



THE VILLAGE SCHOOL ENROLLMENT FORM

CHILD INFORMATION

Child's Name: _____ Eye Color: _____ Skin Color: _____
Child's Home Address: _____ Hair Color: _____ Height: _____
Phone Number: _____ Gender: _____ Weight: _____
Date of Admission: _____ Age at Admission: _____
Date of Birth: _____ Primary Language: _____
Identifying Marks: _____
Allergies/Special Diets: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Relationship to Child: _____ Relationship to Child: _____
Home Address: _____ Home Address: _____
Home Phone Number: _____ Home Phone Number: _____
Email Address: _____ Email Address: _____
Cell Phone: _____ Cell Phone: _____
Business Name: _____ Business Name: _____
Business Address: _____ Business Address: _____
Business Phone Number: _____ Business Phone Number: _____
Hours at Work: _____ Hours at Work: _____

ADDITIONAL INFORMATION

Child's Physician/Clinic: _____
Name Address Phone Number
Chronic Health Conditions: _____
Special Limitations or Concerns: _____

I certify that documentation of physical examination and immunization 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 Signature Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

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

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

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? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
 - *Do you use: 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 center: _____
-
- *What is used at home? Pottychair? _____ 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 your child have accidents? _____

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 pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

- 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 waking etc) _____
-

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day 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 childcare 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 Signature)

(Date)



THE VILLAGE SCHOOL EMERGENCY CARD

CHILD INFORMATION

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

INSTRUCTIONS TO REACH PARENT/GUARDIAN

- 1. _____
Name Address Phone Number
- 2. _____
Name Address Phone Number

PEDIATRICIAN OR SOURCE OF HEALTHCARE

Doctor's Name Address Phone Number

EMERGENCY CONTACT PERSON(S)

- 1. _____
Name Address Phone Number
- 2. _____
Name Address Phone Number

MEDICAL EMERGENCY TREATMENT

I hereby give _____ permission to administer basic first aid an/or CPR to my child _____
Name of Program Name of Child
and/or take my child _____ to a hospital and to secure medical treatment when I cannot be reached or
Name of Child
when delay would be dangerous to my child's health.

Parent/Guardian Signature Date

ALLERGIES/CHRONIC HEALTH CONDITIONS:

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy Number: _____
Participating Hospital: _____
Special Instructions: _____



THE VILLAGE SCHOOL · CHILD RELEASE AUTHORIZATION FORM - NON EMERGENCY

In addition to the EMERGENCY CONTACTS on the previous page, the following persons may pick up my child:

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Name: _____ Phone Number: _____

Address: _____

Relationship to the child: _____

Name: _____ Phone Number: _____

Address: _____

Relationship to the child: _____

Name: _____ Phone Number: _____

Address: _____

Relationship to the child: _____

Name: _____ Phone Number: _____

Address: _____

Relationship to the child: _____

My child will not be released to any other persons unless written authorization is given to the Village School and the authorized individual has proper identification upon arrival.

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

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MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

Permission for participation in walking, neighborhood field trips

Occasionally, teachers enjoy taking spontaneous opportunities to take a walk in the neighborhood. Children may go to observe an attribute of neighborhood houses or yards, collect materials for a science display, or simply to enjoy a brief change of environment.

Please sign below to indicate that you have read the above information and agree to allow your child's participate in such a neighborhood walk.

Parent/Guardian Signature

Date

Permission for taking photos of children at the Village School

Photographs of the children are taken during the day to display in the classroom and to document each child's growth and development for portfolios. These photos are also a resource that we may use in school brochures, newspaper articles, websites, or other materials that represent activities at the Village School and the community at large.

Please sign below if you agree to allow your child's photograph to be included as described.

Parent/Guardian Signature

Date

Permission for children to contribute to projects that may later be used in fundraising

Children often enjoy participating in fundraising projects by contributing their artwork ad other finished products to be made available for sale. In some cases children have planned a contribution (for example hand printed bags) to sell. Other times whole class projects such as, quilts and homemade paper have been saved to contributed later. Other past projects have included making/illustrating recipe books and singing songs/illustrating pages for a whole school song book.

These are always cooperative, unnamed projects, representing general classroom experiences. The primary difference between these and other activities is that we will talk with the children about how the work will be used when completed. No child is required to participate, and there is never an obligation for parents to look for or buy their child's work.

Please sign below to indicate that you've read the information above and give permission for your child to participate in projects that may later be used for fundraising.

Parent/Guardian Signature

Date



THE VILLAGE SCHOOL EMAIL LIST

We are putting together our email list for next year. Please indicate a preferred email to receive school news. Such as school closings, monthly newsletters and announcements.

Child's Name: _____

Parent's Name: _____

Email Address: _____

Second Email Address: _____

Village School directories will be sent out at the beginning of the school year.

Thank you.