) would like to use these images in promoting our early childhood educational services, either in print or on the Internet. Please indicate below whether or not you agree to have your child's photograph used.

_____ YES, my child's image may be used by the 24:1 Early Childhood Learning Center, United 4 Children and Beyond Housing in order to promote their services in print or on the Internet.

_____ NO, my child's image may NOT be used by the 24:1 Early Childhood Learning Center and United 4 Children in order to promote their services in print or on the Internet.

Child's Name _____ Date of Birth _____

Parent's Name _____

Parent's Signature _____ Date _____

24:1 Early Childhood Learning Center

PASS _____
REFER _____

Delta Gamma Center for Children
With Visual Impairments

Early Vision Screening Consent

Child's Name _____

Child's age: _____ Birthdate: _____

Parent/Guardian _____ Home Zip code: _____

Phone Number _____ Email Address _____

Parent/Guardian Signature _____ Date _____

Any visual concerns for your child? _____

Any family history of visual problems? _____

-----Office Use Only-----

OD		OS
_____ dpt	Sphere	_____ dpt
_____ dpt	Cylinder	_____ dpt
_____	Axis	_____
_____ mm	Pupil	_____ mm
Pupil distance		_____ mm
Gaze asymmetry		_____
DATE		_____

Screening Date: _____

Location: _____ 24:1 Early Child Learning Center _____

Contact Name: _____ Gail Wulff _____

Vision Screeners Notes: _____

PlusOptix Findings: Anisometropia ___ Astigmatism ___ Farsighted ___ Nearsighted ___ Gaze Asymmetry ___ Anisocoria ___

Eye Dr DIAGOSIS: Normal ___ Lazy Eye ___ Farsightedness ___ Nearsightedness ___ Astigmatism ___ Strabismus ___ Other ___

Treatment: None at this time ___ Patching ___ Prescribed Glasses ___ Other _____
