

ENFIELD CHILD DEVELOPMENT CENTER

110 High Street/132 South Road

Enfield CT 06082

Phone: 860-253-5212/860-763-7003

Fee Information: 860-763-7089

INFANT / TODDLER APPLICATION



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

**For Office Use Only**

Application Received	_____	Pay Stubs (4 weeks)	_____	Contract Signed	_____
		Child Support	_____	Infant Forms	_____
		Social Security (Parent)	_____		
Date of Entry	_____	Walk Permission	_____	Fee Letter	_____
Class	_____	Photo Permission	_____	Food Form	_____
Home Visit	_____	Emergency Release	_____	Bullying Info	_____
Emergency Contacts	_____	Medical Records	_____	EZ Care	_____
		Physical Date	_____	Red Book	_____
Birth Certificate	_____	Health Insurance Info	_____	Lisa	_____
Official School Schedule	_____	<b>Registration Fee \$50.00</b>	_____	Class Book	_____
		<b>Due upon entry</b>		Travel Book	_____
Comments	_____				

**APPLICATION FOR:**

**Infant** \_\_\_\_\_ **Toddler** \_\_\_\_\_ **Date care needed** \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Child's Sex \_\_\_\_\_ male \_\_\_\_\_ female

Child's Date of Birth \_\_\_\_\_ Child's Place of Birth \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Health Insurance held on child: \_\_\_\_\_ Through an  
Insurance Identification Number \_\_\_\_\_ employer \_\_\_\_\_ Public(Husky) \_\_\_\_\_ None \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Date of Birth \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_

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

\_\_\_\_\_

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

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

Mother's Work or School Name \_\_\_\_\_ Father's Work or School Name \_\_\_\_\_

\_\_\_\_\_

Mother's Work or School Address \_\_\_\_\_ Father's Work or School Address \_\_\_\_\_

\_\_\_\_\_

Mother's Work or School Phone \_\_\_\_\_ Father's Work or School Phone \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Mother's Work or School Hours \_\_\_\_\_ Father's Work or School Hours \_\_\_\_\_

\_\_\_\_\_

Mother's Work or School Days \_\_\_\_\_ Father's Work or School Days \_\_\_\_\_

\_\_\_\_\_

Mother's Weekly Gross Income \_\_\_\_\_ Father's Weekly Gross Income \_\_\_\_\_

Mother's home/work e-mail address: \_\_\_\_\_ Father's home/work e-mail address: \_\_\_\_\_

**Phone to call while child in day care:** \_\_\_\_\_ **Phone to call while child in day care:** \_\_\_\_\_

Do you presently have an active Care 4 Kids certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

**RESPONSIBLE PERSONS (OTHER THAN PARENTS) WHO MAY BE CALLED IN AN EMERGENCY SITUATION: (You must list at least two) (Must have signed emergency contact forms submitted)**

1. \_\_\_\_\_  
Name Relationship to Child Number to call if Emergency
2. \_\_\_\_\_  
Name Relationship to Child Number to call if Emergency

**PERSONS AUTHORIZED BY YOU TO PICK UP YOUR CHILD (MUST HAVE TWO):**

1. \_\_\_\_\_
2. \_\_\_\_\_

Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Re-married \_\_\_ Single \_\_\_ Widowed \_\_\_

If parents are not together (living in the same household), does the absent parent have authorization to pick up the child? \_\_\_\_\_ To be called in case of an emergency or illness? \_\_\_\_\_ Does the child see the absent parent? \_\_\_\_\_ How often? \_\_\_\_\_

**Legal documentation must be provided regarding custody issues. If parent is on the birth certificate and not authorized to pick up, we will need court documentation to support this; otherwise legally both parents will be authorized to pick up.**

What is place of this child in the family? Only \_\_\_ Oldest \_\_\_ Youngest \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ Other \_\_\_

All persons living in the home:

- |    | <u>Name</u> | <u>Birth date</u> | <u>Relationship to child</u> |
|----|-------------|-------------------|------------------------------|
| 1. | _____       | _____             | _____                        |
| 2. | _____       | _____             | _____                        |
| 3. | _____       | _____             | _____                        |
| 4. | _____       | _____             | _____                        |
| 5. | _____       | _____             | _____                        |
| 6. | _____       | _____             | _____                        |

Who cares for the child now? \_\_\_\_\_

Why are services needed? \_\_\_\_\_

Who referred you to Enfield Day Care? \_\_\_\_\_

Other agencies which the family has used:

VNA \_\_\_\_\_ Neighborhood Center \_\_\_\_\_ WIC \_\_\_\_\_ Welfare Assistance \_\_\_\_\_ Mental Health Clinic \_\_\_\_\_

