Walnut Hill
Early Childhood Center

Child
Enrollment Packet

Walnut Hill Early Childhood Center
Enrollment Form

Today's Date: _____ **Start Date:** _____

Class: _____

- **CHILD INFORMATION**

Child's full name_____ Nickname_____
D.O.B. _____ Current Age _____ Gender _____ Race_____

Hours Child will Attend: Monday through Friday from _____ to _____

- **PARENT OR GUARDIAN INFORMATION**

***Parent 1**_____Home #_____ Cell #_____

Home Address_____

Place of Employment _____ business phone #_____

Work Address_____ Work Hours:_____

E-mail or other information about this parent: _____

Parent 2_____Home #_____ Cell #_____

Home Address_____

Place of Employment _____ business phone #_____

Work Address_____ Work Hours:_____

E-mail or other information about this parent: _____

Marital Status? ___M ___Si ___Se ___Di ___Wi **Head of House?** ___F ___M ___Two Parent

- **Primary language spoken in home:** _____
- **Family History/Custody Arrangements/Changes for child (moving, parent leaving or coming back, etc):**

_____

_____

_____

- **Please share any Current Custody Concerns your Child's Caregiver Should Know:**

FAMILY INFORMATION

- **Home and Family**

List siblings

Name	Place of Residence	Age of Sibling

List others who reside in the same home as the child:

Person's Name	Relationship to Child	Permanent/Temporary

- **Pick-up Information**
  - ✓ **Your child will be released to the following individuals only. (You do not need to include yourself)**
  - ✓ **In case of emergency, these people may be given access to child's pertinent health information**
  - ✓ **Changes can be made verbally over the telephone or by you in person.**

1. Name_____Address_____
   Phone_____ Relationship_____

2. Name_____Address_____
   Phone_____ Relationship_____

3. Name_____Address_____
   Phone_____ Relationship_____

4. Name_____Address_____
   Phone_____ Relationship_____

- **If you child becomes ill or injured at the center, who should we call?**

  First: _____ at this phone #: _____

  Second: _____ at this phone #: _____

- **Restricted Persons who may <u>not</u> pick up child:**_____

  - ✓ **Walnut Hill cannot prevent a legal parent from picking up child without legal documentation.**
  - ✓ **Always call if you or others picking up cannot arrive before 5:40 p.m. when the center closes**

- **Please share any special circumstance that could affect your child:**

Parent Signature _____ **Date** _____

CHILD DEVELOPMENT

Child's Full Name_____ **Person Providing Information** _____

Birth: *Please check all that apply*

__Full Term __ Premature _____

__ Baby's breathing normal __ Baby's breathing delayed __Incubated / Reason: _____

__ Birth weight normal __ Birth weight low __ Birth weight very high

Infancy: *Please check all that apply*

__ Easy-going baby __ Normal amount of crying __ Very fussy

__ Early allergies __ Frequently sick __ Frequent high temperatures

Early Development: *Please check one option for each row:*

My child: Sat alone at: _____ Walked at:_____

Spoke first words (ma-ma or da-da etc.) at: _____

Special Services: ___First Steps ___Speech or Physical Therapist ___other types of services. Please list

_____

Early Experiences:

Previous experiences away from parent: ___Relatives ___Baby-sitter ___Friends ___ Another Center ___ None

Previous experiences with other children: ___Baby-Sitter's House ___Other center ___Neighbors/friends ___Church ___ Other ___None

FOR CHILDREN AGE THREE OR YOUNGER

Says his first and last Name	__ Yes	__ No	Listens to a 5 minute Story	__ Yes	__ No
Runs without frequent falls	__ Yes	__ No	Climbs Stairs Alternating Feet	__ Yes	__ No
Follows a One-Step Directive	__ Yes	__ No	Pulls on own socks	__ Yes	__ No
Comes when adult Calls	__ Yes	__ No	Puts Away His Toys	__ Yes	__ No
Washes his own Hands	__ Yes	__ No	Holds onto chain of swings	__ Yes	__ No
Walks around block without tiring	__ Yes	__ No	Goes down a slide alone	__ Yes	__ No
Pedals a tricycle	__ Yes	__ No	Pushes or Pulls door	__ Yes	__ No

