

Registration Form

Student's Name _____ Nickname _____ DOB _____
 Address _____
 Home Phone _____ Primary Language Spoken at Home _____
 Allergies _____ Start Date _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:

Name _____
 Address _____
 Phone _____
 Health Coverage _____
 Coverage # _____
 Employed By _____
 Work Address _____
 Work or Cell Phone _____
 Email _____

Parent/Guardian #2:

Name _____
 Address _____
 Phone _____
 Health Coverage _____
 Coverage # _____
 Employed By _____
 Work Address _____
 Work or Cell Phone _____
 Email _____

CHILD'S PHYSICAL DESCRIPTION (REQUIRED BY LICENSING)

Eye Color _____ Hair Color _____
 Height _____ Weight _____
 Skin Color _____ Race / Ethnicity _____
 Identifying Marks _____

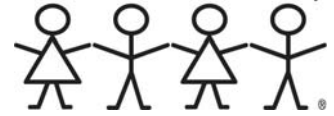
PARENT'S/GUARDIAN'S AUTHORIZATION OF OTHER PERSON(S) TO WHOM CHILD MAY BE RELEASED

I, _____, authorize the following individuals to pick up my child as needed. I understand that any individuals not listed will not be allowed to pick up unless I provide written permission in advance.

Name _____	Address _____
Telephone Number _____	Relation to Child _____
Name _____	Address _____
Telephone Number _____	Relation to Child _____
Name _____	Address _____
Telephone Number _____	Relation to Child _____

Signature of Parent/Guardian: _____

Date: _____



First Aid/CPR and Emergency Medical Care Consent Form

Child's Name _____ Date of Birth _____

I authorize the staff at The Children's Workshop, who are trained in the basics of first aid and CPR, to give my child first aid and 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 treatment for my child.

Child's Physician's Name: _____ Physician's Phone Number _____

Physician's Address: _____

Child's Allergies: _____ Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____ Address _____

Telephone Number _____ Relation to Child _____

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

Name _____ Address _____

Telephone Number _____ Relation to Child _____

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

Name _____ Address _____

Telephone Number _____ Relation to Child _____

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

Health Insurance Coverage _____ Policy # _____

Parent Name _____ Home / Cell Phone _____

Work / Other Phone _____

Parent Name _____ Home / Cell Phone _____

Work / Other Phone _____

Parent/Guardian Signature: _____ Date: _____



Medication Consent Form

Name of Child _____

Name of Medication _____

Prescription _____ Non-Prescription _____

Dosage _____ Method _____

Date(s) Medication should be given _____

Times Medication should be given _____

Reason(s) for Medication _____

Possible Side Effects _____

Name and Phone Number of Prescribing Physician _____

Directions for Storage _____

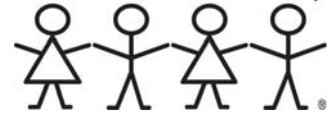
I, _____, give permission to authorized staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

Doctor's Signature:

****Please note that the first dose of any medication must be given at home.***



Developmental History – Preschool and School Age

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____

School Child Attends (if applicable) _____

Transportation to/from School Required? (describe) _____

HISTORY OF THE CHILD

Last name: _____ First Name: _____ Nickname: _____

Birth Date: _____ Place of Birth: _____ Age: _____

Brother(s) _____ Sister(s) _____

Parent(s) and other adults living at home: _____

EATING

Child likes: _____

Child dislikes: _____

Allergies: _____

Formula: _____

SLEEPING

Child's usual bedtime: _____ Time child usually wakes up: _____ _____

Does he/she sleep during the night? Yes No Daily Nap Schedule: _____

Who else shares the bedroom? _____ Child Adult
 _____ Child Adult

DRESSING AND TOILETING

Can child dress self? Yes No Areas that need help? _____

Manage buttons? Yes No Manage zippers? Yes No

Does child tell an adult when he/she needs to go to the toilet? Yes No

Child's term for urination: _____ _____ Bowel Movement: _____

DEVELOPMENT

Weight at birth: _____ Bottle-fed Breast-fed Weaned

Can child walk: Yes No At what age was child toilet trained? _____

Is speech clear to those outside the family? Yes No

List any fears or habits.. _____



PLAY AND RELATIONSHIPS WITH OTHERS

Chief play interests: _____

Favorite toys: _____

Play facilities at home? Yes No Yard? Yes No

Plays alone Plays with other children Plays with adults

Does child play well with other children? Yes No

Has child had other group experiences? Yes No

If "yes": Sunday School Nursery School Play Group Child Care

If "yes" – please give school / child care center name, dates attended, and reason(s) for leaving:

