

Child's Play Development Center Master Card

Child Enrollment Information

Last Name _____ First _____ Middle _____
Date of Enrollment _____ Name Called _____
Birthdate _____ Sex _____ Weight _____

Parent Information

Mother's Last Name _____ First Name _____
Home Address _____ Home Phone _____
City, State, Zip Code _____
Social Security #: _____ Cellular Phone _____
Employment _____ Work Phone _____
Work Address _____

Father's Last Name _____ First Name _____
Home Address _____ Home Phone _____
City, State, Zip Code _____
Social Security #: _____ Cellular Phone _____
Employment _____ Work Phone _____
Work Address _____

Is child living with both parents? Yes No Which parents? _____

I understand the enrollment policies and agreement of Child's Play Development Center and will abide by these as long as my child is enrolled at the center.

Signature of Parent's or Guardian

Date

Staff Signature

Date

I hereby authorize Child's Play Development Center to care for my child during the time he/she is at the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached.

Parent's Signature: _____ Date: _____

Emergency Information

Family Doctor

Name _____
Office Location _____
Phone Number _____

Family Dentist

Name _____
Office Location _____
Phone Number _____

Family Hospital

Name _____
Office Location _____
Phone Number _____

Emergency Contact 1

Name _____ Relationship _____
Home Address _____
Home Phone _____ Work Phone _____
Work Address _____

Emergency Contact 2

Name _____ Relationship _____
Home Address _____
Home Phone _____ Work Phone _____
Work Address _____

Emergency Contact 3

Name _____ Relationship _____
Home Address _____
Home Phone _____ Work Phone _____
Work Address _____

The following persons are authorized to pick up my child and can be contacted in case of an emergency.

Written permission must be obtained from the parents for anyone, other than the parents, to pick up a child. Verbal permission will **not** be accepted. (The following persons may be required to produce a form of identification such as, a driver's license, social security card, etc.)

Authorized Pick-up 1

Name _____ Relationship _____
Home Address _____
Home Phone _____ Work Phone _____
Work Address _____

Authorized Pick-up 2

Name _____ Relationship _____
Home Address _____
Home Phone _____ Work Phone _____
Work Address _____

(Any additional emergency contacts should be listed below)

Intake Information

Date of Enrollment _____
Child's Last Name _____ First Name _____

Language

Does your child speak/understand English? _____
Is there a second language spoken in the home? _____

Physical Background

Has your child had any serious illness, operations, or accidents since birth?
If yes, please describe: _____

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Physical disabilities? yes no
If yes, please describe: _____

Any allergies? Food yes no
 Medication yes no
 Other yes no

If yes, please describe: _____
How severe? _____

Does your child take any medicine regularly? yes no
If yes, please describe: _____

Has your child ever been hospitalized? yes no
If yes, why and when: _____

Does your child have any recurring chronic illness or
health problems (such as asthma or frequent earaches)? yes no
If yes, please describe: _____

Does your child have a disability that has been diagnosed (such as cerebra palsy, seizure
disorder, developmental delay)? yes no
If yes, please describe: _____

Do you have any concerns about your child's health? yes no
If yes, please describe: _____

Development

Does your child have any problems with talking or making sounds? yes no
If yes, please describe: _____

Does your child have any problems with walking, running, or moving? yes no
If yes, please describe: _____

Does your child have any problems seeing? yes no
If yes, please describe: _____

Does your child have any problems hearing? yes no
If yes, please describe: _____

Does your child have any problems using his/her hands (such as with puzzles, drawing, small building pieces)? yes no
If yes, please describe: _____

Do you have any concerns about your child's development? yes no
If yes, please describe: _____

Separation

Has your child ever been in a family child care home, center, preschool group, other group program? yes (What is the name of the program?)
 no (Who care for your child?)

Please describe: _____

How does your child react to being left by you? _____

Are there special routines that might make separation easier for your child? yes no
If yes, please describe: _____

Relationships and Interests

How does your child get along with other children? _____

What does he/she enjoy doing with other children? _____

- Is your child friendly? yes no
Is your child aggressive? yes no
Is your child shy? yes no
Is your child withdrawn? yes no
Does your child play well alone? yes no

How does your child get along with other adults? _____

What are your child's favorite toys? _____

How does your child show his/her feelings? _____

How does he/she react to frustration? _____

Does your child have any special fears or concerns? yes no
If yes, please describe: _____

Is your child frightened by animals, rough children, loud noises, the dark, storms, or anything else? yes no
If yes, please describe: _____

How do you feel your child will adjust to our childcare setting? _____

Who does most of the disciplining in your home? _____

What is the best way to discipline your child? _____

How do you comfort your child? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, or doll)? yes no
If yes, please describe: _____

Feeding

(Parents of infants and toddlers need to also fill out *Feeding Schedule Form*.)

Does your child take a bottle? yes no
If yes, please fill out *Bottle Permission Form*.

Are there any foods your child should not have? yes no
If yes, please describe: _____

Has your child had any feeding/eating problems? yes no

If yes, please describe: _____

Does your child have a good appetite and show interest in food? yes no

What are your child's favorite foods? _____

What foods does your child dislike? _____

Diapering

Do you use ointment or powder? yes no

If yes, what? _____

Do you use it with every diaper change? yes no
 only when needed?

