45 N. 9th St. Easton, PA 18042
Phone: 908-329-7366
Email: Info@EastonChildDevelopment.com
Website: www.EastonChildDevelopment.com

Enrollment Application		
Child's First Name:	**Middle Name:**	**Last Name:**
Nickname:	**Date of Birth:**	
Child's Street Address:		
City:	**State:**	**Zip Code:**
Parent #1 Information		
Parent First Name:	**Middle Name:**	**Last Name:**
Street Address:		
City:	**State:**	**Zip code:**
Work Phone:	**Cell Phone:**	**Email:**
Parent #2 Information		
Parent First Name:	**Middle Name:**	**Last Name:**
Street Address:		
City:	**State:**	**Zip code:**
Work Phone:	**Cell Phone:**	**Email:**

Getting To Know Your Child

Please answer the following questions below. This valuable information will help your child's teacher(s) get to know you and your family a little better. Use additional paper if needed. There are no "Correct" answers. Every child and parent is unique. Use this form as a way to reflect on your family, personal values and your child.

1. **List previous experiences in day care and/or preschool. Include length of time, name of facility, number of children attending and your child's overall experience. If no prior school experience, list experience with prior child care centers or group homes (i.e. grandma, nanny, solely with parents, etc.)**

2. **When you think of your child's unique qualities, what comes to mind?**

What makes you laugh?

What amazes you?

What inspires you?

What does your child teach you?

What drives you nuts?

3. **How does your child behave when frustrated or angry? What things might set your child off? What strategies have you found successful for dealing with such behavior? How does your child take care of themselves in these moments?**

Continued Question #3 answer space:

4. **Are there any behaviors you would like to see change in your child?**

5. **Has your child had any recent traumas? If so, please describe.**

6. **What types of play and learning activities do you currently pursue at home? Does your child take any classes or lessons outside of school?**

7. **How does your child interact with the media (movies, television, video games, computers, etc.)? What is their exposure?**

8. **Who does your child live with? (Parents, siblings, grandparents, roommates, pets, etc.) Tell us a little about these special people or animals in your child's life.**

9. **Please tell us about other special people in your child's life. Does he/she have special peers? Does he/she have opportunities to spend time with grandparents or other extended family?**

10. **Describe the following for your child:**

Eating Habits:

Sleeping Habits (special comfort items and/or rituals and routines):

Fears:

Likes/Dislikes:

Special words & their meanings:

Other languages spoken:

11. **Does your child have any allergies? If so please share more with us about your child's allergic reactions and the steps needed to help him/her during an allergy attack. If your child has specific allergy medicine, you will need to fill out a separate medication authorization form for each medication. We would also like for you to meet with our staff to discuss further administration procedures for this medication.**

Parent Profile (Getting to know you)

1. **Please tell us a little about yourself.**

Where did you grow up?

What do you enjoy doing?

What do you do to earn a living?

What is your cultural heritage?

Do you speak any other languages?

2. **Please tell us about your relationship with your child. How do you spend time together?**

3. **What are some of your family's special traditions?**

Classroom Involvement

4. **Are you available to volunteer in the classroom, to help with class projects, serving lunch, or documentation? If so, please tell us which of these opportunities most interests you. What types of projects or activities would you be interested in sharing with our students?**

5. **What days of the week are you available than others? (if any)**

6. **Are you available to chaperone for field trips?**

7. **Is there anything else you would like us to know about you? Other family circumstances you would like us to be aware of? Other ways you would like to help out? Other ways you feel we can support your family etc.?**

8. **Are you available to help us from home with any of the following?**

[ ] Scrap booking

[ ] Field Trip Planning/Coordination

[ ] Projects

[ ] Photocopying/Printing

[ ] Other: _____

Community Involvement

9. Are you interested in working on one of our parent committees? Fundraising (book sales, bake sales, silent auction, parent's night out, and other fundraising opportunities), Community Involvement (Garden work parties, annual art show, and other community projects), Strategic Planning (Meet to plan for the future growth of The Child Development Center of Easton and the development of our teacher support systems and practices)?

