



Easton Learning Adventures Preschool

115 Main Street, North Easton, MA 02356
(508) 230-7445

Enrollment Packet Face Sheet

Child's Full Name: _____ Date of Birth: _____

Street: _____ Age as of Sept. 1st _____

City, State, Zip: _____ Home Phone: _____

Child's Primary Language(s) _____ Date of Admission: _____

Gender: ☐ Male ☐ Female Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Height: _____ Weight: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Place of Employment: _____ Work Phone: _____

Street: _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

Days/Hours @ Work: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Place of Employment: _____ Work Phone: _____

Street : _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

Days/Hours @ Work: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

How did you hear about us? _____**Transportation Plan:**

I understand that Easton Learning Adventures Preschool does not provide any transportation to and from the center. I understand that it is my responsibility to get my child to and from school each day.

Signature_____
Date**Field Trip Consent:**

I give permission for my child to be taken on community field trips in Easton. I understand that I will be given advance notification before each trip.

Signature_____
Date**Photo Release Consent:**

I agree to permit Easton Learning Adventures Preschool to take pictures of my child as part of school activities and to allow the use of these photos for school projects, the school's website and other publicity purposes.

Signature_____
Date**Oral Health Non-Participation Consent:**

I **do not** wish to have my child participate in tooth brushing while at Easton Learning Adventures Preschool.

Signature_____
Date

I agree to inform the school in writing if any of the above information changes throughout the school year.

Signature_____
Date

Developmental History and Background Information

CHILD'S NAME _____ DATE OF BIRTH _____

*Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age 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: _____

Favorite foods: _____

Foods refused: _____

Is your child fed held in lap? High chair? _____

* Does your child eat with 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? pottychair? _____ special child seat? _____ regular seat? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does the child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

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 experiences with other children: _____

Reaction to Strangers: _____ Able 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: _____

What would you like your child to gain from this child care experience?

DAILY SCHEDULE

Please describe your child's schedule on a typical day.

Is there anything else we should know about your child?

Parent/Guardian Signature: _____

Date: _____



**Easton Learning
Adventures Preschool**

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First Aid and Emergency Medical Consent Form

Child's Full Name: _____

Date of Birth: _____

I authorize the staff, trained in the basics of first aid, to give my child first aid when appropriate. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. In the event that I cannot be reached, I authorize school staff to transport my child to the nearest medical facility and/or to and/or secure medical treatment for my child.

Signature

Date

Physician

Child's Physician: _____

Health Insurance Co. _____

Practice Name: _____

Health Plan # _____

Street: _____

Policy # _____

City, State, Zip: _____

Phone: _____

Emergency Contacts: To be contacted in the order listed after attempts to reach BOTH parents/guardians have failed. The school and its staff have permission to release my child to each person listed below.

1

Name: _____

Relationship to Child: _____

Street: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Do you give permission for child to be released to this person? YES _____ NO _____

2

Name: _____

Relationship to Child: _____

Street: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Do you give permission for child to be released to this person? YES _____ NO _____

3

Name: _____

Relationship to Child: _____

Street: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Do you give permission for child to be released to this person? YES _____ NO _____

I agree to inform the school in writing if any of the above information changes throughout the school year.

Signature

Date



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Allergy Information Form

This form must be completed for each child enrolled in the program. If your child has no allergies, please indicate that below, sign, date and return to us. Thank you!

Child's Full Name: _____

Date of Birth: _____

Class Enrolled In: ☐ Toddlers ☐ 3 Year Old ☐ 4 Year Old ☐ Pre-K

My child has: ☐ Allergies ☐ no known allergies

Allergy Description:

If you checked off that your child has allergies, please list the allergies below and describe them as accurately as possible in the section labeled "Description/Restrictions". For example, if your child has a nut allergy, please be specific as to whether your child is allergic to peanuts, tree nuts or both. Also, if your child has a milk allergy or is lactose intolerant, please tell us about any dietary restrictions. For example, can he or she have baked goods containing milk products? What products must be avoided. **You must also complete an Individual Health Care Plan Form.**

Type of Allergy: _____

This allergy requires: ☐ Prescription Medication ☐ Non-prescription medication ☐ No Meds

Description/ _____
Restrictions: _____

Type of Allergy: _____

This allergy requires: ☐ Prescription Medication ☐ Non-prescription medication ☐ No Meds

Description/ _____
Restrictions: _____

Please keep in mind you will need a letter from your child's physician if you want us to administer non-prescription medications to your child. If your child carries a prescription medication, the medication must be delivered to the office, not the classroom teacher. It must be in its original packaging with the pharmacy label clearly affixed. Do not leave any medication in your child's possession, cubby, or in his or her classroom. There may be addition forms that need to be completed before the medication can safely be stored in the classroom's emergency backpack.

