

# Children First Enterprises

## ANNUAL ENROLLMENT PACKET

Enclosed please find the **Annual Enrollment Packet**, which needs to be completed prior to a child's first day in the program and then **updated annually before each September**. Most of the questions are mandated by state regulations and a few are based on our years of experience running these programs. We realize that it is a lot of information to fill out, but hope that you appreciate how important it is for us to be informed and prepared to best care for your child(ren).

Please note that **EVERY LINE MUST BE FILLED OUT** – if the answer is “none,” write “none,” use N/A for “Not Applicable,” etc. **ALSO – PLEASE SET PRINT MARGINS APPROPRIATELY. THANK YOU!**

**Please note** that “parent information” must be completed for both parents regardless of custodial status or level of involvement. Also, emergency contacts should be “separate” -meaning different ways of contacting them. Two people with the same phone number are considered ONE contact. Enrollment forms will not be considered complete until checked by an administrator for blanks.

Please note that **only individuals listed under the TRANSPORTATION PLAN (pg 3) may pick your child up from the program without specific prior notice from you, even those listed as authorized pick-ups (pg 2).**

Please ensure that you have received and completed the following for the age group/level for your child(ren):

- Pre School Applicants – **#2 & 3 completed or updated annually**
  1. Developmental History (3 pages)- **Initial Enrollment only**
  2. Evidence of most recent Physical Examination (including results from Lead Test) and Certificate of Immunizations – **can use physician provided form**
    1. Individual Health Care Plan (if required for life-threatening allergy/illness, i.e., asthma, diabetes)
    2. Medication Administration Consent Form (if child requires medication of any kind)
  3. Basic Enrollment Packet (4 pages) :Face Sheet/Enrollment Form, Emergency Card Info/ Medical Care Consent Form, Transportation Plan and Authorizations, and Other Permissions and Releases
  4. USDA Ethnic Data Collection Form & Statement of Non-discrimination
  5. Fob Request form
  6. Automatic Withdrawal form (if automatic payment debit is desired)
  7. For your records: Pre FAQ, Admin FAQ, Meningococcal Sheet, Safety letter, Parent Handbook PDF (will be e-mailed to you unless otherwise requested)
  
- School Age Applicants (Kindergarten and up)– **#1, #2 (if applicable) completed or updated annually**
  1. Basic Enrollment Packet (4 pages) :Face Sheet/Enrollment Form, Emergency Card Info/ Medical Care Consent Form, Transportation Plan and Authorizations, and Other Permissions and Releases
  2. Copies of child's health record if the child does not attend in the Granby Public School System
    1. Individual Health Care Plan (if required for life-threatening allergy/illness, i.e., asthma, diabetes)
    2. Medication Administration Consent Form (if child requires medication of any kind)
  3. USDA Ethnic Data Collection Form & Statement of Non-discrimination
  4. Fob Request form
  5. Automatic Withdrawal Form (if automatic payment debit is desired)
  6. Homework Notice
  7. For your records: SA FAQ, Admin FAQ, Meningococcal Sheet, Parent Handbook PDF (will be e-mailed to you unless otherwise requested)

# FACE SHEET - ENROLLMENT FORM

Group Day Care _____	School Age _____	Program(s) _____	Date of Admission: _____
For office use only			Age at Admission _____

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

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

Primary Language \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Identifying Marks or features: \_\_\_\_\_ Allergies/Special Diets: \_\_\_\_\_

Individual Health Plan: for child with a chronic health condition (asthma, life-threatening allergy, diabetes, etc.)? If yes, please attach \_\_\_\_\_

Special Limitations or Concerns: \_\_\_\_\_

Child's Physician/Clinic: \_\_\_\_\_

Copies of any custody agreements, court orders, and/or restraining orders pertaining to the child? If yes, please attach: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION *(Both columns required, even if a parent is non-custodial)*

Parent/Guardian Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Work Phone # \_\_\_\_\_

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

Best way of contacting (emergency) \_\_\_\_\_

Best way (non-emergency) \_\_\_\_\_

- I give permission for Children First to administer sunscreen/bug screen as is necessary. **Parent/Guardian initials:**
- I give permission for my child to participate in the tooth brushing program mandated by the State. Children will receive new toothbrushes after three months of use; will use toothpaste with fluoride that is approved by the American Dental Association; and will be directly supervised by staff. **Parent/Guardian initials:**
- **(For School-Age participants)** 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:**

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

Date \_\_\_\_\_

# EMERGENCY CARD INFO – MEDICAL CARE CONSENT FORM

CF will  
attach  
child's  
photo  
here

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

ALLERGIES, CHRONIC HEALTH CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION (for children on MassHealth, provide the child's ID#):

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Special Instructions (if any): \_\_\_\_\_

## INSTRUCTIONS TO REACH PARENT/GUARDIAN(S):

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

## PEDIATRICIAN OR SOURCE OF HEALTH CARE:

Dr./Group Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Three (3) SEPARATE, mandatory, emergency contacts (other than parents) – in order to be contacted:**

Additional individuals authorized for pick-ups may be added on a separate sheet. NO individual, even those listed below, may pick-up a child without prior authorization from parent/guardian unless noted on Transportation Plan (next page).

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Do you give permission for the child to be released to this person? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Do you give permission for the child to be released to this person? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Do you give permission for the child to be released to this person? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## MEDICAL EMERGENCY TREATMENT:

- ❖ 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 facility and for my child to receive necessary emergency medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that a parent cannot be reached and when delay would be dangerous to the health of my child transport my child
- ❖ I authorize the staff of *Children First* who are certified in the basics of first aid/CPR to provide first aid/CPR when appropriate.