10. Do you have any other comments/suggestions/ideas about your involvement with the school community?

11. Additional Comments:

Emergency Contact Information

Child's First Name:	Middle Name:	Last Name:
Nickname:	Date of Birth:	
Child's Street Address:		
City:	State:	Zip Code:

Parent #1 Information

Parent First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:

Parent #2 Information

Parent First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:

Emergency Contact Person(s)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Person(s) To Whom The Child May Be Released

First Name:	Last Name:	Relationship:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:
First Name:	Last Name:	Relationship:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:
First Name:	Last Name:	Relationship:

Street Address:		
City:	**State:**	**Zip code:**
Work Phone:	**Cell Phone:**	**Email:**

Parent Authorization

I _____ (Parent Name Printed) Authorize, The Child Development Center of Easton and its employees to release my child _____ (Child's Name Printed) to ONLY the individuals listed above. I understand that I must update this form each time that I need to make changes to the authorized release list or emergency contact list.

Parent Full Name: _____

Parent Signature:_____ Date:_____

Child's Physician/Medical Care Provider Information

Physician Name:		**Phone Number:**
Street Address:		
City:	**State:**	**Zip code:**

Special Disabilities (if any):	**Allergies (Including medication reaction):**
Medical or Dietary Information necessary in an emergency situation:	**Medication, special conditions:**
Additional Information on Special Needs of child:	
Name of Health Insurance coverage for child or medical assistance benefits:	**Policy Number (Required):**

Parent's signature is required for each item below to indicate parental consent

Obtaining Emergency Medical Care	**Administration of minor First-Aid Procedures**
Walks and Trips	**Swimming**
Transportation by the facility	**Wading**

Parental Photo Release

At The Child Development Center of Easton, we take many pictures. Mostly we take pictures for displays in our center and for our parents' personal use. We also take pictures for promotional and website use. Please accept or decline what we are allowed to do with the photographs of your child. Please read each description and sign your signature in the appropriate section.

I grant The Child Development Center of Easton the right to take photographs of my child and my family, relating to their child care experiences at the facility and on outings or field trips to be given to me as gifts.	**Accept: x_____** **Decline: x_____**
I authorize The Child Development Center of Easton, it's employees, representatives, agents and assigns to copyright, use and publish your child's photo in print and/or electronically for marketing, publicity and advertising (ex. Brochures, newspapers and newsletters)	**Accept: x_____** **Decline: x_____**
I agree that The Child Development Center of Easton may use such photographs of my child without names for any lawful purpose, including such purposes as publicity, illustration, advertising and web content (ex. Website, Facebook)	**Accept: x_____** **Decline: x_____**

I do not wish to have my child photographed for any reason. I understand that this release will be in effect if my child is enrolled in The Child Development Center of Easton, unless a written request is submitted to the Center Director.
(Sign for NO PHOTOS) X_____

Handbook Acknowledgement

This is to certify that you have received a copy of The Child Development Center of Easton Parent Handbook.

Parent Signature:_____

Emergency Plan Acknowledgement

The Child Development Center of Easton's Emergency Plan will be executed in response to all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following protective actions:

A. **Immediate Evacuation: Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at a neighboring facility.**
B. **In-Place Sheltering: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.**
C. **Evacuation: Total evacuation of the facility may become necessary if there is danger in the area. In this case, children will be taken to a relocation facility: Easton Arts Academy Elementary Charter School located at 30 N. 4th St. Easton, PA 18042. If you are not sure how to get there, please ask for directions before there is an emergency. If it is necessary to relocate, a sign will be posted on the door stating which facility we have gone to.**
D. **Modified Operation: May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children, but may be necessary in a variety of situations.**

We ask that you do NOT call during an emergency. This will keep the main telephone line free to make emergency calls and relay information. The form designated persons to pick up your child (on your child's emergency contact form) is notified if we cannot reach a parent or guardian.

Please sign your name below indicating that you have read and understand the emergency procedures outlined above.

Parent Signature: _____

Child Pick-up Authorization

By signing your name below, you authorize The Child Development Center of Easton to release your child to the individuals listed below. This is in consonance with the Artisan Emergency Plan.

