



Child Enrollment

Child's Name	Nickname	Date of Birth	Sex
Home Address		Home Phone	
Parents/Guardians			
Father	Employer	Business Phone	Cell Phone
Home Address	Social Sec #	Home Phone	Email Address
Mother	Employer	Business Phone	Cell Phone
Home Address	Social Sec #	Home Phone	Email Address
Guardian	Employer	Business Phone	Cell Phone
Home Address	Social Sec #	Home Phone	Email Address
Emergency Contacts			
Name #1		Relationship to Child	
Street Address			
Home Phone	Work Phone	Cell Phone	
Name #2		Relationship to Child	
Street Address			
Home Phone	Work Phone	Cell Phone	
Person's authorized to Pick Up Child			
Name #1		Relationship to Child	
Street Address			
Home Phone	Work Phone	Cell Phone	
Name #2		Relationship to Child	
Street Address			
Home Phone	Work Phone	Cell Phone	
Persons NOT Authorized to Pick up Child			

Password Authorization

Families assign a password, which is to be used when parents call to give permission for anyone, other than those listed on their emergency contact list, to pick up their child. The Administrator will ask the parents to give the password to verify their identity on the telephone. A verifying call will be made if needed. **NO ONE EXCEPT THE MANAGEMENT OF CHILDREN OF AMERICA AND THE PARENTS SHOULD EVER KNOW THE PASSWORD.**

Password for Pickup _____

Parent Signature _____

Date _____

Child's Name _____ Classroom _____

For Infant – Preschool-Developmental History

Type of Birth: Normal Premature

Describe any complications you may have had: _____

Age child began sitting: _____ Crawling: _____ Walking: _____ Talking: _____

Is your child a good climber? Yes No

Does your child fall easily? Yes No

Primary Speaking Language: _____

Any Speech Difficulties? Yes No

Other languages spoken at home: _____

List any major illnesses or physical conditions past or present: _____

List any accidents, operations or hospitalizations: _____

Is your child presently under a physician's care? Yes No If yes, Physician's Name _____

Is your child presently taking any medication? Yes No

If yes, describe any side effects: _____

Does your child use any special devices at home? Yes No If yes, what kind? _____

Sleeping

What is your child's bed time? _____ What time does your child get up? _____

Does your child go to sleep easily? Yes No

Does your child have any disturbances while sleeping? Yes No Please describe: _____

What is your child's mood upon waking? _____

Does your child take naps? Yes No From when to when? _____

Does your child tire easily? Yes No Under what conditions? _____

Do you have any concerns about your child's sleeping habits? _____

Eating

Does your child enjoy eating? Yes No

Does your child feed himself/ herself? Yes No With a spoon With a fork With hands

What are your child's favorite foods? _____

What foods are refused? _____

What are usual eating hours: Breakfast _____ Lunch _____ Dinner _____

Do you have any concerns about your child's eating habits? Yes No

If yes, describe _____

Safe Sleeping Position for Infants Procedure

At Children of America we follow the recommendations made by the American Academy of Pediatrics. Infants who cannot turn over will be placed on their backs to sleep.

For School- Aged Children

Parent Permission for Transportation

We have permission to pick up your child on a daily basis from _____ and transport him/her to Children of America _____ location.

We may plan field trips for the children away from school. These trips are carefully arranged and are supervised by competent adults, meeting ratio requirements. You will always receive advanced notice of all field trips. We have permission to take your child on these field trips.

Parent Signature _____

Swim Assessment: My child is: Non-swimmer Beginning swimmer Intermediate swimmer Advanced swimmer

Please choose all that apply: Can use a diving board Can use a slide Has a fear of the water

Free swim and water play may be included throughout the year. The center may use a nearby pool. The pool will be staffed with certified life guards, as well as additional staff from the center.

My child _____

Is permitted to participate in swimming and/or water play activities Is not permitted to participate in swimming and/or activities

List any chronic physical problems: _____

Other programs/schools currently enrolled in: _____ Grade Level: _____

Parent/Guardian Signature _____

Medical Information

Allergies or Intolerance _____

Treatment _____

Last Tetanus/diphtheria booster: _____

Current Medications _____

Child's Physician _____ Phone _____

Office Name _____

Address _____

City _____ State _____ Zip Code _____

Hospital Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Dentist Name _____

Office Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Health Insurance

Insurance Company _____ Phone _____

Policy Number _____

Office Name _____

Address _____

City _____ State _____ Zip Code _____

Previous Child Care Attended _____

Photo Consent

On various occasions, your child may be photographed while attending Children of America and it or its affiliated companies may use these photographs in program planning and/or public relations. They may also be used in various types of advertising or by public television, newspapers, magazines, and electronic or digital communication.

Children of America and its agents request the absolute right and your permission to copyright and/or publish, or use photographic portraits or pictures of your child or reproduction thereof in color or otherwise, made through any media for art, advertising, trade electronic or digital communication or any other lawful purpose whatsoever. These pictures may be used in conjunction with his/her own or fictitious name.

Yes, I do grant permission Yes, I grant permission for internal use only No, I do not grant full permission

Print Child's Name

Parent/ Guardian Signature

Date

PARENT INFORMATION

All information pertaining to a child or his/her family is kept confidential. Corporate representatives of Children of America may, when pertinent to the child's care, review the child's file. State licensing agencies and governmental authorities may also access the child's file to determine if Children of America is in compliance with the rules and regulations governing child care facilities.

Information, which includes the names and telephone numbers, may not be given to anyone else without the express permission of the family. Children of America publishes a directory of the school's families for use by other families at the school. Other families might request this information at other times as well.

- Yes, Children of America may publish my family's information in a directory and release the same information to other families in the school.
- No, Children of America may not publish my family's information in a directory and release the same information to other families in the school without receiving my permission each time.

PARENT RELEASE

I, _____, the parent or guardian of _____, do hereby release and hold harmless, Children of America and its employees from any liability or accident that may occur outside of the child care premises in the event that I retain the services of any Children of America employee for the care of my child(ren) outside the child care premises. I do also agree not to solicit Children of America employees away from the child care center for alternative employment opportunities.

Parent/Guardian Signature

Date

Witness

Date

Discipline Policy

Children of America's discipline policy is based upon a positive approach by relating each group's needs to age appropriate guidance techniques such as redirection, distraction, and diversion. Any form of corporal punishment is not allowed.

Nutrition Plan Procedure

I understand and approve the use of an alternative nutrition plan due to allergies or philosophical differences. I agree to provide the following meals and/or snacks to meet my child's nutritional needs:

- Breakfast
- A.M. Snack
- Lunch
- P.M. Snack
- Formula

Thank you for entrusting your child's care to Children of America. If, at any time you have any questions, comments or concerns, please contact your child's teacher or the Center Administrator. Together we can make this the best experience possible for your child.

OFFICE USE ONLY - IDENTITY VERIFICATION

If proof of identity is required, fill out the following:

Place of Birth	Birth Date	Birth Certificate No.	Date Issued
Other Form of Proof		Date Document Viewed	Person Viewing Document

Date of Notification of Local Law Enforcement Agency (when required proof of identity is not provided) _____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in your state, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in your state and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school i.e. before school program). While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.

Child Start Date _____ End Date _____