



Enrollment Application

Child's name: _____

Date of Birth: _____ Sex: _____

Address: _____

Mother's name: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Address _____ Work Phone #: _____

Father's name: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Address _____ Work Phone #: _____

Persons authorized to be responsible for the child, in case parents are not available:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Persons authorized to pick up child, in case parents are not available: Name:

_____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I attest that the above information is correct, and also authorize Dawn to Dusk to notify my emergency contact of any policy changes/ events and accept non-personal letters on my behalf.

_____ Parents Signature Date

Social Relationship:

Has he/she had experience in playground with other children? _____

By nature is child friendly? ____ Aggressive ____ Shy ____ Withdrawn ____

How does he/she get along with his/her brothers and sisters? _____

Other adults _____

Does he/she know any children at the center? _____

Do you feel he/she will adjust easy to the structured preschool setting? _____

Does he/she enjoy being alone? _____

How does he/she relate to strangers? _____

Does he/she have a lot of adult attention? _____

What makes him/her upset or angry? _____

How does he/she show her feelings? _____

What is the best way to handle your child if he/she throws tantrums?

Toilet Habits

Can the child be relied upon to indicate his/her bathroom wishes? _____

What word is used for urination? _____ Bowel movement? _____

Does your child urinate frequently for his/her age? _____

Is he/she frightened of the bathroom? _____

Does he/she have accidents? _____

How does he/she react to them? _____

Was the child easy or difficult to toilet train? _____

Does the child wet the bed at night? _____ How often? _____

Sleeping

What time does child go to bed? _____ Is he/she ready to sleep at that time? _____

What time does he/she awake? _____ What is him/her mood on awaking?

Does he/she have own bed? _____ Does he/she have own room? _____

Does he/she walk, talk or cry out at night? _____

Does he/she take naps? _____ What time? From _____ To _____

Health

Doctor's Name: _____ Phone number: _____

Check all that apply: What communicable disease has child had?

Measles ___ Mumps ___ Whooping Cough ___ Rubella ___ Chicken Pox ___

My child _____ is in good physical condition and I have advised his/her physician that he/she will be taking part in the Dawn-To-Dusk preschool program. Please indicate any condition, which the staff should be aware of:

• **Communicable Disease Policy:** A communicable disease is an illness that can be transferrable or spread. If a communicable disease is observed in a child, the parent is notified. Children with communicable diseases will remain at home until they are no longer contagious. A return to school note from the doctor will be required. Communicable diseases seen in children include the following: **Chicken pox, lice, strep throat, impetigo, scabies, and bed bugs.**

Child's Allergy

Indicate any seasonal, food or other allergies that your child might have

Signs

Symptoms

First Aid

If your child doesn't have food allergies indicate with an X in the box. I understand that I am required to give two copies of official documentation, along with a completed allergy action plan, signed by medical examiner, for my child's allergies

Parents Signature Date

Date

Parent Agreement
School Year 2019-2020

Child's Name _____

Parent's/Guardian's Name(s) _____ **I understand and agree to the following:**

1. Communicate with my child's school/teacher on a regular basis to stay informed of his/her progress find ways in which I may help my child.
2. Attend my child's parent/teacher conferences to support my child's education.
3. Make certain my child attends school daily and **on time**. The preschool closes daily at 3:00PM for the Abbott program and at 5:30 PM for the wraparound program. Any child not picked up on time will be charged a late fee of \$1.00 per minute for any time over the initial 5 minutes.
4. Volunteer in my child's classroom or go on the field trip with my child's class.
5. Engage my child's enrichment activities at home. (i.e. Read a story every night)
6. Communicate with my Family Worker at least three (3) times per year for center/ home visits.
(Mandatory by district)
7. Participate in the Parent Organization at my child's school.
8. Support my child's school by attending most school functions.

9. Attend parent workshop and family events at my child's school and within the district to gain information for myself/family.
10. Notify school of any changes in contact information immediately after change.
11. Maintain the sign in/sign out sheet on a daily basis with a legible signature each day my child is in attendance at Dawn to Dusk.
12. Consent for the nurses from the Office of Early Childhood and Dawn to Dusk Childcare Center to perform routine annual medical screenings for: vision, dental, and hearing on my child. Furthermore, I acknowledge that in the event that my child needs to seek further medical attention, I will be notified and provided with supporting documentation. _____Parent initial
The information from the screening may be shared with your child's lead teacher. _____Parent initial
13. If a medical need arises, the program staff will contact me first and I will arrange to have my child picked up within 30 minutes. If I cannot be reached, I agree that the staff will contact an authorized adult on my child's emergency list to pick up my child. If the medical need is such that immediate and/or emergency medical attention is needed, I agree that program staff may contact the local paramedics and I will be responsible for any medical expenses occurred. _____Parent initial
14. Understand that when my child is at risk of causing serious injury to self or other children, or the behavior of my child is disruptive to the program and prevents the program from being beneficial to him/her or to others, the child may be asked to be picked up within 30 minutes. If the behavior continues to disrupt the program, there will be a mandatory conference and possible termination from the program.
15. Understand that all enrollment forms must be complete before my child can be enrolled at Dawn to Dusk.
16. In keeping with the New Jersey's childcare licensing requirements, it's mandatory to provide you, as a parent of your child enrolled in this center, with the following information from the Office of Licensing. You have the right to visit and observe our center at any time without having prior authorization; it's the center obligation to be licensed and to comply with licensing standards; and it's an obligation of all citizens to report any suspected physical, sexual, or psychological child abuse/neglect or exploitation to the Division of Child Protection and Permanency (DCP&P).
17. I have been provided with a copy of the Dawn to Dusk Parent Handbook. I have read the handbook and agree to abide by the policies and procedures as stated. I fully realize that failure to comply with this agreement or the stated policies within the handbook may result in termination from the program.

Signature _____ Date _____

Permission Sheet

Field Trips

Doy permiso para mi hijo/a _____ Para participar en los viajes de campo de Dawn to Dusk Preschool durante su inscripción en el programa

Signature of Parent/Guardian

Date

Bus Transportation for Field Trips

I give permission for my child _____ to ride a school bus on field trips hired by Dawn to Dusk to and from the Center during his/her enrollment in the program.

Signature of Parent/Guardian

Date

Photo Release

I give permission for media use of photographs of my child in connection with Dawn to Dusk Preschool activities

YES _____

NO _____

Signature of Parent/Guardian

Date