Program Name:

Program Name:

Dates Attended:

Reason(s) for Leaving:

Program Name:

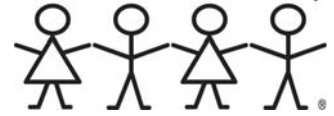
Dates Attended:

Reason(s) for Leaving:

Stories especially likes: _____

Reactions to strangers: _____

Any other important information that might help us in caring for your child:



Developmental History – Infant and Toddler

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____

DEVELOPMENTAL HISTORY

Age child 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 in lap? _____ High chair? _____

Does your child eat with a 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? _____

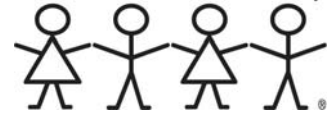
Please describe any particular procedure to be used for your child at the center: _____

What is used at home – potty chair? _____ Special child seat? _____ regular seat? _____

How does your child indicate bathroom needs? (any 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 (please 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 in child care: _____
 Has child had other group experiences? Yes No

If "yes": Sunday School Nursery School Play Group Child Care

If "yes" – please give school / child care center name, dates attended, and reason(s) for leaving:

Program Name:

Program Name:

Dates Attended:

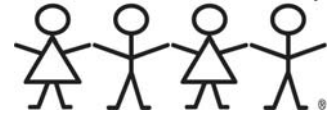
Reason(s) for Leaving:

Reaction to strangers: _____ Ability 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: _____

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

Anything else we should know about your child? _____



Enrollment Contract

Child's Name: _____

Start Date: _____

In consideration, I/we, as parent(s) or guardian, enroll or reenter our child(ren) at The Children's Workshop with the understanding of the following:

In consideration of the enrollment of our child(ren) at The Children's Workshop, I/we, for the said child, hereby release The Children's Workshop, its Officers, Directors, and Employees from all liability for injury to the child, in excess of the amount payable under any insurance carried by The Children's Workshop. I/we authorize any physician selected by the center to hospitalize and/or secure proper medical care for the child in the event that I/we cannot be contacted directly for permission in an emergency.

- Any/All late departures, after closing time, are subject to a late fee as defined on your rate sheet. If you are consistently late in picking up your child, you may be asked to secure other child care arrangements. It is also understood that TCW does not provide transportation and parents/guardians are required to drop-off and pick-up their child.
- To secure a space for your child at The Children's Workshop, a non-refundable registration fee and a security deposit equal to one week's tuition is required.

An initial registration fee will be charged upon registering for enrollment and yearly in September.

Hours Attending:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

The tuition fee for child care services will be \$_____ per week, based on _____ hours per week. Reimbursement will not be made when your child(ren) is late, dismissed early or absent.

The tuition payment is due in accordance with the policy and tuition sheet. The company automatically adds a \$30.00 late fee for each week that you are late in making tuition payments. Accounts that are one (1) week in arrears are subject to termination. A prepaid tuition equal to one week of tuition is due at the time of enrollment.

- There will be a \$35.00 charge for returned checks.
- Notice must be given when your child will be absent or late.
- The Children's Workshop reserves the right to raise rates at any time with a 2 week written notice.
- To maintain proper staff/child ratio, agreed upon dates and times on the contract cannot be altered unless changed at the office and another contract must be completed, signed, and dated.



