

FIDELITY HOUSE PRESCHOOL

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

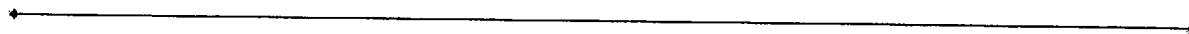
Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____



Parent/Guardian Information

Parent/Guardian Name: _____ Parent/Guardian Name _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Reachable Phone Number: _____ Reachable 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: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

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

Special limitations or concerns? _____

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

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:***

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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: _____

Emergency Contacts (In order to be contacted)

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 Signature

Date (valid for one year)

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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? _____

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SOCIAL RELATIONSHIPS

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)

Fidelity House Preschool

Walking Permission Form

_____ has my permission to leave Fidelity House Preschool to go on special school walking trips with the preschool teachers. This includes trips to the library, police station, fire station, post office, Parallel Park, Spy Pond Park, or any other walkable trip.

Signature _____

Date _____

Media/Photo Release

I hereby affirm that I am the parent/guardian of _____

I give my consent: Yes No

for photographs of this child to be used and/or reproduced for the display or publication on Fidelity House's website and social media platforms or in future brochures, newspaper releases, or in-service training to volunteer groups.

Signature _____

Date _____



Fidelity House Preschool

25 Medford St, 51 R Medford St, Arlington, MA 02474

Hand Sanitizer/Sunscreen Permission Form

Child's Name (print): _____

Parent Name (print): _____

Hand Sanitizer

I give permission for my child to use **hand sanitizer** during the school day when hand washing is not an option.

Parent's Signature: _____ Date: _____

Sunscreen

I give permission for **sunscreen** to be re-applied by Staff if necessary.
I understand that my child should come to school with sunscreen applied at home (if necessary) and that I should provide sunscreen labeled with my child's name to be left at school (if necessary).

Parent's Signature: _____ Date: _____