

HAPPY TRAILS PRESCHOOL ENROLLMENT PACKET

Please fill out these forms completely. If a question does not apply to your child, write N/A. The forms must be in the preschool's possession on or before the first day your child begins care. Please notify the preschool if any of the information changes.

General Information:

Child's Full Name _____

Date of Birth _____

Physical Description:

Hair Color _____ Eye Color _____

Sex _____ Height _____ Weight _____

Primary Language Spoken at Home ___ English _____ Other _____

Admission:

Date of Admission _____ Age at Admission _____

Anticipated Days and Times of Attendance:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Tuition agreed upon: _____/week.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Information:

Parent 1 Full Name _____ Telephone # _____

Home Address _____

Parent 2 Full Name _____ Telephone # _____

Home Address _____

Emergency Contacts:

Contact 1 Full Name _____ Telephone # _____

Home Address _____

Contact 2 Full Name _____ Telephone # _____

Home Address _____

Alternate Pick Up:

I authorize the following individuals to pick up my child from the program on a non-emergency basis:

Contact 1 Full Name _____ Telephone # _____

Home Address _____

Contact 2 Full Name _____ Telephone # _____

Home Address _____

Transportation:

Child will arrive to the program by:

Parent Drop Off

Bus

Private Transportation

Child will depart the program by:

Parent Pick Up

Bus

Private Transportation

Developmental History:

Age your child began to sit: _____

Age your child began to crawl: _____

Age your child began to walk: _____

Can your child speak? yes no | Age began to speak: _____

Does your child have any speech difficulties? yes no

Does your child have a history of colic? yes no

Does your child use a pacifier or suck thumb? yes no

Does your child have a fussy time? yes no

How do you handle this time?

Any special information or needs you would like us to know regarding development:

Health:

Any chronic health conditions? ___ yes ___ no

Any medication(s) taken on a regular basis? ___ yes ___ no

Any allergies? ___ yes ___ no

If you answered 'yes' to any of these questions, please explain:

Child's Health Care Professional:

Name _____ Telephone _____

Address _____

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking and possible side effects:

Toilet Habits:

Does your child use diapers? ___ yes ___ no

Is there frequent occurrence of diaper rash? ___ yes ___ no

Do you use powder, cream, petroleum jelly for diapering? ___ yes ___ no

Does your child have issues with constipation or diarrhea? ___ yes ___ no

Is your child toilet trained? ___ yes ___ no

What is used at home? ___ special child seat ___ regular seat ___ n/a

How does your child indicate bathroom needs (include special words) _____

Does your child have accidents? ___ yes ___ no

Sleeping Habits:

Your child sleeps in a ___ crib ___ bed

Does your child nap during the day? ___ yes ___ no

Your child's bed time _____ wake up time _____

Describe any special needs for sleep _____

Eating Habits:

Favorite foods _____ Foods refused _____

Difficulty eating/food intolerance/dietary restrictions? ___ yes ___ no

How is feeding done at home?

___ child fed on lap ___ high chair ___ on their own

Does your child eat with ___ spoon ___ fork ___ hands

Daily Schedule:

Please describe your child's schedule on a typical day:

Social Relationships:

How would you describe your child?

How does your child react to meeting other children? Playing alone?

How does your child react to meeting new adults?

Your child's favorite toys and activities?

Does your child have any fears?

How do you comfort your child?

What is the method of behavior management/discipline at home?

Written Acknowledgments:

I acknowledge that I have received a copy of the provider's family handbook as well as information regarding lead poisoning prevention.

Parent/Guardian Signature _____Date _____

I understand that I may visit this center unannounced at any time during the hours that my child is in care.

Parent/Guardian Signature _____Date _____

Permissions:

General Permission: I hereby give Happy Trails Preschool staff permission to take my child off the premises of the daycare for the following excursions: walks around the neighborhood. ____ yes ____ no, I do not give permission

Parent/Guardian Signature _____Date _____

Medical Emergency Transport and Treatment: I hereby give Sabrina Zache and trained staff permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature _____Date _____

Topical Medication/Ointments: I hereby give Happy Trails Preschool staff permission to administer the following: Sunscreen, Bug Spray, Diapering Ointment to my child's skin.

Parent/Guardian Signature _____Date _____

Authorization for Photographs or Videos: I hereby give Happy Trails Preschool staff permission to take photos and videos of my child for use in the classroom and via the app. ____ yes ____ no, I do not give permission

Parent/Guardian Signature _____Date _____

I hereby give Happy Trails Preschool staff permission to take photos and videos of my child for use on the daycare website and daycare facebook page. ____ yes ____ no, I do not give permission

Parent/Guardian Signature _____Date _____

If Applicable:

Copies of any custody agreements, court orders, restraining orders ____ yes
____ N/A

Name of school child attends _____ ____ N/A

Additional documentations:

Please add the following documentation to complete your child's
enrollment packet

- Immunizations
- Lead Screening
- Latest Physical

THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and
Care FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. 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 care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Parent/Guardian Name: _____ Phone _____

Parent/Guardian Name: _____ Phone _____

Emergency Contacts (In order to be contacted after attempting contact with parents)

Name _____ Address _____

Relationship to child _____

Cell Phone _____

Do you give permission for child to be released to this person? Yes _____

No _____

Name _____ Address _____

Relationship to child _____

Cell Phone _____

Do you give permission for child to be released to this person? Yes _____

No _____

Health Insurance Coverage _____

Policy # _____

Parent /Guardian Signature

Date (valid for one year)