Teacher should know: _____

FOR CHILD AGE FOUR OR OLDER

Knows primary colors	__ Yes	__ No	Knows shapes (circle, square, triangle)	__ Yes	__ No
Counts to five (ten)	__ Yes	__ No	Comprehends verbal directives	__ Yes	__ No
Uses paste or glue alone	__ Yes	__ No	Uses child scissors alone	__ Yes	__ No
Colors and draws	__ Yes	__ No	Assembles simple puzzles	__ Yes	__ No
Washes hands by self	__ Yes	__ No	Washes face by self	__ Yes	__ No
Puts on coat by self	__ Yes	__ No	Pulls on shoes by self	__ Yes	__ No

Teacher should know: _____

Child's Special Interests: _____

Your child's lead teacher will send home an Interest Inventory for you to complete with the details of your child's interests.

Help Us Understand Your Child

Child's Name: _____ Age: _____

- **Child's Temperament**

  Describe your child. *Check all that apply*

  ___ Happy most of the time ___ Sometimes moody ___ Very Sensitive ___ Irritable when tired ___ Often Irritable
  ___ Flexible ___ Requires consistent schedule ___ Changes in schedule and transitions are difficult for child

  Describe your child's activity level: ___ Extremely Relaxed ___ Relaxed ___ Active ___ Extremely active

  How does your child respond to new situations? ___ Adjusts easily ___ May take some time ___ With difficulty

- **Toilet Habits**

  What is your child's level of potty-training ? ___ Completely trained ___ Usually good ___ Just Beginning ___ Hasn't started yet

  ___ wears pull-ups for nap or bedtime ___ wears pull-up throughout day ___ wears regular underwear at all

  If potty trained describe ___ doesn't need reminders ___ needs reminders at first ___ must be reminded throughout the day times

  Will your child remain dry at naptime? ___ Yes ___ No ___ Not Sure Should he/she be awakened to go potty? ___ Yes ___ No

  Level of bathroom independence:

  ___ wipes self ___ needs some help wiping ___ does not wipe self at all yet

- **Meal Time:** *Check one from each row as applies to your child:*

  __ Child is used to sitting at table in ___ a regular chair ___ booster chair ___ high chair

  ___ Child is not used to sitting at table. Describe mealtime: _____

  ___ Child does not use utensils yet ___ Child uses spoon ___ Child uses spoon and fork

  ___ Adult feeds child ___ Adult assists child ___ Child eats independently

  ___ Child uses sippy cup ___ Child uses regular cup ___ Child uses a baby bottle ___ Child breastfeeds

- **Sleeping Time:**

  Bed Time: _____ Waking Time: _____ Does your child seem well rested? ___ Yes ___ No

  Take Naps? _____ Start/End Time: _____ Does your child seem to need naps? ___ Yes ___ No

  Is your child (easy or difficult) to get to sleep?

  Once asleep, does your child sleep all night? ___ Yes ___ Usually ___ Seldom ___ Never

  Describe sleeping arrangement child is used to at home ___ Alone/own bed ___ With Sibling ___ With Parent

  ___ Other _____

  Does your child sleep with something specific: ___ Any stuffed animal from school ___ Item from home.

  Does your child use a pacifier to sleep? ___ Yes ___ No Do you want child to have pacifier at naptime? ___ Yes ___ No

- **Language of Family**

  Help us communicate better with your child.
  What is the home language for your child?_____
  What does your child call their grandma_____, grandpa_____,
  mom_____, dad_____, sister_____,
  brother_____, bathroom _____.
  What does your child say when they have to go to the bathroom?_____,
  when they are hungry,_____ or when something doesn't feel good or hurts
  _____. Are there any other words that your child uses that we should know

about?

- **What would you like your child's teacher to know about (him or her) as a person?**

- **<u>What is the best way for us to contact you about your child's adjustment and progress?</u>**

	Check Preferred Method
Phone at home	☐
E-mail	☐
Cell Phone	☐
Phone at Work	☐
Other	☐

Home Experiences

Child: _____ Age: _____

- ***What Does Your Child Experience at Home?***

These people live in our home: ___Mother ___Father ___Other children ___Grandparents ___Other relatives ___Friends

At home we have these animals:

___ Dog. What Breed? _____ ___ Hamster ___ Other. Please List
___ Cat ___ Fish
___ Bird What Type? _____ ___ Cows, sheep etc.

