

Children First 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 (which are in addition to parent 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 appropriately designated in this enrollment form may pick up your child from the program without specific prior notice** from you. **All non-parental pick-up authorizations must be made in writing and kept on file.**

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

All Applicants: #1, #2 (if applicable) completed or updated annually

1. Basic Enrollment Packet (5 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 they are not on file with the child's public or private school
 1. Individual Health Care Plan (if required for life-threatening allergy/illness, i.e., asthma, diabetes, NOTE - physician's form is typically not adequate)
 2. Medication Administration Consent Form (if child requires medication of any kind)
3. USDA Ethnic Data Collection Form & Statement of Non-discrimination - **Initial Enrollment only**
4. Fob Request form - **Initial Enrollment only**
5. Automatic Withdrawal Form (if automatic payment debit is desired)
6. For your records: Parking Lot & Safety letter, Parent Handbook PDF (will be e-mailed to you unless otherwise requested), calendar & fee sheet, meningococcal handout, Lake Wyola info, frequently-used forms, and FAQ's

Toddler & Pre School Applicants ONLY:

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

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 Needed? For a child with a chronic health condition (asthma, life-threatening allergy, diabetes, etc.) **If yes, please attach.**

Special Limitations or Concerns: _____

Child's Physician/Clinic: _____
NAME ADDRESS PHONE

Are there 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 _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Home Address _____ Home Address _____

Home Telephone # _____ Home Telephone # _____

Cell Phone # _____ Cell Phone # _____

E-Mail _____ E-Mail _____

Place of Employment _____ Place of Employment _____

Business Address _____ Business Address _____

Work Phone # _____ Work Phone # _____

Hours at Work _____ Hours at Work _____

Best way of contacting (emergency) _____ Best way of contacting (emergency) _____

Best way (non-emergency) _____ Best way (non-emergency) _____

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.):

Parent/Guardian Signature - PAGE 1

Date (valid for one year)

EMERGENCY CARD INFO – MEDICAL CARE CONSENT FORM

CF will
attach
child's
photo
here

Child's Name: _____

Date of Birth: _____

ALLERGIES, CHRONIC HEALTH CONDITIONS (may require an Individual Health Care Plan – IHCP):

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

Company Name: _____ 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: _____

REQUIRED – Three 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. Please indicate for each person whether the child may be released to them and whether they may pick-up without prior authorization from parent/guardian.

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: _____

Do you give permission for the child to be picked up without prior notice? 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: _____

Do you give permission for the child to be picked up without prior notice? 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: _____

Do you give permission for the child to be picked up without prior notice? 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.

❖ 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/Guardian Signature - PAGE 2

Date (valid for one year)

TRANSPORTATION PLAN AND AUTHORIZATIONS

Child's Name: _____ LEVEL: Toddler/Pre _____ K _____ SA - Grade: _____
If applicable: School: _____ Teacher's Name: _____ Room #: _____

ALL PROGRAMS – TRANSPORTATION PLAN

My child will arrive at the program by: _____ Parent Drop-off _____ School bus _____ Other: _____
My child will depart the program by: _____ Parent Drop-off _____ School bus _____ Other: _____

["Other" may include special van, 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 - Page 3

Date (valid for one year)

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.

Parents must notify staff if someone other than the regular pick-up person or an "anytime" authorized person should be expected at pick-up and should also call the program if a child will be late or absent.

ALL PARTICIPANTS – Regardless of Age/Program

I recognize that sharing of information between the CF staff and the staff at my child's current/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 CF staff and the staff of my child's current/future school.

Parent/Guardian Signature

Date

GRANBY PUBLIC SCHOOL PARTICIPANTS

Before & After School: Staff will supervise my child between the program and the school bus.

