

Cristina's Learning Center



Child's Enrollment Packet

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

•-----•

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

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School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

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:**

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Parent/Guardian Signature

Date

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: _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: _____

Name of Educator(s) responsible for child: _____

Name of off-site location and address: _____

Date of off-site activity: _____ Time Leaving Program: _____ Time Returning to Program: _____

Method of Transportation: _____ Fee associated with activity (if any): _____

****NOTE**** Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity

Child's Name: _____ Child's Date of Birth: _____

Parent's/Guardian's Name: _____ Phone Number: _____

I authorize child care program staff to secure necessary emergency medical treatment

Name of child's Physician, Address, phone number: _____

Child's allergies, health conditions, or Individual Health Plan: _____

Health Insurance Plan and Policy #: _____

Emergency Contact Name: _____ Contact #: _____

(Parent/Guardian Signature) (Date)

This form must accompany each child on the off-site activity

Transportation Plan

Cristina's Learning Center does not transport children to and from school, to home or to and from public schools. Cristina's learning Center employees will never provide transportation in their personal vehicle. If a child is injured while in care at the center and needs transportation to a medical facility, an ambulance will be called to transport.

At times, our program attends field trips to where an outside agency is contacted to provide transportation to the activity and back to the center. teachers take along written permission slips for transportation, emergency telephone numbers for each child, first aid kit and a cell phone to call the center in an event of an emergency while the children are away from the center. Teachers from Cristina's Learning Center will always be in attendance and in charge of the group of children.

I _____, have received the transportation plan and understand that Cristina's Learning Center will not transport my child _____ to or from the center. In the event of a field trip an outside agency will transport my child to the activity and back to the center. In the event of an emergency, an ambulance will be called.

Parent/Guardian Print Name

Date

Parent/Guardian Signature

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
- * Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
- *Do you use: oil: _____ powder: _____ lotion: _____ other: _____
- *Are bowel movements regular? _____ How many per day? _____
- *Is there a problem with diarrhea? _____ Constipation? _____
- *Has toilet training been attempted? _____
- *Please describe any particular procedure to be used for your child at the center: _____

- *What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
- *How does your child indicate bathroom needs (include special words): _____
- Is your child ever reluctant to use the bathroom? _____
- Does your child have accidents? _____

SLEEPING HABITS

- *Does your child sleep in a crib? _____ Bed? _____
- Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

- When does your child go to bed at night? _____ and get up in the morning? _____
- Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

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

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

CHILD PICK-UP AUTHORIZATION FORM

The people listed below have my authorization to pick up my child from the Learning Center. I will inform my child’s director/teacher, each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below, if I am unavailable. I also realize that they will be required to provide proper identification each time that they arrive at the center.

Child’s Name _____

Main pick-up person:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Additional persons who may pick up child/children on a less frequent basis:

1.) Name: _____

Address: _____

Relationship: _____

Phone: _____

2.) Name: _____

Address: _____

Relationship: _____

Phone: _____

Any person(s) NOT authorized to pick up my child/children:

Parents Signature: _____ Date: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Cristina's Learning Center



Photo Permission

Media/Photography: Consent and Release Form

Cristina's Learning Center

We would appreciate it if parents completed this consent form in order to allow child(ren) to be photographed during special events or normal day to day activities organized at Cristina's Learning Center. In order for a child to have their photograph taken, they must have a consent form on file at Cristina's Learning Center.

If you do not want to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of child/children at Cristina's Learning Center, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at Cristina's Learning Center during normal hours, field trips, or activities.
- I understand and grant permission that these photographs may be used in school newsletters or mounted on the Cristina's Learning Center website.

The following are names of my children attending Cristina's Learning Center:

(Please print your child's full name):

Yes, I confirm that I have read and understand the above and agree to have my child(rens) photo mounted on the Cristina's Learning Center website or newsletters.

No, I do not wish to have my child(ren) photographed.