Toileting

Is your child toilet trained?

If in the process, please explain your routine: _____

When do accidents usually occur? _____

Can your child be relied on to indicate bathroom needs? yes no

Any other information? _____

Sleeping

What is your child's pattern for the day? _____

A.M. (How long?) _____ P.M. (How long?) _____

How do you put your child to sleep? (example: rock, pat, etc.) _____

Does he/she cry when tired? yes no

Does he/she cry when waking? yes no

Does he/she sleep on a cot/bed/crib? yes no

Other information (favorite blanket, toy, etc.): _____

**Child's Play Development Center
Infant/Toddler Information
Bottle Permission/Feeding Schedule**

Date of Enrollment: _____

Child's Name: _____ Birthday: _____

Parent's Names: _____

The schedule you provided is a guide for the teacher. You may change this schedule and feeding directions as your baby grows and develops.

Preferred Infant Formula Type: _____

Alternate Infant Formula Type: _____

Approximately _____ oz. every _____ hours

Water _____ oz. Juice _____ oz.

Cereal Type (Rice, Oatmeal, Mixed, etc.): _____

Approximately _____ oz. every _____ hours

Baby Food: _____ jars every _____ hours

Table Foods: yes or no

Sippy Cup: yes or no

Whole Milk: yes or no

Known Allergies: _____

Other: _____

I verify that my infant, _____ is able to hold his/her own bottle when placed in a bouncer seat or in a sitting position outside of his/her crib.

Please understand that Child's Play Development Center practice is to feed on demand, that is, when an infant is crying to be fed at times other than those listed, the baby is fed. When an infant refuses a bottle or feeding of solid foods, the baby is not force-fed. We will make every effort to follow parent directions on feeding.

Parent's Signature _____ Date _____

ENROLLMENT AGREEMENT

By initialing below you are agreeing to all terms listed in the Child's Play Development Center Parent Handbook and Enrollment Packet:

Name of Child _____

Initial _____

1. I will provide complete health and immunization information on my child before entrance to the CPDC signed by a physician.	
2. I give permission for the center's personnel to administer such medication as I authorize by completing an <i>Authorization for Dispensing Medication form</i> . Authorization must be in written form and given to the teacher, supervisor or teacher's aide.	
3. I understand that if my child has a contagious disease, I may be required to provide a doctor's statement regarding his/her recovery from the condition upon the child's return to the center. If my child has a fever of 101 degrees or higher, I will be required to remove him/her from the center as soon as possible. The child must be clear of fever for a 24-hour period.	
4. I hereby authorize CPDC personnel to obtain or administer emergency medical treatment or contact 911 for emergency medical treatment of accidental injury or illness if I cannot be contacted to make arrangements for such treatment.	
5. I give permission for my child to participate in field trips or excursions under proper supervision. Throughout the year nature hikes will be taken throughout the grounds around CPDC.	
6. I give permission for my child to participate in any water activities or in off-site. "away from center" activities and field trips.	
7. I give permission for you to transport my child to and from school and on center sponsored field trips.	
8. I understand that if my child can hold a bottle, the bottle shall not be placed in a crib with my child unless written permission is obtained from me.	
9. I will provide current feeding instructions for my child to his/her teacher upon enrollment into the center. I will also provide a new set of feeding instructions for my child when he/she is moved to a new classroom.	

<p>10. My child will attend CPDC during my scheduled working hours. I will use the center's time clock for my child's arrival and departure.</p>	
<p>11. I give permission for photographs and videos to be taken of my child while participating in the program. I understand that the photographs may from time to time appear in publicity materials for CPDC.</p>	
<p>12. I understand that Louisiana Social Services requires the center to have written permission for any person other than a parent picking up the child. <u>I understand that verbal permission is not acceptable.</u></p>	
<p>13. I have received information regarding tuition and understand the related policies.</p>	
<p>14. I understand that the Child's Play Development Center registration fee is non refundable. If I choose to drop and re-enroll in the center I am responsible for paying registration again.</p>	
<p>15. I understand that tuition is payable weekly or monthly in advance. If parents choose weekly, tuition must be paid each Monday morning. If parents choose monthly, tuition must be paid on the 1st of each month. If not, there will be a \$10.00 late fee charged to your account. If tuition is not paid at the end of two weeks from the original due date your child will be dismissed unless other satisfactory arrangements are made.</p>	
<p>16. I understand that fees can be paid by cash, check or money orders.</p>	
<p>17. I understand that I must pay whether in attendance or not as long as my child is enrolled with the center. I am obligated to pay even if my child is absent due to an illness, holidays, and vacations not approved.</p>	
<p>18. If I decide to remove my child from the center, I must provide a written two weeks notice. I understand that I am responsible for payment of my child's tuition for those two weeks.</p>	
<p>19. I understand that I must complete all CPDC paperwork before my child can be enrolled in the center. I will provide complete and up-to-date health and immunization information on my child before entrance to the center, signed by a physician.</p>	
<p>20. If I should fail to pick up my child by the time CPDC closes at 6:00 p.m., I understand that there is a late pick-up charge of \$1.00 that begins at 6:01 p.m. The center requires written permission on file for someone other than the domiciliary parent.</p>	

I have read and DO agree to these terms:

Signature of Parent/Guardian

Date

Signature of Staff

Date