Day Care \_\_\_\_\_ DCF \_\_\_\_\_ Youth Services \_\_\_\_\_ Other \_\_\_\_\_

# HEALTH AND DEVELOPMENTAL HISTORY

How do you feel about placing your child with us? \_\_\_\_\_

Is any other language besides English spoken in the home? Yes No

If yes – Which Ones \_\_\_\_\_

Are parents in good health? \_\_\_\_\_

Have either you or your doctor noted that your child has had:

_____ high fever	_____ eczema	_____ constipation	_____ asthma	_____ earaches
_____ hives	_____ seizures	_____ rashes	_____ toothaches	
_____ wheezing	_____ speech problems	_____ nose bleeds	_____ vomiting	
_____ difficulty seeing	_____ difficulty hearing	_____ diarrhea	_____ frequent colds	

If “YES” is answered to any of the above, please explain **how often** it occurs, **cause**, and **treatment** given.

Please list all allergies including food, medication, insect bites, or stings. *Documentation from your child’s physician must be provided.* \_\_\_\_\_

Has your child had any of the following illnesses?

_____ chicken pox	_____ “red” or “hard” measles	_____ strep throat
_____ “German” or “hard” measles	_____ impetigo	_____ mumps
_____ pin worms	_____ meningitis	
_____ other medical problems?		

Please explain: \_\_\_\_\_

Please list any medication given regularly with an explanation of its use: \_\_\_\_\_

Has your child ever:

_____ had broken bones	_____ been hospitalized	_____ ingested a poisonous substance
_____ had burns	_____ had surgery	_____ had cuts requiring a doctor
_____ other accidents		

Please explain if you answered “YES” to any of the above \_\_\_\_\_

Describe any problems during pregnancy and birth: \_\_\_\_\_

\_\_\_\_\_

Describe any problems during infancy: \_\_\_\_\_

\_\_\_\_\_

Are there any special goals you have for your child this year? \_\_\_\_\_

\_\_\_\_\_

History of colic? \_\_\_\_\_ Is baby's skin highly sensitive? \_\_\_\_\_

Frequent diaper rash? \_\_\_\_\_

Do you use: Ointment? \_\_\_\_\_ Powder? \_\_\_\_\_ Lotion? \_\_\_\_\_ Other? \_\_\_\_\_

**(Must have topical ointment form filled out prior to use)**

Describe child's typical daily schedule: \_\_\_\_\_

\_\_\_\_\_

Length of time this schedule has been in use \_\_\_\_\_

Have records of feeding been kept? \_\_\_\_\_ Any special feeding problems? \_\_\_\_\_

Does your child eat unassisted? \_\_\_\_\_ Does he/she enjoy eating? \_\_\_\_\_

Child's food preferences \_\_\_\_\_

Dislikes \_\_\_\_\_

How has child been fed? Held in lap \_\_\_\_\_ Highchair \_\_\_\_\_ Other \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_ What time? \_\_\_\_\_

How frequently do accidents occur? \_\_\_\_\_

Has toilet training been attempted? \_\_\_\_\_ What is used at home? \_\_\_\_\_

Potty-chair? \_\_\_\_\_ Special toilet seat \_\_\_\_\_ Regular toilet seat? \_\_\_\_\_

Does child use a pacifier or suck thumb? \_\_\_\_\_ Does child pull to a self-standing position? \_\_\_\_\_

Crawl? \_\_\_\_\_ Walk with support? \_\_\_\_\_

Does child have a "fussy" time? \_\_\_\_\_ When? \_\_\_\_\_

How is it handled? \_\_\_\_\_  
\_\_\_\_\_

Does your child use one-word phrases? \_\_\_\_\_ Two-word phrases? \_\_\_\_\_

List any words or sounds used for familiar objects or needs \_\_\_\_\_

## **SLEEPING**

What time does child go to bed? \_\_\_\_\_ Awaken \_\_\_\_\_

When is he/she ready for sleep? \_\_\_\_\_ Does he/she have own room? \_\_\_\_\_

Own bed? \_\_\_\_\_ Does he/she walk, talk, or cry at night? \_\_\_\_\_

What does he/she take to bed with him/her? \_\_\_\_\_

What is his/her mood on awakening? \_\_\_\_\_

Does he/she take naps? \_\_\_\_\_ From when \_\_\_\_\_ To when \_\_\_\_\_

## **SOCIAL RELATIONSHIPS**

Has your child had experience playing with other children? \_\_\_\_\_

By nature is he/she friendly? \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

Aggressive \_\_\_\_\_ If so, please describe \_\_\_\_\_

How does he/she get along with brothers and sisters? \_\_\_\_\_

Other adults? \_\_\_\_\_

With which age group does your child prefer to play? \_\_\_\_\_

Is he/she known by any children in the Enfield Day Care Center? \_\_\_\_\_

Does he/she appear to enjoy being alone? \_\_\_\_\_

How does he/she relate to strangers? \_\_\_\_\_

Does he/she demand a lot of adult attention? \_\_\_\_\_

What makes him/her upset? \_\_\_\_\_  
\_\_\_\_\_

How does he/she show feelings? \_\_\_\_\_

What methods do you use when he/she behaves in a way that you do not approve of? \_\_\_\_\_  
\_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

