Aspire Developmental Services

ASPIRE EARLY EDUCATION CENTER

CHILD'S ENROLLMENT FORM

Child's Name: Eye Color: Skin Color:

Home Address: Hair Color: Height:
Telephone: Sex: Weight:

Date of Admission: Age of Admission:
Date of Birth: Primary Language:
Identifying Marks:
Allergies/Special Diets:

PARENT/GUARDIAN INFORMATON:

Parent/Guardian Name: Parent/Guardian Name:
Relationship to Child: Relationship to Child:

Home Address: Home Address:
Home Telephone #: Home Telephone #:

Email: Email:
Bus. Name: Bus. Name:
Bus. Telephone #: Bus. Telephone #:
Hours at Work: Hours at Work:

ADDITIONAL INFORMATION:

Child's Physician/Clinic:
Address: Phone:

Chronic Health Conditions:

Special Limitations or Concerns:

_____

Parent/Guardian Signature and Date

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM
102 CMR 7.09(3)

Child's Name:_____ Date of Birth:_____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize ASPIRE EARLY EDUCATION CENTER to transport my child to the nearest medical care facility and/and to secure necessary medical treatment for my child.

Child's Physician Name:_____
Address:_____
Phone Number:_____

Child's Allergies:_____
Chronic Health Conditions:_____

Emergency Contacts *(In order to be contacted)*

1. Name: Address:
   Relationship to Child: Phone #:
   Do you give permission for child to be released to this person? Yes No
2. Name: Address:
   Relationship to Child: Phone #:
   Do you give permission for child to be released to this person? Yes No
3. Name: Address:
   Relationship to Child: Phone #:
   Do you give permission for child to be released to this person? Yes No

Health Insurance Coverage: Policy #:
Parent(s) Name: Phone(w) Phone(h)
Parent(s) Name: Phone(w) Phone(h)

_____
Parent/Guardian Signature and Date

EMERGENCY CARD INFORMATION

Child's Name:_____
Date of Birth:_____
Child's Home Address:_____
Phone:_____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

1._____
(Name, Address, Phone #)
2._____
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE:
1._____
(Doctor's Name, Address, Phone #)

EMERGENCY CONTACT PERSON(S)
1._____
(Name, Address, Phone #)
2._____
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT
I hereby give Aspire Early Education Center permission to administer basic first aid and/or CPR to my child_____and/or take my child_____to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

_____
Parent/Guardian Signature and Date

INSURANCE INFORMATION (OPTIONAL)
Company Name:_____ Policy #_____
Participating Hospital:_____
Special Instructions:_____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

CHILD'S NAME:_____ DATE OF BIRTH:_____

DEVELOPMENTAL HISTORY

Age began crawling_____ walking_____ talking_____.
Any motor concerns?_____.
Any speech difficulties?_____.
Special words child may use?_____.
Language spoken at home:_____.
Does your child use a pacifier or suck thumb? If yes, when?_____.
Does your child have a fussy time? If yes, when?_____.
How do you handle this time?_____.

HEALTH

Any known complications at birth?_____.
Serious Illnesses and or Hospitalizations?_____.
Special Physical Conditions?_____.
Is your child allergic to anything? (i.e., asthma, hay fever, insect bites, food, medications)

EATING HABITS

Special characteristics or difficulties at mealtime?_____.
Child's favorite foods:_____.
Foods child strongly dislikes:_____.
Where does your child eat? Lap High Chair Booster Chair Table (circle one)
What does your child use to eat at meal times? Spoon Fork Hands

TOILET HABITS

What diapers are used? Disposable or cloth?_____.
Is there a frequent occurrence of diaper rash? Yes No If yes, please explain:
Do you use any of the following during diapering: Please circle: Oil Lotion Powder
Are bowel movements regular? Yes/No How many per day? _____.
Is there a problem with diarrhea? Yes/No Constipation? Yes/No
Has toilet training been attempted? Yes/No If yes, please describe any procedure to be used for your child at preschool:_____.
Which of the following is used at home? Potty Chair Special Child Seat Regular Toilet
How does your child indicate his/her need to use the bathroom?_____.
Is your child ever reluctant to use the bathroom?_____.
Does your child have accidents?_____.

SLEEPING HABITS

Which does your child sleep in? (Circle one) crib bed

Does your child nap during the day? If so, when and for how long?

_____.

What time does your child get up in the morning?_____.

What time does your child go to be at night?_____.

Please describe any special needs your child has for sleep or nap time (stuffed animal, story, Pacifier, rocking, etc.)_____.

SOCIAL RELATIONSHIPS

How would you describe your child?_____.

_____.

What are his/her previous experiences with school/daycare?

_____.

_____.

How does he/she react to strangers?_____.

What are his/her favorite toys/activities?_____.

How do you comfort your child?_____.

What do you use for behavior management/discipline at home?

_____.

What would you like for your child to gain from this school experience?_____.

_____.

_____

Parent/Guardian Signature and Date

ASPIRE EARLY EDUCATION CENTER
Transportation Plan and Authorization

Child's Name_____

My child will arrive at the school:

_____with parent/guardian

_____with other

My child will depart from the school:

_____with Parent/Guardian

_____with other-please complete the section below

I give permission for my child to be released from the school at the end of the school day to the following people. If no one is authorized other than the parent/guardian please indicate below "NO ONE".

Name_____Relationship_____

Address_____

Phone_____Cell_____

Name_____Relationship_____

Address_____

Phone_____Cell_____

Name_____Relationship_____

Address_____

Phone_____Cell_____

_____
Parent/Guardian Signature and Date

IF CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE DIRECTOR

Aspire Early Education Center
Parental Authorization

Child's Name: _____ Date of Birth:_____
I hereby give my permission for my child (name), _____

YES	NO	
___	___	To be taken on an educational field trip within the community.
___	___	To interact with any permanent or visiting students from local high schools / colleges.
___	___	To be photographed or have videos taken during school hours to be used for school purposes.
___	___	To be photographed or have videos taken during school hours to be shared on the Procare app.
___	___	To be photographed or have video recorded to be used for publicity purposes, including brochures, newspapers, Aspire Developmental Services website or social media.
___	___	Child can be identified by name for publicity purposes (see above)

My Child will not participate in tooth brushing while in care at Aspire Early Education Center unless written permission is given.

_____
Parent/Guardian Signature and Date

Sunscreen Permission

In order to keep your child safe, we ask that you provide a bottle of sunscreen for you child which will be labeled and kept in his/her cubby. Please apply the sunscreen before coming to school in the morning and we will only reapply in the afternoon.
I give permission to Aspire Early Education Center to apply sunscreen to my child.

_____
Parent/Guardian Signature and Date

Hand Sanitizer

Hand Sanitizer with at least 60% alcohol may be used for children over 2 years with parental permission when handwashing is not available. While hand sanitizer may be used, handwashing is the preferred and safer method.
I give Aspire Early Education Center permission to apply hand sanitizer to my child.

_____
Parent/Guardian Signature and Date

Video Camera Use

Aspire Early Education Center has installed video cameras inside and outside of the building for the safety and protection of the children and staff in the program.

By signing below, you acknowledge that you have been informed and understand that Aspire Early Education will utilize the cameras and the footage for internal use. Please direct any questions to the director.

_____
Parent/Guardian Signature and Date