

# Registration Form

## 1. Emergency Contact/Release Information

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
( ) _____	( ) _____	( ) _____	( ) _____		
Home Phone	Work Phone	Home Phone	Work Phone		
( ) _____		( ) _____			
Cell Phone	Email	Cell Phone	Email		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

## 2. PRIMARY RELEASE PERSON\*

\*The persons designated in this section will drop off and pick up my child on a **permanent/ regular basis**

_____		_____			
Name of Person		Name of Person			
( ) _____	( ) _____	( ) _____	( ) _____		
Home Phone	Work Phone	Home Phone	Work Phone		
( ) _____					
Cell Phone		Cell Phone			
_____		_____			
Relationship to child		Relationship to Child			
_____		_____			
Address		Address			

## 3. Alternative Emergency Contacts & Release Persons\*

(Do not include parent/guardian) The persons designated in this section will be contacted by Smith Mills and are authorized to pick up my child **IF THERE IS A MEDICAL OR OTHER EMERGENCY AND I CANNOT BE REACHED**

_____		_____			
Name of Person		Name of Person			
( ) _____	( ) _____	( ) _____	( ) _____		
Home Phone	Work Phone	Home Phone	Work Phone		
( ) _____					
Cell Phone		Cell Phone			
_____		_____			
Relationship to child		Relationship to Child			
_____		_____			
Address		Address			

## 4. CONTINGENCY RELEASE PERSONS\*

(Do not include parent/guardian) The persons designated in this section are authorized to pick up my child on an occasional basis, with or without my advance notification, and may be contacted by Smith Mills to pick up my child after our scheduled closing time if I fail to arrive and cannot be reached.

_____		_____			
Name of Person		Name of Person			
( ) _____	( ) _____	( ) _____	( ) _____		
Home Phone	Work Phone	Home Phone	Work Phone		
( ) _____					
Cell Phone		Cell Phone			
_____		_____			
Relationship to child		Relationship to Child			
_____		_____			
Address		Address			

## Child Information

Child Enrollment Sheet

Child First Name		Child's Last Name		Nickname	
Child's Home Address				Primary Language	
M/F	Date of Birth	Weight	Race(optional)	Hair Color	Eye Color
Age at Admission (How old your child was when they started at our school)			Date of Admission (Date your child started at our school)		
Identifying Marks					
Allergies/Special Conditions					
Who has legal custody of the child? (If any custody agreement or court order is in effect, please supply copy of latest order for our file upon enrollment)					
Describe any early intervention, special physical or emotional limitation requests, and or IEP documentation (please provide proper documentation if applicable):					
Individual Health Plan/Chronic Illness or other medical conditions:					
Medications regularly taken and possible side effects:					
Dietary Restrictions and/or Special Diets:					
<b>Parent/Guardian Information</b>					
Parent/Guardian Name			Parent/ Guardian Name		
Home Phone			Home Phone		
Home Address			Home Address		
Cell Phone			Cell Phone		
Work Phone	Hours at Work		Work Phone	Hours at Work	
Name of Business			Name of Business		
Email Address			Email Address		
Work Address			Work Address		

**Emergency Medical Care:**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I authorize Smith Mills Preschool & Kindergarten and/or a faculty member to have my child transported to the nearest hospital (St. Lukes) or medical center, and to secure the necessary medical treatment for my child.

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

**First Aid/CPR:**

I authorize the faculty of Smith Mills Preschool & Kindergarten who are trained in the basics of first aid/CPR, to give my child first aid/CPR when appropriate or in an emergency.

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

**Field Trips/Walks in Neighborhood/Anderson Way:**

I give permission for my child to join the teachers and class on walking field trips. The trip may include walking to the Pond, the Elderly Housing Complex or a walk to grassy area; all are on Anderson Way. I release Smith Mills Preschool & Kindergarten and its staff from liability in case of accident during activities as long as normal safety procedures have been taken.

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

**Photographs/Videotapes:**

I give permission for my child to be photographed at school, during program functions and field trips. I understand that the photographs may be taken by faculty and or staff member or by other parents. Photos may be used for promotional and display purposes related to school activities including but not limited to our Web Site, Bulletin Boards, class books etc... Local Newspapers may cover events at our school; I give permission for my child to be photographed at these events.

Yes to all

Yes to some with the following restrictions: \_\_\_\_\_

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

**School Directory (Phone/Address/Email) Class List Contact Information:**

I give Smith Mills Preschool & Kindergarten permission to include my child's name and contact information (address/Phone/Email/Parent/Guardian Name) in our school directory and classroom lists. This information is available to our families, faculty and or staff members only.  Yes  No

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

**Medical Authorization:**

I authorize Smith Mills Preschool & Kindergarten and or its staff to apply the topical, non-prescription medications listed below, as needed, according to the dosage instructions on the medication container.

Sunscreen (provided by parent/guardian labeled with child's name)  Yes  No

~ For any other non-prescription medication not listed, if permitted by state licensing, I will provide written authorization for faculty and or staff member to administer the medication in accordance with written instruction from myself or the child's health care professional as required. I agree to provide any medication or supplies needed.

~ For any prescription medication I will provide written dosage and frequency instructions from the child's health care professional (and also my written authorization, required by state licensing) and will provide the medication in its original container with the pharmacist's label.

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

**Social Media Authorization:**

Smith Mills Preschool and Kindergarten has a private Facebook/Instagram page. The private page allows people that have been authorized by us to view it. It consists primarily of families currently enrolled in the program. Please indicate your preferred social media preference.

