



**NIMO EARLY LEARNING**

# ENROLLMENT FORM



# Welcome to Nimo Early Learning!

We are thrilled to have you and your child join our community!

At Nimo Early Learning, we believe that early childhood is a time of wonder, exploration, and growth. Our mission is to provide a safe, nurturing, and stimulating environment where children can learn through play, build meaningful relationships, and develop the foundational skills they need for lifelong success.

We are committed to working in partnership with you the most important people in your child's life to support their unique needs, interests, and developmental journey. Our experienced educators are passionate about creating joyful learning experiences that spark curiosity and encourage creativity.

Here are a few important things you can expect as part of our program:

- **Daily Communication:** You'll receive regular updates about your child's day, including meals, naps, activities, and any special moments.
- **Individualized Learning:** We honor each child's learning pace and personality through hands-on, play based activities that support emotional, social, cognitive, and physical development.
- **Healthy & Safe Environment:** Your child's safety is our top priority. Our staff is trained in CPR/First Aid, and we maintain high standards for cleanliness and security.
- **Open Door Policy:** We value open communication and invite you to reach out anytime with questions, feedback, or concerns.

Enclosed in this packet, you'll find the necessary forms to complete your child's enrollment. Please return them as soon as possible to get your child enrolled. If you need any help completing the paperwork or have any questions, don't hesitate to contact us.

We're excited to start this journey with you and your family. Thank you for choosing Nimo Early Learning. We can't wait to see your child grow, learn, and shine with us!





# Enrollment Checklist

Thank you for enrolling!

Use this checklist to gather everything we need.

- Birth certificate or passport (for child's age verification)
- CIS Immunization record (current, from doctor or clinic)
- Proof of income  
(for ECEAP: tax return, TANF, child support, or SSI letter)
- Parent/guardian ID (driver's license or state ID)
- Signed enrollment application (given to you separately)
- Completed "All About My Child" form
- Emergency contact & pick-up list
- Signed permissions (field trips, photos, toothbrushing)
- Extra change of labeled clothes (in a zip bag)
- Any medications & authorization form (if needed)

Need help getting any of these documents? Please ask us – we can help connect you to resources.

Return this packet to: \_\_\_\_\_ by \_\_\_\_\_





# NIMO EARLY LEARNING

2801 S 128<sup>th</sup> ST, Tukwila, WA  
+1(206)-566-7202  
contact@nimoearlylearning.com

! Attach a recent  
passport-size  
photo here.



## DAYCARE ADMISSION FORM

Registration No:

Registration Date:

End Date:

### CHILD INFORMATION

Full Name:

Date of Birth:

Gender:

Male

Female

Home Address:

City/State:

Zip Code:

### PARENT/GUARDIAN INFORMATION

#### PRIMARY GUARDIAN:

Full Name:

Relationship to  
Child:

Father

Mother

Other:

Home Address:

Phone Number:

Occupation:

#### SECONDARY GUARDIAN (IF APPLICABLE):

Full Name:

Relationship to  
Child:

Father

Mother

Other:

Phone Number:

Occupation:

# MEDICAL & EMERGENCY INFORMATION

Does your child have any allergies?  Yes  No

If yes, please specify:

Does your child have any medical conditions?  Yes  No

If yes, please specify:

Child's Physician:  Phone Number:

Child's Dentist:  Phone Number:

Date of last Physical Exam:  Date of last Dental Exam:

## EMERGENCY CONTACT (OTHER THAN GUARDIANS):

Full Name:

Relationship to Child:  Phone Number:

Full Name:

Relationship to Child:  Phone Number:

### Authorized Pick-Up List

Name:  Phone Number:

Name:  Phone Number:

Name:  Phone Number:

# FEEDING & NAP PREFERENCES

Food Restrictions:

Does your child nap during the day?  Yes  No

If yes, please specify:  Comfort items:

# CONSENT & AGREEMENT

Photo Release:  I give permission for my child to be photographed for internal use and/or social media.  I do not give permission.

Field Trips (short walking trips, neighborhood walks):  Yes  No

Initials

I give permission for my child to participate in all daily activities at Nimo Early Learning, including classroom learning, outdoor play, and center-supervised events.

\_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached in the event of an emergency, I authorize the staff of Nimo Early Learning to administer first aid, Contact emergency medical services (911), Allow my child to be transported to the nearest medical facility.

\_\_\_\_\_

# WALKING/NEIGHBORHOOD OUTING PERMISSION

I give permission for my child to participate in short, supervised walking trips around the immediate neighborhood (e.g., garden walks, nature observations, trips to the playground).

\_\_\_\_\_

# TRANSPORTATION PERMISSION FORM

I give permission for my child to be transported by Nimo Early Learning staff for:

- Field Trips  Emergency evacuation  Routine transportation to and/or from home  Authorized school-related transportation

\_\_\_\_\_

I understand that transportation may include pickup from and/or drop-off at my child's home or another authorized location. I authorize Nimo Early Learning staff to transport my child using approved vehicles in accordance with state licensing regulations.

I will provide updated addresses, authorized release persons, and written notice for any transportation changes.

# SUNSCREEN APPLICATION

I give permission for staff to apply parent-supplied sunscreen to my child daily as needed.

