

Fidelity House Preschool  
**Child's Enrollment Form**

**Child Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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**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: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies \_\_\_\_\_

Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? \_\_\_\_\_ If yes, please complete attached form.

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? \_\_\_\_\_ If yes, please attach a copy. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language spoken at home \_\_\_\_\_

**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: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Does your child eat with Spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

**TOILET HABITS**

\*Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*How does your child indicate bathroom needs (include special words): \_\_\_\_\_

\_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

**SOCIAL RELATIONSHIP**

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. Please include awakening, eating, time out of bed, napping, toilet habits, fussy time, night bedtime, etc. \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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 the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

\*For any chronic health conditions please complete the attached **Individual Health Care Plan**

**Emergency Contacts (*In order to be contacted*)** We always contact Parents first, then the Emergency numbers if necessary.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_

Policy # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

\* \_\_\_\_\_  
**Parent /Guardian Signature**

\* \_\_\_\_\_  
**Date (valid for one year)**

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**Sunscreen Permission**

I give permission to Fidelity House staff to apply sunscreen as needed for my child while attending Fidelity House.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hand Sanitizer**

Children will regularly wash hands throughout the day. When hand washing is not available, children will use hand sanitizer with at least 60 percent ethanol or at least 70 percent isopropanol.

My child \_\_\_\_\_ has permission to use hand sanitizer.

**Media / Photo Release**

I hereby affirm that I am the parent /guardian of \_\_\_\_\_ (child's name) and I give my consent for photographs of this child, by and for Fidelity House, to be used and or reproduced for the purpose of display, website, future brochures and newspaper releases.

I give my consent: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

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**Small Group and Large Group Transportation Plan and Authorization**

CHILD'S NAME: \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

\_\_\_ PARENT DROP OFF

\_\_\_ SUPERVISED WALK Fidelity House staff

\_\_\_ UNSUPERVISED WALK

\_\_\_ PUBLIC/PRIVATE/VAN

\_\_\_ Fidelity House 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 \_\_\_\_\_

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

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

**Off Site Activities Permission Form**

Child's Name \_\_\_\_\_

I, \_\_\_\_\_ (Parent / guardian) give permission for my child to participate in walking trips and scheduled activities at the following off-site facilities:

Fidelity House 25 Medford St.  
Arlington Reservoir  
Buzzell Field  
Robbins Farm Playground  
Spy Pond Playground

FiHo 2 51R Medford St.  
Parallel Park  
Arlington Center Fire Station  
Robbins Library  
Thompson School Playground

The program will provide, in writing, a list of scheduled activities.

\_\_\_\_\_

**Parent / Guardian Signature**

**Date**

