



Private Pay: _____ Program: _____

Preferred Start Date: _____

ENROLLMENT FORM

Child's Name: _____ Sex: _____ DOB: _____ Child's Age: _____

Home Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Email Address: _____

Work Phone: _____ Cell: _____ Home Phone: _____

Father's Name: _____ Email Address: _____

Work Phone: _____ Cell: _____ Home Phone: _____

Cellular Provider: _____

Please indicate the program which will describe your child's attendance:

INFANTS & PRE-SCHOOL

____ Full Day Program Monday-Friday 7:30a.m-5:30p.m.

____ Full Day Program Monday, Wednesday, Friday 7:30a.m-5:30p.m.

____ Full Day Program Tuesday, Thursday 7:30a.m-5:30p.m.

ENRICHMENT (Pre-School Age Only)

____ Morning Enrichment Monday - Friday 8:30a.m.-11:30a.m.

____ Morning Enrichment Monday, Wednesday, Friday 8:30a.m.-11:30a.m.

____ Morning Enrichment Tuesday, Thursday 8:30a.m.-11:30a.m.

Any special circumstances/services/needs we should be aware of: _____

An enrollment fee of \$50 is due with this form. This fee is paid annually and is non-refundable

Date Received: _____ Enrollment Fee Paid: YES / NO

Orientation Date: _____ Time: _____ Administered by: _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
------------	--------	-------------------	--------	-----------------------------	--------

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
---------------------------------	--------------------------

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Development and Routine

Child's Name: _____ Date of Birth: _____

SLEEPING

Does your child have any difficulties falling asleep? YES _____ NO _____

If yes, what is helpful? _____

About how many hours of uninterrupted sleep does your child get each night? _____

Does your child sleep with a special blanket, toy pacifier, or song? _____

EATING

Does your child generally enjoy eating? YES _____ NO _____

Do you consider your child a good eater? YES _____ NO _____

If no please explain: _____

What are some of your child's favorite foods? _____

Is your child on a special diet? YES _____ NO _____

If yes please explain: _____

If your child has any food allergies, please list here: _____

Are there any foods from your home or culture that you would like to see us incorporate into our program? _____

What does your child eat with? Spoon _____ Fork _____ Hands _____

What does your child use to drink with?

Cup _____ Sippy _____ Bottle _____

Do you have concerns about your child's eating habits? YES _____ NO _____

If yes, please explain: _____

TOILETING

Does your child wear diapers? YES _____ NO _____

Does your child wear pull-ups? YES _____ NO _____

Do you have concerns about your child's toileting habits? YES _____ NO _____

If yes, please explain: _____

PLAY

Does your child have a favorite toy, object or song? YES _____ NO _____

If yes, please describe: _____

What activities and or toys does your child enjoy? _____

Do you have concerns about your child's playing habits? YES _____ NO _____

If yes, please explain: _____

GENERAL DEVELOPMENT

Do you have any concerns about your child's:

- Hearing? _____
- Vision? _____
- Speech and language development? _____
- Ability to move? _____
- Overall development? _____

What language is spoken at home? _____

SOCIAL AND EMOTIONAL DEVELOPMENT

Has your child ever been in group care? YES _____ NO _____

If yes, how many different settings? _____

How does your child respond to group stimulation? _____

What can we do to help your child adjust to our center? _____

How would you describe your child's temperament? _____

How does your child communicate his/her needs? _____

Do you have any concerns about your child social or emotional development or behavior?

YES _____ NO _____ If yes, please explain: _____

How do you comfort your child? _____

Permission to Photograph

I, _____ give permission for Chinowth Academy to photograph
(parent's or guardian's name)

my child, _____ for the following purposes:
(child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in art and craft projects		
Give photographs possibly containing your child to current clients		
Display in facility		
Display on website		
Display on printed materials		
Videos:		
Given to all parents of children enrolled		

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature: _____ Date: _____



Infant Needs of Service Feeding Plan

Name of Child:	Date of Birth:
Date:	
<p>Please tell us your child's current feeding schedule. Please include portion amounts, and times.</p>	
Breakfast:	
Snack:	
Lunch:	
Snack:	
List any food allergies:	
List likes and dislikes:	
Is your child on formula:	
If so what formula brand:	
Will you be providing breast milk:	

Chinowth Academy's Policies

1. All bottles must be sterile.
2. All nipples must be sterile.
3. All bottles, formula and food must be labeled with child's name and the current date.
4. You must bring breast milk in a disposable bag.
5. Breast milk must be clearly labeled with child name, date, and time collected.
6. Please bring breast milk defrosted.
7. Parents must supply a can of formula as needed.
8. Breast milk must be supplied daily.
9. If your child has a special diet we will need a note from his or her physician.
10. When your child can hold his or her own bottle we will start to introduce cups.
11. Utensils will be introduced as soon as a child can grasp items.
12. If for some reason we run out of formula for your child we will call you to bring formula or we will provide Similac if needed.
13. We are required to update this form quarterly but if at any time before then your child eating schedule changes you must notify us in writing.
14. No honey shall be served to infants
15. Bottle-fed infants shall be fed at least once every four hours.
16. Any unused formula will be discarded every night.