\_\_\_\_\_

# DIAPER OINTMENT/LOTION PERMISSION FORM

I give permission for staff to apply the above product(s) during diaper changes or as needed. All products must be labeled with my child's name.

\_\_\_\_\_

I, the undersigned parent/guardian, agree to comply with the policies and procedures of the child care program. I certify that all information provided above is true and accurate.

.....  
Parent/Guardian

.....  
Date



# Parent Handbook Acknowledgement

Child's Name: \_\_\_\_\_

The Parent Handbook has been emailed to you for review.

Thank you for taking the time to read and acknowledge the policies and procedures we have established to ensure the safety, health, and well-being of all children in our care. We look forward to getting to know you and your family.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**This form allows parents/guardians to decline the teeth brushing service offered as part of daily child care routines.**

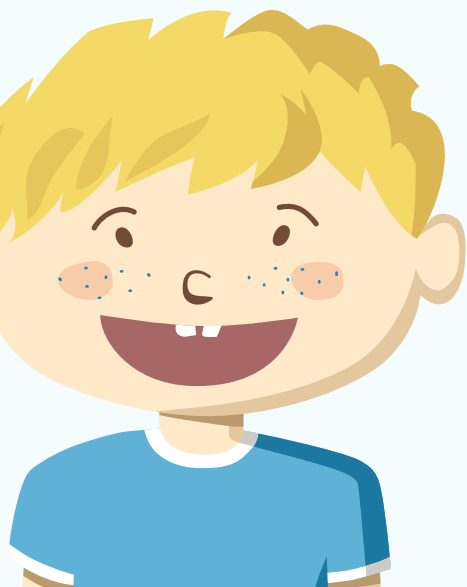
Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Reason for Opting Out (optional): \_\_\_\_\_

I understand that by opting out, the child care program will not assist or conduct any teeth brushing activities with my child while in care.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_  
Date: \_\_\_\_\_





**NIMO EARLY LEARNING**

# Ages & Stages (ASQ) Notification Letter

Date: \_\_\_\_\_

Dear Parent/Guardian,

At Nimo Early Learning, we believe in supporting every child's growth. As part of our program and in compliance with DCYF/WAC requirements, we conduct developmental screening for all children using a tool called the Ages & Stages Questionnaires (ASQ).

What is the ASQ?

The ASQ is a set of simple, age-appropriate questions about your child's development in areas like communication, motor skills, problem-solving, and social-emotional growth. You will fill out the questionnaire at home, and we will review it together.

Why do we do this?

To celebrate your child's strengths and to identify any early support needs. If there are concerns, we will connect you with resources at no cost to you.

Participation is required for our program, but you may request an exemption for religious or other reasons by speaking with the Family Support Specialist.

Please sign below to acknowledge receipt of this notification.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_





## FAMILY ENGAGEMENT & VOLUNTEER

We welcome families as partners!

Please check all that interests you:

### In the Classroom:

- Reading to the class
- Helping with art projects
- Playing at centers
- Sharing a family tradition or cultural celebration

### From Home (no on-site required):

- Cutting out shapes / preparing materials
- Donating supplies (see wish list)
- Translating documents (language: \_\_\_\_\_)
- Sewing or repairing dress-up clothes

### At Special Events:

- Help plan or run a family night
- Bring a snack for a celebration
- Take photos at events

### Attend a Workshop or Training (offered by program):

- Positive discipline strategies
- Early literacy at home
- Developmental screenings (ASQ)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

# Supply & Donation Wish List

**Thank you for supporting our classroom!**

We welcome donations of new or gently used items (no broken parts). Thank you for helping us keep our classroom rich and engaging!

## **High Priority (urgently needed):**

- Clorox wipes
- Tissues
- Full-size rolls of paper towels
- Gallon-size zip-top bags
- Play-doh (any color)

## **Regular Needs:**

- Child-safe scissors
- Washable markers and crayons
- Glue sticks
- Butcher paper or newsprint
- Gently used puzzles (no missing pieces)
- Gently used dress-up clothes

Please bring items to the front desk. Thank you!



# All About My Child



Child's Name: \_\_\_\_\_ Nickname(s) or preferred name: \_\_\_\_\_

What does your child love? (favorite toys, books, songs, or activities)

What makes your child feel happy and safe?

What comforts your child when they are sad, scared, or upset?

Does your child have any fears? (e.g., loud noises, the dark, dogs, separation)

How does your child let adults know they need help?

What is your child's usual mood in the morning? (cheerful, shy, grumpy, etc.)

## Daily Routines

### Sleeping/Nap routine:

Uses a pacifier (please send one)

Needs a blanket or stuffed animal

Usually naps for \_\_\_\_\_ hours

Falls asleep best by: \_\_\_\_\_

### Toileting/Potty status:

Fully independent

Needs reminders to go

Wears pull-ups or diapers )

### Eating:

Favorite foods: \_\_\_\_\_ Foods child dislikes: \_\_\_\_\_

Any allergies or dietary restrictions?  Yes  No If yes, please describe: \_\_\_\_\_

## Communication & Behavior

Languages spoken at home: \_\_\_\_\_

Is there anything else you want us to know to help your child have a great experience?

\_\_\_\_\_  
\_\_\_\_\_