Animals? \_\_\_\_\_ People? \_\_\_\_\_ Rough children? \_\_\_\_\_ Loud noises? \_\_\_\_\_

Darkness? \_\_\_\_\_ Storms? \_\_\_\_\_ Anything else? \_\_\_\_\_

Favorite toys and activities at home \_\_\_\_\_

\_\_\_\_\_

Does he/she like to be read to? \_\_\_\_\_ Listen to music? \_\_\_\_\_

In what particular ways can we help your child this year? \_\_\_\_\_

\_\_\_\_\_

Program staff use a variety of formal and informal ways (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and any information families wish to share about their socioeconomic, linguistic, ethnic, religious, and cultural backgrounds.

Are there any special values or family traditions that you practice at home that you would like to let us be aware of?

\_\_\_\_\_

\_\_\_\_\_

What time (day, evening, lunch hour) will you be able to attend parent and teacher conferences? \_\_\_\_\_

Is there any other information about your child which you would like to include?

\_\_\_\_\_

List any daycare or home daycare which your child has attended:

NAME	LOCATION	REASON FOR LEAVING
------	----------	--------------------

_____	_____	_____
-------	-------	-------

If there are special medical/psychological findings, please sign the authorization release so that we can obtain the information

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

## Confidentiality Policy

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by Enfield Child Development Center, will be accessible to the parent or legal guardian. The following persons will also have access to the file; administrators of the center, center secretary, child's current classroom teachers, nurse consultant, Department of Public Health (Licensing Agent), and the National Association for the Education of Young Children (NAEYC). Information concerning your child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian. All files are locked in the secretary's office and accessible through authorization only.

Please use the space below or the back of this paper if there is any other information about your child which you would like to include:

**ENFIELD CHILD DEVELOPMENT CENTER**

110 High Street/132 South Road

Enfield CT 06082

Phone: 860-253-5212/860-763-7003

Fax: 860-253-5393/860-763-2960

**Authorization for Release of Requested Information  
For collaboration between agencies**

I hereby authorize and request – Please check those that apply:

	Name of Agency	Telephone Number
<input type="checkbox"/> Academic	_____	_____
<input type="checkbox"/> Medical	_____	_____
<input type="checkbox"/> Social	_____	_____
<input type="checkbox"/> Psychological	_____	_____
<input type="checkbox"/> Other	_____	_____

If you checked any of the above, please provide the appropriate agency name and telephone number.

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

Date of Birth: \_\_\_\_\_

To: **Enfield Child Development Center**

These reports should be sent to:

Enfield Child Development Center

110 High Street/132 South Road

Enfield CT 06082

Fax number: 860- 253-5393/860-763-2960

Phone number: 860- 253-5212/860-763-7003

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

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PERMISSION FORM

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

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

Address \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

WALK PERMISSION

I hereby grant permission for my child to participate in all the routine activities of the *Enfield Child Development Center*. These activities may include indoor and outdoor play, special field trips that are within walking distance, etc.

\*Please note any exceptions \_\_\_\_\_

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

PHOTOGRAPH PERMISSION

I hereby do \_\_\_\_ do NOT \_\_\_\_ allow the *Enfield Child Development Center* to use and/or reproduce photographs taken of my child for classroom use only.

I hereby do \_\_\_\_ do Not \_\_\_\_ allow the *Enfield Child Development Center* to use and/or reproduce photographs taken of my child for publicity purposes, including but not limited to newspapers, television, internet, etc.

\*Please note any exceptions \_\_\_\_\_

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

EMERGENCY PERMISSION

In case of emergency, when or if I cannot be reached, I hereby authorize the *Enfield Child Development Center* to take my child to a hospital, and I also authorize treatment by the doctor on call or to the Ambulatory Care Center in Enfield and any emergency personnel to provide the necessary treatment. I also agree that I will be responsible for the cost of the said medical care.

\*Please note any exceptions \_\_\_\_\_

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

\_\_\_\_\_  
Date

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## EMERGENCY CONTACT VERIFICATION

Dear \_\_\_\_\_,

Your name has been submitted as an emergency contact person for (Child's Name) \_\_\_\_\_ . When parents cannot be reached, you will be called on to accept parental responsibility in an emergency situation.

Please sign your name below if you are willing to accept and are available to serve in this capacity.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PHONE NUMBER TO CALL IF EMERGENCY: \_\_\_\_\_

***This form must be signed by the emergency contact***

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