Parent Name (Print): _____

Parent Signature: _____

Date: _____

Cristina's Learning Center



225 Robeson Street * Fall River * Massachusetts * 02720

(508) 730-2001

Ages: 6 Weeks – 5 Years Old Hours of Operation: Monday – Friday 7:30 AM – 4:30 PM

Daily Walk Permission Form

Program: Cristinas Learning Center

Address: 225 Robeson Street

Fall River, MA 02720

Child's Name: _____

I, _____, give permission for my child to go to

(Parent/ Guardian's Name)

Ruggles Park for their 1-hour outdoor play by walking, daily.

From: 10:00 AM To: 11:00 AM

Date: _____

(Parent/Guardian's Print Name)

(Parent/Guardian's Signature)



CRISTINAS LEARNING CENTER
ENROLLMENT INQUIRY FORM

Date: _____

Parent's Name _____

Address _____

Phone _____

Child's Name _____

Child's DOB _____

Schedule Days

Hours: _____ TO _____

Starting Date: _____

HOW DID YOU HEAR ABOUT US?

OFFICE USE ONLY

Registration Fee \$25.00 (Non-refundable)

Paid by:

Cash: _____ Check: _____ P.A.C.E (please check box):

Trial Period and Termination of Service [(7.04(17) (i))]

Trial Period and Termination of Service: the first two weeks of enrollment are considered a probationary period; the parent or caregiver may terminate the agreement by giving two weeks written notice. If the parent does not provide two weeks’ notice, fees for two weeks are still required. The caregiver retains the right to terminate this contract without notice in the event of destructive, uncontrollable, or violent behavior or in case of delinquent fees. In the event your child needs a daycare setting different from what we offer. I can help with referral. DISCLAIMER: I/We hereby agree to comply with the rules and regulations of Cristina’s Learning Center regarding fees, attendance, health, clothing, and other items specified in the Parents’ Handbook issued by Cristina’s Learning Center. I am aware of the scheduled childcare holidays. The information contained in the Parent Handbook as well as the rates are subject to change. You will be notified in writing of any changes before they go into effect. By signing this agreement, I/we agree to honor all terms of this contract and the written policies of Cristina’s Learning Center now and in the future. Breach of this contract in any way from the parent/guardian, may result in immediate termination of all services. I have read the policy handbook and this agreement carefully and agree it is legal and binding, and by signing this agreement I/we agree to abide by the written policies of the provider. This agreement will be effective from the date of signature until termination of care.

Parent Signature

Date:

Provider’s Signature

Date:

Cristina's Learning Center

Parent Handbook Received

I _____, acknowledge that I have received and Read a copy of Cristina's Learning Center's Parent Handbook.

Childs Name

Date

Parent Signature



Welcome to brightwheel! Brightwheel is an all-in-one platform that makes communication and coordination much easier. It helps save time for staff members, while giving parents a closer connection to their child. It's free and takes only a few minutes to sign up.

Instructions:

- 1) Download the brightwheel app from the Apple App Store or Google Play
- 2) Create a new parent account
- 3) Enter your personalized parent invite code: will be given at time of enrollment

That's it! By entering your invite code, your account will automatically be linked to your child. You can also create an account online: visit www.mybrightwheel.com, and select Sign Up.

After you've signed up, here's a few suggested next steps:

- **Enter Your Info:** Tap your profile in the main menu (left side of app) to add a profile photo and update your contact info.
- **Choose a Check-in Code:** If your provider is using brightwheel's check-in system, you can set a custom 4 digit code in My Profile.
- **Update Your Child's Info:** Tap "edit" on your child's profile to view and update info.
- **Add Family or Approved Pick Ups:** You can invite parents, family, and approved pickups within your child's profile. For example, a nanny or friend who has your approval to pick up your child from school, or a grandparent that would like to see daily photos on brightwheel.

I _____ Parent/guardian of _____ (Child's name)
understand that Brightwheel is mandatory to download while my child is enrolled at cristinas learning center. I understand that Brightwheel is an all-in-one platform that makes communication and coordination much easier. I also understand that It helps giving parents a closer connection to their child.

Parent Signature: _____

Date: _____