What experiences has your child had or what experiences has your child seen others in the home participate in?

___ Goes to the zoo ___ Goes to concerts/play instrument in concerts. Please name ___ Participates in 4-H
___ Travels to other states ___ Participates in hobbies. Please list ___ Attends church
___ Goes to or play in ball games ___ Goes on hunting trips ___ Other activities. List

Do you or another adult you know have a hobby or play an instrument that could be shared with children?

Who is responsible for most of the disciplining at your house? ___ Mother ___Father ___Grandparent ___Other

What disciplining methods are used? ___ Time out ___Talk to child ___Ignore misbehavior ___loss of privileges ___Spank
___Other

What is the effect of discipline on your child? ___ Child improves readily ___Improves over time ___Child doesn't improve

___ My family could benefit from a Parenting Class if the cost and time works for us
___ My family doesn't really require a Parenting Class at this time

At home: ___child does simple chores alone ___child does chores with help ___ participates in family routine such as taking his plate to the sink

___child picks up own toys alone ___picks up toys with assistance ___doesn't pick up toys yet

- ***What Behaviors Will Your Child Display at the Center?***

When associating with other children:

___Will enjoy playing with other children ___ Will probably need time to warm up to other children

___ Is likely to be a leader ___Is likely to follow others ___Is happy to lead or to follow

___Passive when another child takes something away ___Aggressive when another child takes something away

___When are we likely to see aggression such as shouting, biting or hitting? _____

___Other behaviors/misbehaviors? _____

When associating with teachers

___Will warm up to adults immediately ___May need time to warm up to adults ___Likely to attach to one adult

___ Will listen and be compliant ___May need to be prodded ___ Less likely to listen and comply

What is the best way to comfort your child if he or she becomes upset? _____

- ***What goals do you have for your child while at Walnut Hill?***

___ I want my child to have opportunities for positive friendships ___ I want my child to feel positive about him/herself

___ I want my child to learn kindergarten readiness skills before going to kindergarten ___ I want my child to become a life-long learner

Other Goals:

Note: At Walnut Hill, your child will be taught to use words when he/she doesn't like to be hurt by another. We teach children to say "Stop that. I don't like it."

MEDICAL INFORMATION

Child's Name _____ D.O.B. _____ Age: _____

Person(s) Providing Information/Relationship to Child: _____

Medical Alert **No Special Conditions**

- Child's Doctor: _____

  Doctor's Telephone: _____ Address: _____
- Child's Dentist: _____

  Dentist's Telephone _____ Address: _____
- Other Specialists: _____

  Telephone: _____ Address: _____
- Allergies: _____

  May we post your child's allergies as a reminder to staff? Yes No N/A
- Any Physical Concerns or Disabilities? _____
- Any ongoing Medications? _____
- Any Medical Concerns (Seizures, serious illnesses or past hospitalizations)?

  _____
- Is your child likely to have frequent:

  Nose bleeds Diarrhea that does not affect health Headaches High fever Other _____
- Has your child received speech services in the past? If yes, then when?_____
- Notification of Parents in case of Illness or Injury:
  - ✓ Parents are always called when a child sustains injuries that could require a decision. (i.e. a significant bump to the head, a tooth knocked loose, a cut close to the eye etc.)
  - ✓ First aid is administered and children are observed after any accident. A written note is provided to parents regarding any injury –minor or significant. *Please always call with questions or for more details*
  - ✓ Parents are always called when a child has vomited more than once, has ongoing diarrhea or has had an injury requiring more than a simple band aid.

When do you want the center to call?