- If any type of change in parent agreement is necessary, please contact the office as soon as possible. Examples: Emergency person, address, telephone number, times, fees, medical information, etc.
- When The Children's Workshop is closed for a holiday, the weekly tuition payment will remain the same. Note: part-time enrollees, if your child is scheduled to attend on a holiday another day cannot be substituted.
- The Children's Workshop will not close due to inclement weather conditions. The center will close only when a State of Emergency is declared or unforeseen circumstances arise at the child care center. Tuition payments will remain the same.

Two weeks written notice is required prior to withdrawal of your child from The Children's Workshop. If notice of two weeks is not received, your account will automatically be billed for the two weeks. Termination arrangements must be made with the Director and Assistant Director only.

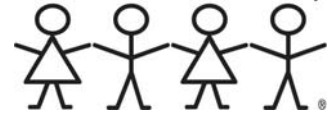
- Accounts one week in arrears will be given a written termination notice from the Director. If payment is not received by the end of the following business day, or if special arrangements have not been made, child care services will be terminated and parent/guardian may be subjected to litigation for any monies owed.
- Parent/guardian acknowledges and agree that they shall be responsible for any and all costs of collection, including, but not limited, to reasonable attorney fees.

The Children's Workshop provides a happy, healthy, educational environment for your children and hopes to meet your expectations. If you have any questions, or special needs for the care of your children, please feel free to discuss these concerns with the Director at your convenience.

I certify that I have received, read and understand the information contained in the Parent Handbook, the Policy and Tuition Sheets, and this Enrollment contract, and agree to the terms and conditions set forth therein.

Parent/Guardian Signature and Date

Director's Signature and Date



Diaper Cream or Topical Cream/Ointment Permission Form

(Parent Provided)

Child's Name _____ Classroom _____

I, _____, give the staff at The Children's Workshop permission to use
Parent's Name

_____ on my child for diaper rash or other skin condition.
Product Name

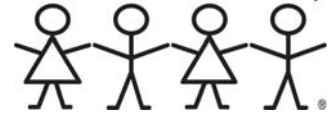
I have used this product previously without any adverse reaction to my child's skin.

Instructions from Parent Regarding Application/Notes:

Parent's Signature

Date

*******A SEPARATE FORM MUST BE FILLED OUT FOR EACH CHILD*******



Permission Forms

Please read the information below, select **YES** or **NO**, and initial your acceptance to the right of each. Please sign at the bottom of the page to acknowledge that you have received, read and accepted these policies and grant permission as stated in each box.

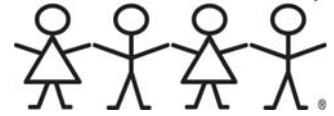
Child's Name: _____

Initial

<p>Walking Field Trip Permission Walking field trips will be planned from time to time as part of the activity of The Children's Workshop program. This will entail walking to nearby areas. Every possible precaution will be exercised to assure the safety and welfare of your child.</p>	<p>YES, my child has permission to participate in walking trips. <input type="checkbox"/></p> <p>NO, my child does NOT have permission to participate. <input type="checkbox"/></p>	<p>_____</p>
<p>Permission for Media Exposure From time to time, we may want to use pictures of the children on our website for our families to view, allow newspapers or other media outlets to film/photograph the events in our programs, and also allow the teachers to post pictures of the children in our classroom. These pictures and/or videos are for internal or promotional use only. By signing your consent to allow TCW to use such images you acknowledge your understanding that neither you nor your child will receive remuneration for your voluntary participation or future use of any photo(s) and/or images. Please let us know your preferences below:</p>		
<p>I give permission for my child to be photographed or filmed for use within the center, such as photos displayed on bulletin boards that may be visible to visitors of our program.</p>	<p>YES, my child may be photographed or filmed for this purpose. <input type="checkbox"/></p> <p>NO, my child may NOT be photographed or filmed for this purpose. <input type="checkbox"/></p>	<p>_____</p>
<p>I give permission for my child to be photographed or filmed for media use and publicity in conjunction with The Children's Workshop</p>	<p>YES, my child may be photographed or filmed for this purpose. <input type="checkbox"/></p> <p>NO, my child may NOT be photographed or filmed for this purpose. <input type="checkbox"/></p>	<p>_____</p>
<p>I give permission for my child to be photographed for use on The Children's Workshop external website.</p>	<p>YES, my child may be photographed or filmed for this purpose. <input type="checkbox"/></p> <p>NO, my child may NOT be photographed or filmed for this purpose. <input type="checkbox"/></p>	<p>_____</p>
<p>I give permission for my child to be photographed for use on The Children's Workshop intranet website, visible only to Children's Workshop parents.</p>	<p>YES, my child may be photographed or filmed for this purpose. <input type="checkbox"/></p> <p>NO, my child may NOT be photographed or filmed for this purpose. <input type="checkbox"/></p>	<p>_____</p>