I have accurately described the nature of my child's allergy and will supply the school with any medication necessary to treat this allergy. I agree to accurately complete and return all related paperwork to the office prior to the start of school. If any of the above information changes, I agree to inform the school in writing.

Signature

Date



Easton Learning Adventures Preschool

Dear Families:

In an attempt to strengthen our home-school connection here at Easton Learning Adventures, we are asking each family to share some of their family traditions, practices, culture and language so that they may be incorporated into each classroom's daily curriculum. Please take a few minutes as a family to answer the following questions and return it with your completed enrollment packet.

Child's Name: _____ Class Enrolled In: _____

Parents/Guardians Names: _____

Nickname Child Prefers to be called: _____

Primary Language(s) Spoken at Home: _____

Religious Practices:

Holiday Traditions:

Favorite Family Activities:

Favorite Family Recipes:

Would you be interested in volunteering to share your family's culture with the students?

☐ YES

☐ NO

Easton Learning Adventures Preschool Transportation Plan and Authorization

CHILD'S NAME_____

MY CHILD WILL ARRIVE AT THE PROGRAM: MY CHILD WILL DEPART FROM THE PROGRAM:

___PUBLIC/PRIVATE/VAN

___PUBLIC/PRIVATE/VAN

___PRIVATE TRANS. ARRANGED BY PARENT

___PRIVATE TRANS. ARRANGED BY PARENT

I give permission for my child to be released from the program at the end of the program day as stated above and /or I give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "NO ONE".)

*IF A CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER.

NAME_____RELATIONSHIP_____

—

ADDRESS_____PHONE_____

—

NAME_____RELATIONSHIP_____

—

ADDRESS_____PHONE_____

—

NAME_____RELATIONSHIP_____

—

ADDRESS_____PHONE_____

—

PARENT/GUARDIAN SIGNATURE_____DATE_____

Hand Sanitizer in the Classroom

Dear ELAP Families,

Childcare and preschool programs in MA have received guidelines from EEC concerning the use of hand sanitizers in preschool settings. When outside or during activities where soap and water are not readily available for use, hand sanitizer may be used provided that use by children is appropriate to the age of the child and is carefully monitored. Alcohol-based hand sanitizer must be stored where it is inaccessible to children. These guidelines require ELAP to have written permission to use hand sanitizer for each child.

Please DO NOT send hand sanitizer in or attached to your child's backpack or jacket. Please sign & return the permission form below. If you have any questions, contact Ms. Sam or Ms. Shannon.

Hand Sanitizer Permission Form

Child's name: _____

Child's Date of Birth: _____

☐

I give ELAP permission to use hand sanitizer on my child's hands in accordance with EEC's recommendations and regulations.

☐

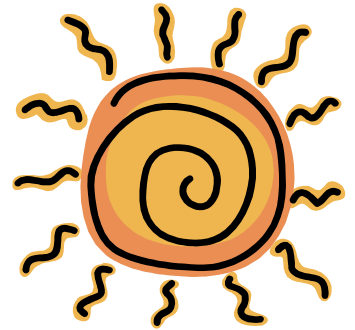
My child may NOT use hand sanitizer.

Parent Signature

Date

Easton Learning Adventures Preschool

Sunscreen Permission Form



Just a few serious sunburns can increase a child's risk of skin cancer later in life. Since children at ELAP regularly participate in outdoor and water related recreational activities, we strongly recommend adherence to the sunscreen policy.

1. All kids should wear sunscreen with an SPF of 15 or greater on all exposed skin daily.
2. The first application of sunscreen should be applied at home prior to coming to ELAP each day.
3. Parents or legal guardians will be responsible for providing their children with enough sunscreen to take with them for later day applications. Children will not be allowed to use any other product or share. Please be sure to label your child's bottle of sunscreen.
4. ELAP staff will reapply sunscreen after lunch before heading outside in the afternoon.
5. ELAP staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun and any other time as needed.
6. ELAP staff will reapply sunscreen in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

I verify that I have read and agree to comply with the ELAP Sunscreen policy.

Child's Name: _____

Parent's Signature: _____

Date: _____

Parent Handbook Agreement

I have read ELAP Parent Handbook on the school's website (www.eastonlearningadventures.com). I am aware that there are hard copies of the handbook available in the office if I so choose to request one. I agree to abide by the information, rules, regulations, policies and procedures set forth by the school and the Department of Early Education and Care. I understand that if changes are made to any of the policies or procedures, I will be informed in writing prior to the changes taking effect.

Child's Name _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature: _____

Date: _____