Child's name:	**Designated Custodian(s)**
	Name:
	Relationship to child:
	Name:
	Relationship to child:
Parent Name:	**Name:**
Parent Signature:	**Relationship to child:**

Transportation Authorization

By signing your name below, you permit The Child Development Center of Easton to transport your child in case of an emergency evacuation. I understand that the provider shall comply with applicable state laws and/or rules regarding the use of infant seats, child passenger systems and seat belts pursuant to Chapter 3270.171. Transportation possesses a valid automobile driver's license, valid vehicle inspection sticker and liability insurance.

Parent Signature: _____

Allergy Posting Permission Slip

In order to post medical/allergy information about children, staff must obtain written permission from the parent. Please fill out the following form, so that The Child Development Center of Easton has permission to post your child's name on our medical/allergy posting.

Child's Name:	**Allergy/Medical Condition:**

List of medications:	Parent Name:_____ Parent Signature:_____

Child Full Disclosure

In order for The Child Development Center of Easton to accommodate every child's personal needs, we need full disclosure of any mental illness or mental health condition. This allows staff to use different teaching techniques and make appropriate accommodations when necessary.

Does your child have a mental illness or mental health concern? [ ] Yes [ ] No

Does your child participate in any therapy or counseling? If yes please explain. [ ] Yes [ ] No

What support services does your child receive?

What agencies are currently working with your child?

Please provide your child's caseworker information:

Name:	Name:
Contact Number:	Contact Number:

What techniques work best when your child has behaviors?

Periodic Review

Parent Signature:	Date:
Parent Signature:	Date:

Agreement to Pay for Child Care Services

Child's Name:	D.O.B:	Classroom:

Fee Amount Per Week: $	Days Attending Per Week: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday

Services to be provided:
[ ] Transportation [ ] Before Care [ ] After Care [ ] Late Care/Overnight Care [ ] Summer Camp
[ ] Morning Pick-up [ ] Evening Drop-off

Child's Arrival Time:	Child's Departure Time:	Late Fee: $1.00 per minute after scheduled pick-up time will be assessed to the parent, and will be due upon pick-up.

CCIS/SUBSIDY PAYMENT OF CARE

Parent First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip code:
County of Subsidy:	Caseworker:	Casework Phone:
Weekly Subsidy Rate Paid: $	Classroom:	Co-Payment Amount Per Week: $

Authorized Start Date: End Date of Subsidy:	Days Attending Per Week: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday

Services to be provided:
[ ] Transportation [ ] Before Care [ ] After Care [ ] Late Care (After 7:00pm) [ ] Summer Camp
[ ] Morning Pick-up (If available) [ ] Evening Drop-off (If available)

Child's Arrival Time:	Child's Departure Time:	Late Fee: $1.00 per minute after scheduled pick-up time will be assessed to the parent, and will be due upon pick-up.

Parent Acknowledgement

I_____ (Parent Full Name), have received complete written program information at the time of enrollment and agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.

Center Director Signature:_____ Date:_____

Parent Signature:_____ Date:_____

Date of Child's Admission:	Date of Withdrawal:

Periodic Review

Parent Signature:	Date:
Parent Signature:	Date:

Emergency Contact Form

Child's First Name:	Middle Name:	Last Name:
Nickname:	Date of Birth:	
Child's Street Address:		
City:	State:	Zip Code:

Parent #1 Information

Parent First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:

Parent #2 Information

Parent First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:

Emergency Contact Person(s)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Person(s) To Whom The Child May Be Released

First Name:	Last Name:	Relationship:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:
First Name:	Last Name:	Relationship:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:
First Name:	Last Name:	Relationship:
Street Address:		
City:	State:	Zip code:
Work Phone:	Cell Phone:	Email:

Child's Physician/Medical Care Provider Information

Physician Name:	Phone Number:
Street Address:	
City:	State:	Zip code:
Special Disabilities (if any):	Allergies (Including medication reaction):

Medical or Dietary Information necessary in an emergency situation:	**Medication, special conditions:**
Additional Information on Special Needs of child:	
Name of Health Insurance coverage for child or medical assistance benefits:	**Policy Number (Required):**
Parent's signature is required for each item below to indicate parental consent	
Obtaining Emergency Medical Care _____	**Administration of minor First-Aid Procedures** _____
Walks and Trips _____	**Swimming** _____
Transportation by the facility _____	**Wading** _____

Parent Signature: _____ Date: _____