

Children's Record must be maintained for at least five (5) years after a child has left the program.

COZY DAY CARE FAMILY CHILD CARE ENROLLMENT APPLICATION

***PHOTO OF CHILD**
(*Optional)
PHYSICAL DESCRIPTION

Eye Color _____
 Hair Color _____ Sex _____
 Height _____ Weight _____
 Other: _____

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

General Information

Date of Admission _____ Age at Admission: _____

Date of Discharge _____ Reason for Discharge: _____

Child's Full Name _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Nickname _____

Primary language of Child _____ Primary language of Parents _____

Allergies/Special Diet _____

Name of Parent(s)/Guardian(s) _____

Home address (if different) _____

Telephone Number: _____

Email Address: _____

Parent(s)/guardian(s) business address/location during child care:

Parent/Guardian: _____ Parent/Guardian: _____

Where: _____ Where: _____

Telephone: _____ Telephone: _____

Cell Phone: _____ Cell Phone: _____

Instructions: _____ Instructions: _____

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: _____ Address _____

Telephone _____ Cell Phone _____

(2) Name: _____ Address _____

Telephone _____ Cell Phone _____

Child's Name _____



TRANSPORTATION PLAN / AUTHORIZED PICK- UP

My child will arrive to the program by:	My child will depart the program by:
<input type="checkbox"/> Parent Drop-Off	<input type="checkbox"/> Parent Pick Up
<input type="checkbox"/> Supervised Walk	<input type="checkbox"/> Supervised Walk
<input type="checkbox"/> Unsupervised Walk	<input type="checkbox"/> Unsupervised Walk
<input type="checkbox"/> Public/Private Van	<input type="checkbox"/> Public/Private Van
<input type="checkbox"/> Bus	<input type="checkbox"/> Program Bus/Van
<input type="checkbox"/> Private Transportation Provided by Parent	<input type="checkbox"/> Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

(1) Name: _____ Address _____

Telephone _____ Cell Phone _____

(2) Name: _____ Address _____

Telephone _____ Cell Phone _____

Anticipated Days/Time of Attendance

Day	Arrival Time	Departure Time	Day	Arrival Time	Departure Time
Monday	_____	_____	Friday	_____	_____
Tuesday	_____	_____	Saturday	_____	_____
Wednesday	_____	_____	Sunday	_____	_____
Thursday	_____	_____			

If applicable: Name of the school Child Attends: _____

Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes:

Child's Name _____

Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

Parent/Guardian Date _____

Parental Visit Notice

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

Parent/Guardian Date _____

Child's Physician or Health Care Professional

Name: _____ Telephone _____

Address _____

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

Medical Insurance Information (optional)

Subscriber's Name: _____ Policy : _____

Type of insurance: _____

[] Copy of Insurance Card

SCHOOL AGE ONLY

Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials: _____

Child's Name _____



DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ **DATE OF BIRTH** _____

*Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

* If infant is on a special formula, describe its preparation in detail _____

Favorite foods: _____

Foods refused: _____

* Is your child fed held in lap? _____ High chair? _____

* Does your child eat with Spoon? _____ Fork? _____ Hand? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____

*Do you use: baby oil _____ powder _____ lotion _____ Other _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the program _____

What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does the child have accidents? _____

Child's Name _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____
Does your child become tired or nap during the day (include when and how long)? _____

Please Note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your educator. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

When does your child go to bed at night? _____ and get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on walking etc)

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/child care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child: _____

What is the method of behavior management/discipline at home:

What would you like your child to gain from this child care experience?.

DAILY SCHEDULE: Please describe your child's schedule on a typical day.

***For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.**

Is there anything else we should know about your child? _____

Parent/Guardian

Date

Child's Name _____

Permissions (for each child enrolled)

General Permission-(Basic Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give Cozy Day Care Staff permission to take my child _____ off the premises of the family child care home for the following excursions: (specific places your child is allowed to go): Cove Park, Auburndale (in minutes of walking distance) using the following forms of transportation: no transportation necessary

Parent/Guardian Signature Date

I do not want my child to be taken off the child care premises.

Parent/Guardian Signature Date

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give Inna Sarumian, Aliaksandra Dzeviatouskaya, Hasmik Harutyunyan, Tatiana Iacobciuc, Grant Sarumian 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 Date

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, diapering ointment.

Green Mountain Tick Repellent (active ingredients: Rose Geranium, Lemongrass and Cedar wood are active ingredients).

Buzz Away Natural Insect Repellent (active ingredients: Geranium Oil, Soybean Oil, Cedar wood Oil, Citronella Oil, Peppermint Oil, Lemongrass Oil).

Parent/Guardian Signature Date

Child's Name _____