Just when necessary for making decisions After any minor fall or injury requiring a band aid

Other: _____

Access to Your Child's Health Records

- ✓ **State officials**
- ✓ **Center Director and FSC**
- ✓ **Who else may have access to your child's health records?**

  Child's Classroom Staff Lead teacher only Kitchen Staff Afternoon Staff

  Other: _____

Parent Agreements

To my knowledge, my child is free from any communicable disease. Yes___ No___

My child has been vaccinated according to CDC or AAP. Yes___ No___

My child has religious exemption for vaccinations. Yes___ No___

Walnut Hill Staff have my permission to treat my child with Acetaminophen. Yes___ No___

I understand Walnut Hill's legal obligation to report any suspected cases of child abuse or neglect to Child Protective Services. Yes___ No___

I have been informed about and have received a copy of Walnut Hill's Curriculum. Yes___ No___

I have been informed about Walnut Hill's Discipline Policy. Yes___ No___

Walnut Hill Staff have my permission to wake my child at the end of the Center's designated sleep times (7:15 a.m. and 2:30 p.m.). Yes___ No___

Walnut Hill Staff have my permission to allow my child to use playground Equipment and other large motor equipment while at Walnut Hill. Yes___ No___

Walnut Hill Staff have my permission to include my child in walking field trips. Yes___ No___

Walnut Hill Staff have my permission to use sunscreen on my child. Yes___ No___

Walnut Hill Staff have my permission to use insect repellent on my child. Yes___ No___

I understand my family's insurance carrier is used if my child is injured or becomes ill. Yes___ No___

I understand the center staff will call 911 if my child has a medical emergency. Yes___ No___

I understand the center staff will use the Heimlich Maneuver or CPR if necessary. Yes___ No___

Walnut Hill Staff has my permission to administer basic first aid if my child sustains minor injuries. Basic first aid includes ice packs, band-aids, hydrogen peroxide, rubbing alcohol, Triple Antibiotic Ointment, water, and cotton balls. Yes___ No___

I understand Walnut Hill staff can only administer medication or medical treatment

__ when my child's physician writes written authorization on the prescription pad or

__ if the medication or treatment includes a current prescription label for my child.

I give my permission for my child to be photographed by the newspaper or to be included in any television shot. Yes___ No___

I give my permission for my child to be photographed by the center for use on the centers Facebook page and/ or the center's website. Yes___ No___

I give my permission for my child to be included in photos taken by parents during birthday celebrations and other special events. Yes___ No___

I certify that the information I have provided today is complete and correct to the best of my knowledge.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Center Staff Signature **Date**

Every Family Is Unique

1. How does your family define their ethnicity? _____
2. How does your family define their religion? _____

To help us gain a better understanding of your family's culture, please check the major holidays/festivals your family celebrates. On the back please share any special ways those celebrations take place. Also, consider sharing details with your child's teacher so they can be incorporated into classroom activities. Examples: Special foods, music, dress, festivals, family gatherings etc.

New Years Day ☐	Ano Nuevo ☐	Parsi ☐	Others:
Valentine's Day ☐	Dia de Los Reyes Magos ☐	Makar Sankranti ☐	
Easter ☐	Dia del Amor y la Amistad ☐	Vasant Panchami ☐	
Mother's Day ☐	La Semana Santa ☐	Maha Shivaratri ☐	
Father's Day ☐	Dia de Las Madres ☐	Milad Un Nabi ☐	
Independence Day ☐	La Nochebuena y La Navidad ☐	Ram Navmi ☐	
Thanksgiving ☐		Baisakhi ☐	
Christmas ☐		Budda Burnima ☐	
		Ramadan ☐	
		Onam ☐	
		Raksha Bandhan ☐	
		Janmashtami ☐	
		Ramzan ☐	
		ID-UL-FITR ☐	
		Ganesh Chaturathi ☐	
		Gandhi Hayanti ☐	
		Sarasvathi Pooja ☐	
		Dussehra ☐	
		Karva Chauth ☐	
		Dhan Teras ☐	
		Diwali ☐	
		Govardhan Puja ☐	
		Muharram ☐	

- *Please share the details of your traditions including any that could be shared with your child's classmates:*

- *Please share any restrictions for your child due to your heritage, religion or beliefs:*

  __ *Prohibited foods*

  __ *Prohibited activities*

  __ *Others*

- *What types of music are common for your family?*

ROCK	CLASSICAL	SALSA	HEAVY METAL
COUNTRY	BLUE GRASS	JAZZ	SACRED/GOSPEL
CHRISTIAN ROCK	RAP/R & B	OTHER: _____	

- *List any events (festivals, celebrations, services etc.) your family celebrates because of your heritage or religion*