



Child's Enrollment Packet

Admission Form

Please fill out these forms completely and return before your child's first day at Mi Pequeña Academia. You may notify the program if/when any information changes.

Child Information

Child's Name: _____

DOB: _____

Nickname: _____

Age at Admission: _____

Date of Admission: _____

Start Date: _____

Address: _____

Home Phone #: _____

Primary Language: _____

Identifying Marks: _____

Eye Color: _____ Hair Color: _____

Skin Color: _____ Sex: _____

Height: _____ Weight: _____

Note: Please provide a family picture and an individual picture of the child.

(1) Parent/Guardian Information

Name: _____

Relationship to Child: _____

Address: _____

Reachable Phone #: _____

Email Address: _____

Occupation: _____

Hours at Work: _____

(2) Parent/Guardian Information

Name: _____

Relationship to Child: _____

Address: _____

Reachable Phone #: _____

Email Address: _____

Occupation: _____

Hours at Work: _____

Written acknowledgment of Receipt of Parent Handbook

I acknowledge that I have received a copy of Mi Pequeña Academia Parent Handbook and that I have discussed it with the school's director. _____ (Initials)

Parental Visit Notice

I understand that I may visit the program unannounced during the hours that my child is in attendance. _____ (initials)

Parent/Guardian Signature _____ **Date** _____



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Developmental History and Background Information

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name _____ DOB _____

Physician and Health Related Information

Child's Physician or Health Care Professional: _____

Address: _____ Phone Number: _____

Food allergies/Special Diets? _____

Allergies to any medications? _____

Is the child currently taking any medications? Yes ___ No ___ Reason? _____

Any known complications at birth? _____

Serious illnesses and hospitalizations: _____

Special physical conditions, disabilities: _____

Special limitations or concerns? Yes ___ No ___ Please explain. _____

Individual Health Plan for child with a chronic health condition? Yes ___ * No ___ *Please attach.
Anything we should know about your child's history during birth/as a newborn?

Additional Information

Has child been in childcare before? Yes ___ No ___ Which? _____

Is child currently attending a different child care center? Yes ___ No ___ Which?

Do you hold any custody agreements, court orders, and restraining orders pertaining to the child? Yes ___ * No ___ *Please attach copies.

Eating Habits

Special characteristics or difficulties: _____

Favorite foods: _____ Foods refused: _____

Does your child eat by him/herself? _____



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

Does your child eat with spoon? _____ Fork? _____ Hands? _____

Food allergies: _____

Toilet Habits (Please write N/A where it doesn't apply to your child)

Are disposable or cloth diapers used? _____ Is there a frequent occurrence of diaper rash? _____

Do you use: lotion _____ Other _____

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

Has toilet training been attempted? _____ Potty trained? _____

What is used at home? Potty Chair? _____ Special child seat? _____ Regular seat? _____

Is your child reluctant to use the bathroom? _____

How does your child indicate bathroom needs? (Include special words) _____

Please describe any particular procedure to be used for your child at the program: _____

Topical Medication/Ointments

Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin: Ex: sunscreen and diapering ointment.

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 of needs (stuffed animal, story, mood on waking, etc.) _____

DevelomentaI History

Any speech difficulties? _____

Special words to describe needs: _____

Language(s) spoken at home: _____



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Please note the approximate ages at which this child consistently was able to do each of the following. If any of the following is not consistent yet, please write P (in Process).

- | | |
|------------------------------|--------------------------------|
| _____ Sat Alone | _____ Slept Through Night |
| _____ Crawled | _____ Full Bowel Control |
| _____ Stood Unassisted | _____ Full Urine Control |
| _____ Rolled Over Unassisted | _____ Self-fed |
| | _____ Used spoon/fork |
| _____ Said First Words | _____ Showed Fear of Strangers |
| _____ Walked Unassisted | _____ Shared Toys with Others |
| _____ Spoke Sentences | _____ Scribbled with a Crayon |

Child's Social Relationships/Play

How would you describe your child? _____

Is your child able to play alone? _____

Favorite toys and games: _____

Favorite indoor activities: _____

Favorite Outdoor activities: _____

Fears: _____

Separation anxiety? _____

How do you comfort your child? _____

Does your child have a favorite object which seems to comfort him/her? If your child used to have one, but not anymore, please write age of when child gave this object up: _____

If any, please describe your child's previous experience(s) with other child care(s):



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Child's Daily Schedule

Please describe your child's schedule on a typical day. Include awakening, eating, time out of crib/bed, napping, toilet habits, night bedtime, etc.