Before & After School (children ages 9 and up): I authorize my child to depart from and/or arrive at the *Children First Center* 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 out of/into the program unaccompanied by *Children First* staff. I am aware that although the bus drivers monitor the children getting on/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

ALL CF SCHOOLAGE PROGRAM (grades K and up) PARTICIPANTS

I authorize my child, when s/he is age seven or older, to participate in activities within the approved indoor space without constant visual supervision by the educator(s) on duty. Educators will be aware of my child's location, monitor their activity at regular intervals, and will be readily available to assist children as needed, including, but not limited to responding immediately to an emergency situation.

Parent/Guardian Signature

Date

Child not yet seven DOB: _____

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

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
(Materials will be sent home/displays on location; participation is voluntary.) | _____ | _____ |
| 2. Allow CF to place fundraising information in my Parent Folder
(Materials will be sent home; participation is voluntary.) | _____ | _____ |
| 3. Video/photograph my child to be shared with me (and other currently enrolled families)
(Used for INTERNAL purposes like parent collages, classroom display, newsletters, the REMIND app) | _____ | _____ |
| 4. Transport my child in case of emergency*
<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
(Used for EXTERNAL 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
<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)
(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.) | _____ | _____ |

Program Activity-Related Releases:

Please note that you will be asked to update these forms annually and to complete new ones every 3 years. We recognize that these permissions may change as your child grows and moves throughout our program. You may update them at any time and will be asked to review them annually. Please initial after each item or indicate with a "NO" if applicable.

12. I give permission for Children First to administer sunscreen/bug screen as is necessary.
Parent/Guardian initials:
13. I give permission for Children First to administer topicals (diaper cream, chapstick, moisturizer, etc.), provided by me, as is necessary. **Parent/Guardian initials:**
14. 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:**
15. I give permission for or my child to have indoor and outdoor barefoot experiences throughout the day at Children First. **Parent/Guardian initials:**
16. **(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 - PAGE 4

Date (valid for one year)

17. Throughout the course of their time at Children First, your child may have an opportunity to participate in supervised, age-appropriate activities that may include a variety of materials requiring your permission for use. **Please cross out any that you do not want your child to participate in:**

Face Paint Nail Polish Washable tattoos/Henna Hair Spray/Gel/chalk Lotions/fragrance sprays

Your child may also have an opportunity to experience various new tastes, sampling new and different food items. Please indicate here any concerns or restrictions: _____

Parent/Guardian initials:

18. As you know, Children First strongly believes in the importance of outdoor play in the course of which children may encounter ticks. Should your child have a tick, we need to determine your preferred course of action.

Please CIRCLE the preferred option:

- a. Remove & Document
- b. Contact me prior to action

Parent/Guardian initials:

19. **SCHOOL-AGE ONLY** – Children First prefers nature to media but does sometimes show movies that are either educational, tie into a theme being explored, or are, simply, a way for everyone to relax together (typically after a strenuous day or in case of inclement weather). It is important that we understand each family’s restrictions.

Please initial the appropriate box.

a. I want to be notified of the movie title and give permission before a PG rated movie is offered.
Whenever practical, notification and permission will be on a sign-up next to the sign-ins. If permission is missed, please indicate the best way to contact you:
Email: _____ Call: _____ Use REMIND: _____

b. I give permission for my child to view any PG-rated movie offered at Children First.

20. **ALL PARTICIPANTS:** We recognize the importance of communicating with each family regarding their child’s day as well as issues that might arise in the course of a day. Upon enrollment, you will be asked to sign up for a FREE app called REMIND that will allow us to text you. Please rate the following ways of contacting you in order of preference – #1 being the most preferred means of contact:

- Text via REMIND
- Email me at: _____
- Call me at: _____

21. **TODDLER/PRESCHOOL/KINDERGARTEN PARTICIPANTS:** You will also be asked to sign up for an account with *Teaching Strategies Gold* – an on-line assessment system that we use to assess your child twice a year prior to your biannual Parent conference. Please confirm the link when that has been sent to you.

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:**

Parent/Guardian Signature - PAGE 5

Date (valid for one year)