X _____

Parents Signature

X _____

Directors Signature

X _____

Date

INFANT/TODDLER (BIRTH TO 36 MONTHS) DEVELOPMENT & ROUTINE

We want to provide your child with the best care possible. Please help us to get to know your child by filling out this questionnaire. Thank you!

Child's Name _____ Date of Birth _____

Facility _____ Room _____

DAILY ROUTINES

SLEEPING

- Please describe your child's usual bedtime routine (including what *time* and *where* he/she usually sleeps). _____

- How do you know that your child is sleepy/tired? _____
- Does your child have any difficulties falling asleep? _____ If yes, what is helpful? _____

- About how many hours of uninterrupted sleep does your child get each night? _____
- How many times per day does your child nap? _____ How many hours on average? _____
- Does your child sleep with a special blanket, toy, pacifier, song? _____
- Do you have any concerns about your child's sleep habits? _____ If yes, please explain: _____

EATING

- Does your child generally enjoy eating? _____ Do *you* consider your child a good eater? _____
- What are some of your child's favorite foods (temperatures, textures, etc.)? _____

- Is your child on any special diet? _____
- If your child has any food allergies, please list here: _____
Ⓢ If child has food allergies, ensure a **Feeding and Nutrition Care Plan is established and on file.**
- Are there any other foods you do not want us to offer your child? _____
- Are there foods from your home/culture that you would like us to offer? _____
- Do you breastfeed your child? Yes No If yes, how often? _____
- What does your child eat with? hands spoon fork Does your child eat independently? Yes No
- What does your child use to drink? bottle (type of nipple: _____) tippy cup regular cup
- Do you have any concerns or questions about your child's eating habits? _____ If yes, please explain: _____

TOILETING

- Does your child wear diapers? _____ If yes, what kind? disposable cloth Pull-ups For naps? _____
If no, does your child use the toilet regularly? _____ Please explain: _____
- Families use a variety of words to describe bathroom activities. Indicate the words your family uses for:
urine _____ bowel movement _____ genital area _____
- Do you have any questions or concerns about your child's toileting habits? _____ If yes, please explain: _____

PLAY

- Does your child have a favorite toy/object or song? _____
- Does your child enjoy playing with others? _____ Does your child enjoy playing alone? _____
- What activities and/or toys does your child enjoy? _____

HEALTH

- Does your child have any health problems? _____ If yes, please explain: _____

- Is your child taking any medication(s) regularly? _____ If yes, please list: _____

- ① If medications are to be given while in care, ensure a **Medication Administration Form** is utilized and on file for your child.
- Does your child have a chronic health condition or specific health needs? (please be specific) _____

- ① If yes, ensure a **Special Health Care Plan** is established and on file for your child.
- Does your child have frequent ear infections? _____ diarrhea? _____
- Do you have any concerns about your child's health? _____ If yes, please explain: _____

Children in group care may become ill with colds, viruses, etc. several times per year. At times, we are required to ask parents to keep their children out of child care until treatment begins or there are no symptoms. Please see our *Exclusion* policy.

GENERAL DEVELOPMENT

- Do you have any concerns about your child's:
 - hearing and/or vision? _____
 - speech and language development? _____
 - ability to move? _____
 - overall development? _____
- What languages are spoken at home? _____
- What is your family's cultural identification (values, traditions)? _____

SOCIAL AND EMOTIONAL DEVELOPMENT

- Has your child ever been in group care? Yes No If yes, how many different settings? _____
- How does your child respond in group situations? _____
- What can we do to help your child adjust to child care? _____
- How would you describe your child's temperament? _____
- How does your child communicate his/her needs? _____
- How do you comfort your child? _____
- Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____
- Does your child fear certain things? _____
- How is your child disciplined? _____
- What works best when you discipline your child? _____
- Do you have any concerns about your child's social-emotional development or behavior? _____ If yes, please explain: _____

- What educational/developmental experiences would you like us to emphasize with your child (for example, language development, social relationships, kindergarten readiness skills, physical or self-help skills, etc.)? _____

Parent's Signature: _____ **Date:** _____