Parent/Guardian Signature _____

Date _____



Permission Forms

Please read the information below, select **YES** or **NO**, and initial your acceptance to the right of each. Please sign at the bottom of the page to acknowledge that you have received, read and accepted these policies and grant permission as stated in each box.

Child's Name: _____

Initial _____

Permission for Water Play

On warm days we set up sprinklers for the children to cool off and play in the water. Please bring your child's bathing suit and towel in a bag. Make sure to label both items. Many children have similar towels and bathing suits and we would like to make sure you receive your own. We also ask that you provide your child with a pair of water shoes (not thongs or flip flops), so their feet are protected while using the sprinklers. Please bring all items home each day to be washed.

YES, my child has permission to participate in water play.

NO, my child does NOT have permission to participate.

Does your child require ear plugs?
YES **NO**

Permission for Recreational Swimming and Swimming Lessons

I give my child permission to participate in all pool activities at The Children's Workshop. All children will be given a swim test in order to determine level of swimming ability and will then be placed in the appropriate level of instruction of beginner, intermediate or advanced.

YES, my child may participate in all pool activities

NO, my child may not participate in pool activities

Does your child require floatation devices while participating in swimming activities?
YES **NO**

Tooth Brushing (MA CENTERS ONLY)

MA EEC now requires that our teachers assist your child with brushing his/her teeth after meals unless you opt out.

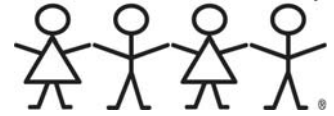
If you would like your child to participate, please provide a small tube of ADA approved mint flavored toothpaste. Fruity flavors are not permitted as using fruity flavors encourages children to eat the toothpaste, which is not advised. Also supply a small size, generic toothbrush (preferably 5.25") in a travel case and a spare toothbrush labeled in a Ziploc bag to hold in your child's cubby. All materials must be labeled with the child's first name and last initial with a black, permanent marker. We will let you know when additional toothbrushes are required. Please do not bring toothbrushes with special characters or designs on them as we want all children to have the same basic toothbrush.

YES, I would like my child to participate in tooth brushing while at the Children's Workshop

NO, my child should not participate in tooth brushing while at The Children's Workshop

Parent/Guardian Signature _____

Date _____



Transportation Plan

Child's Name: _____

My Child will arrive at the program by:

_____ Unsupervised Walk

_____ Supervised Walk (who _____)

_____ School Bus Drop Off

_____ Program Bus

_____ Program Van

_____ Parent Drop Off

_____ Other (describe _____)

My Child will depart from the program by:

_____ Unsupervised Walk

_____ Supervised Walk (who _____)

_____ School Bus Pick Up

_____ Program Bus

_____ Program Van

_____ Parent Pick up

_____ Other (describe _____)

PLEASE ENSURE THAT YOU HAVE ALSO COMPLETED THE "AUTHORIZATION OF OTHER PERSONS CHILD MAY BE RELEASED TO" SECTION ON THE REGISTRATION FORM.

Van Release Form

I _____, give permission to The Children's Workshop to transport my child
 Parent/Guardian Name

_____, to or from _____
 Child's Name Location or Name of School

on a van owned or leased by The Children's Workshop.

I also give permission for my child to be transported in the van for:

- Before school
 After school

I/ we, for the said child, hereby release The Children's Workshop, its Officers, Directors and employees from all liability for injury to the child, excess of the amount payable under any insurance carried by The Children's Workshop.

 Parent/Guardian Signature

 Date