\_\_\_\_\_  
(Parent Signature)

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

# TRANSPORTATION PLAN AND AUTHORIZATIONS

Child's Name: \_\_\_\_\_ LEVEL: Pre \_\_\_\_\_ K \_\_\_\_\_ Grade: \_\_\_\_\_  
If applicable: School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Room #: \_\_\_\_\_

## ALL PROGRAMS – TRANSPORTATION PLAN

My child will arrive at the program by: \_\_\_\_\_ Parent Drop-off \_\_\_\_\_ Other: \_\_\_\_\_  
My child will depart the program by: \_\_\_\_\_ Parent Pick-up \_\_\_\_\_ Other: \_\_\_\_\_

["Other" may include school bus, special van, walking to/from class, etc. If regular drop-off /pick-up will be by someone other than a parent, please note here. Please include pertinent phone numbers if applicable (i.e., van pool phone #, etc.)]

Arrival/Departure Notes: \_\_\_\_\_

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

\_\_\_\_\_  
Date

### **PLEASE NOTE:**

By law, staff can only release children to those people listed on the consent form (pg 2). If needed, add pick-up people on a separate piece of paper and attach to the enrollment packet. Pick-up people should always be prepared to present identification.

**UNLESS an authorized pick-up is listed above, parents must pre-notify staff if someone other than the regular pick-up person should be expected and should call the program if a child will be late or absent.**

## ALL PARTICIPANTS

I recognize that sharing of information between the *Children First* staff and the staff at my child's current or future school is in the best interests of my child and that all information shared will be treated respectfully and confidentially. I hereby provide my authorized consent for information sharing between the *Children First* staff and the staff of my child's current or future school.

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

\_\_\_\_\_  
Date

## EAST MEADOW PARTICIPANTS

**Before School:** Staff will accompany my child to the East Meadow school bus.

**After School:** I authorize my child to arrive at the *Children First Center* (40 Pleasant St., Granby) via the Granby Public School System buses (or alternate arrangements as described above or in a written parental notice to be maintained in the child's file) and to walk to the program unaccompanied by *Children First* staff. I am aware that although the bus drivers monitor the children getting off the school bus, I recognize that my child may not be supervised by *Children First* staff as s/he walks between the bus and the program. I understand that I am responsible for my child prior to his/her arrival in the program. My child understands that s/he must report directly to the staff upon arrival.

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

\_\_\_\_\_  
Date

## AFTER SCHOOL PROGRAM

When there is homework, I want my child: \_\_\_\_\_ to complete it at the program  
*Please see attached "Homework Notice"* \_\_\_\_\_ to complete it at home  
\_\_\_\_\_ to make his/her own choice each day

Please initial each that applies and then sign below:

\_\_\_ I give permission for my child to return to his/her classroom with his/her classroom teacher (noted above) if needed.

\_\_\_ I give permission for my child to leave the program with the following West St. staff: \_\_\_\_\_

\_\_\_ I give permission for my child to leave the program for the following program(s), (i.e. Mad Science, Cub Scouts, Brownies, etc.):

Program Name & Dates: \_\_\_\_\_

**I understand that I am responsible for my child while s/he is away from the program.**

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

\_\_\_\_\_  
Initial Date

\_\_\_\_\_  
Modification Dates, as needed

## OTHER PERMISSIONS – ALL PROGRAMS

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

I give permission to the staff of *Children First Enterprises, Inc.*, to:

- |   | YES   | NO    |
|---|-------|-------|
| 1. Allow CF to place book club (Scholastic) info in my Parent Folder<br>(Materials will be sent home/displays on location; participation is voluntary.)   | _____ | _____ |
| 2. Allow CF to place fundraising information in my Parent Folder<br>(Materials will be sent home; participation is voluntary.)  | _____ | _____ |
| 3. Video/photograph my child to be shared with me (and other currently enrolled families)<br>(Used for <b>INTERNAL</b> purposes like parent collages, classroom display, newsletters)   | _____ | _____ |
| 4. Transport my child in case of emergency*<br><small>In an emergency, such as a natural disaster, evacuation of premises, etc. Please see <i>Parent Handbook</i> for a more detailed description of our emergency evacuation plan.</small> | _____ | _____ |

**WITH APPROPRIATE NOTICE AND INPUT from parent/guardian:**

- |  |       |       |
|--|-------|-------|
| 5. Videotape/photograph my child to be shown to prospective families<br>(Used for <b>EXTERNAL</b> display like website or brochures.)  | _____ | _____ |
| 6. Videotape my child for educational purposes (e.g., shown at training workshops or classes; specific details will accompany an additional consent form)  | _____ | _____ |
| 7. Allow newspaper or television personnel to photograph/film my child at program events and to publish or transmit these images   | _____ | _____ |
| 8. Allow my child's first name to be used in conjunction with an image.  | _____ | _____ |
| 9. Allow observations by specified individuals<br><small>(NAEYC validators, student interns, etc. Specific permissions will be sent home prior to each observation. There will be no interaction between observer and child and individual children will not be identified.)</small> | _____ | _____ |
| 10. Take my child on walking field trips (primarily in our big back meadow)<br>(Specifics would be made available prior to any off-site trip.)   | _____ | _____ |
| 11. Transport my child on field trips by bus (Primarily during summertime, and specific permissions will be sent home prior to each trip.)   | _____ | _____ |

**I acknowledge that a copy of the *Parent Handbook* has been made available to me and that I know that I am responsible for knowing the policies and procedures specified therein. Parent/Guardian initials:**

**Additional Information**

Please use the space below to identify any issues not covered within the enrollment packet that would be helpful for staff to know (i.e., divorce or custody issues, behavioral issues, social or developmental issues, etc.):

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

\_\_\_\_\_  
Date