Child's Special Needs

Please describe any special medical, physical, or emotional needs your child may have:

Is there anything else we should know about your child?

Parent/Guardian Signature _____ **Date** _____



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EMERGENCY INFORMATION CARD/First Aid and Emergency Medical Care Consent Form

Please note that this **emergency information card is for the program's first aid kit**. The educator(s) must take first aid materials when leaving the premises.

Child's Name: _____ DOB: _____

Child's Home Address: _____ Phone: _____

Parent/Guardian Contact Information

(1) Parent/Guardian: _____

Relationship to child: _____

Reachable Phone #: _____

Address: _____

(2) Parent/Guardian: _____

Relationship to child: _____

Reachable Phone #: _____

Address: _____

Pediatrician Contact Information

Child's Physician or Health Care Professional: _____

Address: _____ Phone #: _____

Emergency Contact to be reached first

Name: _____

Relationship to Child: _____

Address: _____

Reachable Phone #: _____

Authorized to pick up child? Yes__ No__

(2) Emergency Contact to be reached next

Name: _____

Relationship to Child: _____

Address: _____

Reachable Phone #: _____

Authorized to pick up child? Yes__ No__

Emergency Medical Treatment

I authorize staff in Mi Pequeña Academia Preschool to give my child basic first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Health Insurance

Health Insurance Coverage _____

Subscriber's Name: _____ Policy # _____

Parent/Guardian _____ Date _____



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Transportation Plan and Authorization

[7.09(3) AND 7.12(1)]

Child's name: _____ DOB _____

My child will arrive at the program:

☐ PARENT DROP OFF
☐ SUPERVISED WALK
☐ UNSUPERVISED WALK
☐ PUBLIC/PRIVATE/VAN
☐ CONTRACT/VAN
☐ PRIVATE TRANS. ARRANGED BY PARENT
☐ OTHER _____

My child will depart from the program:

☐ PARENT PICK UP
☐ SUPERVISED WALK
☐ UNSUPERVISED WALK
☐ PUBLIC/PRIVATE/VAN
☐ CONTRACT/VAN
☐ PRIVATE TRANS. ARRANGED BY PARENT
☐ OTHER _____

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

1. NAME _____
RELATIONSHIP _____
ADDRESS _____
PHONE _____

2. NAME _____
RELATIONSHIP _____
ADDRESS _____
PHONE _____

THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

Signature of Parent/Guardian

Date

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



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Field Trips Authorization

Neighborhood Walks

Due to the location of our building in the City of Melrose, getting to know our neighborhood is an important part of our program. When weather permits, we sometimes take children on short walks to Ell Pond and occasionally stay for a picnic at snack or lunch time. We also take occasional walks to places in the community close to our building, such as the grocery store, the bank, the pharmacy, the police and fire department, restaurants, or the library.

Every time we go outside the building, children will be accompanied by their lead teacher and a teacher assistant. Teachers will bring with them the Emergency Information Card for each child and the classroom emergency bag.

Children must have parental permission to go on these neighborhood walks. By signing below, you give permission for the teachers at Mi Pequeña Academia to take your child on neighborhood walks that are part of the curriculum. If you choose not to give permission for your child to attend neighborhood walks, either by not signing this form or by sending a direct message regarding a specific activity, your child will remain at school during that time.

I, _____, authorize my child, _____, to be taken on occasional short walks within the neighborhood while in the care of Mi Pequeña Academia.

