



# Enrollment Application

## Your Child's Personal Details:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male Female Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

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## Parent/Legal Guardian 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ (Legal Guardians must provide documents.)

Home Address: (If different from child's address)  
\_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer/Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

City: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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## Parent/Legal Guardian 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ (Legal Guardians must provide documents.)

Home Address: (If different from child's address)  
\_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer/Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

City: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

# Emergency Contacts:

Must Provide 2 contacts other than parent/legal guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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## Additional Information:

Are there any medications that your child needs on a daily basis (please describe)

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Does your child have any Allergies? \_\_\_\_\_

Does he/she require an Epi-Pen? \_\_\_\_\_

Does your child have any food restrictions?

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I have provided the most current and up to date information on this application. I have read and agree to all policies enclosed in the Information Folder. I understand that I am responsible for any changes regarding this application. I also understand that I must provide an annual Universal Health Record and updated immunization records.

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Parent/Guardian Signature

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Date



CHILD'S NAME \_\_\_\_\_

# EMERGENCY FORM

Mom Name: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Dad Name: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

Mom's Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Dad's Work: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list three local relatives or friends that can be reached in case of illness or emergency if the people above cannot be contacted.**

Name	Relationship	Town	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Authorization for Pediatric Emergency-Medical and or Surgical Treatment. Emergency authorization is necessary for the safety of the children. The authorization granted by this form will be used only when absolutely necessary.**

### Authorization

**I authorize Sunnyfields Learning Center to call an emergency ambulance or vehicle in case of an accident or acute illness (the determination thereof shall rest solely with the center). In case of an emergency requiring medical attention, I hereby give permission to have my child \_\_\_\_\_ taken to \_\_\_\_\_ or other nearby medical facilities for medical care**

**under: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_**

**Family Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_**

**Other Insurance \_\_\_\_\_ Policy # \_\_\_\_\_**

**I authorize the staff to take a temperature reading if necessary. I understand that armpit or ear thermometer will be used.**

**Please list any allergies and medical problems: \_\_\_\_\_**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Parent/Legal Guardian**

# Transportation Authorization

I hereby authorize the following people to take my child \_\_\_\_\_  
to and from Sunnyfields Learning Center.

Name	Relationship	Phone
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**I understand that my child will only be released to the persons indicated. Should an occasion arise involving an adult whose name does not appear, a request in writing prior to dismissal is required. Parents are asked to alert the staff at drop-off time regarding any changes in the routine pick-up person even if they are listed above. THE FIRST TIME A PERSON PICKS-UP THE CHILD OR IF A STAFF MEMBER HAS NOT MET THE PERSON, THAT PERSON WILL BE REQUIRED TO SHOW A PICTURE I.D., SUCH AS A DRIVER'S LICENSE. CHILDREN WILL ONLY BE RELEASED TO ADULTS, AND THOSE ADULTS MUST HAVE AN APPROPRIATE CAR SEAT.**

**If the parent or alternate pick-up person appears to be physically or emotionally impaired to the extent that in the judgement of the Director and/or staff member, deeming that the child would be at risk or harm if released to such a person, Sunnyfields will NOT release the child and will attempt to contact the parent or an alternate person as authorized by the parent. If Sunnyfields is unsuccessful in doing so, the Child Abuse Hotline will be contacted to seek assistance in caring for the child. (1-800-792-8610). The same procedure will be followed if no person shows up to pick-up the child at the time of Sunnyfields daily closing.**

**It is suggested that parents who are "on the road" away from the office, etc. and are otherwise unreachable for long periods of time, please confirm that their alternates are available for regular pick-up as well as midday for accident or illness. If alternate arrangements are not confirmed, we suggest that you call Sunnyfields periodically.**

**If there is a non-custodial parent involved, please indicate below and attach copies of the court order**

**Date** \_\_\_\_\_

Signature of Parent/Legal Guardian

## NEW POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

**Once the child is symptom-free, AND has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, then the child may return to the center.**

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

Please see the attached sheet which states The Reporting Requirements for Communicable Diseases. Sunnyfields will be following the guidelines set forth on the attached sheet.

-----CUT, SIGN, & RETURN THIS PORTION-----

Yes, I have received and read the NEW POLICY on communicable diseases as of AUGUST 2014.

Furthermore, I, \_\_\_\_\_, parent of

(Name of Parent)

\_\_\_\_\_ understand that

(Name of Student(s))

if my child has any of the stated symptoms in the communicable disease policy, I will come to pick up my child and treat him/her accordingly. If my child has one of the diseases on the attached Reporting Requirements, I will let Alysse Gerbino and/or Jennifer Tilton know so they can follow the reporting guidelines as stated in the "Reporting Requirements for Communicable Diseases and Work-Related Conditions" attachment.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

# **SUNNYFIELDS EXPULSION POLICY**

**NAME OF CHILD:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

Unfortunately, there are times where we may have to expel a child from our program, either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons for expulsion or suspension from Sunnyfields Learning Center.

## **IMMEDIATE CAUSE FOR EXPULSION**

- \*The child is at risk of causing serious injury to other children or himself/herself.
- \*Parent threatens physical or intimidating actions toward staff members.
- \*Parent exhibits verbal abuse to staff in front of children.

## **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- \*Failure to pay/habitual lateness in payments.
- \*Failure to complete required forms, including the child's immunization records.
- \*Habitual tardiness when picking up your child.
- \*Verbal abuse to the staff.
- \*Consistently bringing your child to school knowing he/she is sick (high fever, vomiting at home, or any other illness listed on our Communicable Disease policy).

## **CHILD'S ACTIONS FOR EXPULSION**

- \*Failure of child to adjust after a reasonable amount of time.
- \*Uncontrollable tantrums/angry outbursts.
- \*Ongoing physical or verbal abuse to staff and/or other children.
- \*Excessive Biting.

## **SCHEDULE OF EXPULSION**

- \*The parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- \*The parent/guardian will be informed regarding the length of the expulsion period.
- \*The parent will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- \*The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approx one to 2 weeks depending on the risk to other children's welfare or safety).
- \*Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from Sunnyfields Learning Center.

## **A CHILD WILL NOT BE EXPELLED**

If a child's parent/guardian:

- \*Complains to the Office of Licensing regarding a center's alleged violations.
- \*Reports abuse or neglect occurring at the center.
- \*Questioned the center regarding policies and procedures.
- \*Without giving the parent sufficient time to make other child care arrangements.