Facebook                       Instagram

YES, I authorize Smith Mills Preschool and Kindergarten to post pictures of my child, \_\_\_\_\_ on their PRIVATE social media page. No names will be written.

NO, I do not authorize Smith Mills Preschool and Kindergarten to put my child's \_\_\_\_\_ picture on any social media platform.

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

**Hand Sanitizer Authorization:**

Smith Mills Preschool & Kindergarten receives guidelines and recommendations from the MA Department of Early Education and Care (EEC) concerning the use of hand sanitizer in preschool settings. These guidelines require written permission for the use of hand sanitizer with children and keeping hand sanitizer out of the reach of children. Please DO NOT send hand sanitizer in or attached to your child's backpack or jacket.

Special Instructions:

- ~ Hand sanitizer will be used only when soap and water is not available.
- ~ Hand sanitizer should always be kept in an area inaccessible to children.
- ~ Hand sanitizer will not be used when hands are visibly dirty.
- ~ Use of hand sanitizer will be supervised by an adult to prevent ingestion.

YES, I give permission for my child to use hand sanitizer on their hands in accordance with MA EEC regulations and recommendations when soap and water is unavailable.

NO, I do NOT authorize my child to use hand sanitizer.

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

<b>Medical Information</b>	
Hospital/Clinic Preference	
Physician's Name	Phone Number
Address	
Insurance Company	Policy Number
Allergies/Special Health Considerations	
<b>Dental Information</b>	
Name of Dentist	
Address	Telephone
<p>I authorize all medical and surgical treatment, XRAY, laboratory, anesthesia and other medical and or hospital procedures as may be performed or prescribed by the attending physician and or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency</p>	
Parent/Guardian Signature: _____ Date: _____	
<p><b>Transportation:</b> I understand that transportation is provided by parents/guardians or designee and this has been arranged for prior to the start of school. It is the responsibility of said person to drop off and or pick up my child in times agreed to. The person dropping off the child, must sign in and out child and deliver child to his or her teacher. If drop off/pick up person changes, it is my responsibility to notify the office and provide the required documentation needed to release.</p>	
Parent /Guardian Signature _____ Date: _____	
<p>In case of medical or other emergencies while my child is under the school's supervision, I understand that a faculty or staff member will attempt to contact me immediately: However , in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize and authorized Smith Mills Preschool &amp; Kindergarten to act on my behalf and take the emergency measures indicated below if deemed necessary by Smith Mills Preschool &amp; Kindergarten or by attending medical authorities for the care and protection of my child,</p> <p style="text-align: right;">_____ (child's names):</p> <ul style="list-style-type: none"> <li>~ Consult the physician or dentist named above if I cannot be reached.</li> <li>~ Administer first aid and or cardiopulmonary resuscitation (CPR)</li> <li>~ Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility if deemed necessary by paramedic, police or to the emergency personnel</li> <li>~ Obtain any emergency medical or dental treatment deemed necessary by medial authorize including but not limited to an epinephrine auto-injection for suspected exposure to life threatening allergy</li> <li>~ Transport my child via private, authorized vehicle to local emergency shelter in the event of emergency evacuation of our facility.</li> </ul> <p>I agree the above information is current and update, I also understand and accept the Authorization of Care Policies as stated previously.</p>	
Parent/Guardian Signature: _____ Date _____	
~ As a condition of enrollment, you MUST authorize the Smith Mills Preschool & Kindergarten to secure any and all necessary emergency medical treatment for your child in the event that <u>you cannot be reached</u> . If you wish to request a religious or personal exemption, state licensing authorities must be consulted to determine if such exemption may be granted.	

Developmental History & Background Information

Child's Name: _____	Date of Birth: _____
Any Speech Difficulties:	
Special Words to describe Needs:	
Language spoken at home:	
<b>Health</b>	
Any complication at Birth? <input type="radio"/> No <input type="radio"/> Yes- Describe	
Serious Illnesses and or hospitalizations/When	
Special Physical conditions or disabilities	
Allergies- i.e. asthma, hay fever, insect bites, medicine, food reactions	
Regular Medications:	
Side Effects:	
<b>Eating Habits</b>	
Favorite Foods	Foods Refuse
<b>Toilet Habits</b>	
Does your child use diapers/pull-ups? <input type="radio"/> Yes <input type="radio"/> No	
Does your child have accidents? <input type="radio"/> Yes <input type="radio"/> No	
Is your child reluctant to use the bathroom? <input type="radio"/> Yes <input type="radio"/> No	
Any special words your child uses to indicate bathroom needs	
<b>Sleeping Habits</b>	
Does your child become tired or nap during day? (If yes, include when and how long)	
When does child go to bed at night?	Get up in the morning?
Describe any special needs to help rest:	
<b>Social Relationships</b>	
Describe your child:	
Previous experience with other children/child care:	
Does your child have any fears?	
Reaction to strangers?	Able to play alone?
Favorite toy/activity:	

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

<b>Developmental History &amp; Background Information</b>	How do you comfort your child?
	What is the method of behavior management or discipline at home?
	What do you want your child's experience to be at our school?
	Name three goals you have for your child this year:
	<b>Daily Schedule</b>
	Describe your child's typical daily schedule:
	Is there anything else we should know about your child?
	<b>Members in your family</b>
	Please list all the members in your family:
	Parent /Guardian Signature: _____ Date: _____