Note: Please keep in mind that there may be last-minute changes to the curriculum to align with changes in the weather. Teachers and/or administration will try to notify parents several days in advance when possible, but notice will be given no later than the morning of the activity.

Parent signature

Date



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Photo Release Form

Mi Pequeña Academia requests your permission to photograph your child during different learning activities throughout the day. Photographs may be shared via e-mail with other parents or for promotional purposes of Mi Pequeña Academia. We will never label pictures of students with their names and will only post pictures with permission of the parents or guardians.

Photographic release:

I _____, parent/guardian, give permission for photographs & video of my child _____, receiving child care at Mi Pequeña Academia, to be used for promotional purposes by Mi Pequeña Academia, online or in print.

I hereby expressly agree to indemnify, defend, and hold harmless Mi Pequeña Academia, and the owners of the building where the center is located, against any claim arising as a result of my child's participation in the program.

Signature of Parent/Guardian

Printed Name

Date



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Parent Handbook Acknowledgment Form

Mi Pequeña Academia requires all parents and guardians to read the Parent Handbook in its entirety. Please review the sections listed below carefully, as they contain important policies that directly affect your child's daily care and your family's responsibilities while enrolled at our center.

The following sections require your acknowledgment:

- ☐ School Hours — Unexpected Closings (Page 16)
- ☐ Summer Tuition and Enrollment (Page 20)
- ☐ Child Drop-Off and Pick-Up Policy — Late Pick-Up Policy (Page 27 & 28)
- ☐ Food (Page 30)
- ☐ Health and Safety Policies — Preventing the Spread of Infection (Page 37)
- ☐ Health and Safety Policies — Plan for Meeting the Needs of the Mildly Ill Child (Page 38)
- ☐ General Policies — Conflict of Interest (Page 46)

I _____, parent/guardian of _____, confirm that I have received and read the above-referenced sections of the Mi Pequeña Academia Parent Handbook. I understand and agree to comply with all policies and procedures outlined in those sections.

Signature of Parent/Guardian

Printed Name

Date



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Additional Information

Spanish Language and Expectations of the Program

Child's Name _____ DOB: _____

1. Has your child been exposed to Spanish before? Yes ____ No ____ (If NO please skip #2)

2. Does your child... Understand Spanish? ____ Speak Spanish? ____

3. Does any parent, relative or caregiver speak Spanish with the child? Yes ____ * No ____

Who? _____

3. Do you speak any other language at home? Yes ____ No ____

Which? _____ How often? _____

4. Why are you interested in having your child learn Spanish?

5. What are your expectations of our Spanish immersion program?

6. What do you expect to get out of our program in general?

Parent/Guardian Signature: _____

Date: _____



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Policies and Tuition Agreement

Child's Name _____ DOB _____

I have read Mi Pequeña Academia Handbook and agree to abide by all the policies and procedures therein. I agree to pay the following tuition amount and understand that these may change depending on schedule and rate adjustments. Policies regarding late fees and termination are found in the parent handbook.

Address: 844-846 Main Street, Melrose, MA 02180 **Office:** 781-620-0458

Cell: 781-540-1932 (C) 786-506-4820 (MH)

Regular hours: Monday to Friday, 8:00AM to 4:00PM

- Please circle the number of days and days your child will attend per week

Mon / Tues / Wed / Thur / Fri

Number of days	2	3	5
Monthly Tuition	\$1,349	\$1,822	\$2,830
Monthly Tuition Sibling (10% Discount)	\$1,214	\$1,640	\$2,547
Registration fee (One time. Non-refundable.)	\$125		

- Monthly: Tuition is due on the first of the month for the current month.
- Sibling discount: A 10% discount is offered to families with more than one child enrolled. *This applies to only one child, attending the least amount of days.*
- Please note that tuition payments are adjusted **yearly**.

☐ Returning Student

☐ New Student

Parent/Guardian _____ Date: _____

School Director: _____ Date: _____

Congratulations on selecting Mi Pequeña Academia as your child's early educational experience!