



Day Care Center

120 Saybrook Road
Higganum, CT 06441
(860) 345-4347
FAX (860) 345-4138

APPLICATION DATE _____

NAME OF CHILD _____ **DATE OF BIRTH** _____

HOME ADDRESS _____

HOME PHONE NUMBER _____

MOTHER'S NAME _____ **OCCUPATION** _____

ADDRESS (IF DIFFERENT) _____

EMPLOYER'S NAME AND ADDRESS _____

_____ **PHONE** _____

CELL PHONE NUMBER _____

FATHER'S NAME _____ **OCCUPATION** _____

ADDRESS (IF DIFFERENT) _____

EMPLOYER'S NAME AND ADDRESS _____

_____ **PHONE** _____

CELL PHONE NUMBER _____

DOCTOR'S NAME _____ **PHONE** _____

DENTIST'S NAME _____ **PHONE** _____

HOSPITAL PREFERENCE _____

**MY CHILD HAS HAD THE FOLLOWING SERIOUS ILLNESS AND/OR INJURIES
AND/OR HOSPITALIZATIONS** _____

FOOD OR DRUG ALLERGIES _____

DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS? _____

EXPLAIN _____

WILL YOUR CHILD TAKE THIS MEDICATION AT DAY CARE? _____

DID YOU PROVIDE A MEDICATION AUTHORIZATION FORM? _____

**DOES YOUR CHILD HAVE ANY OF THE FOLLOWING PROBLEMS AND IS HE/
SHE UNDER A DOCTOR'S CARE?**

SPEECH _____

VISION _____

HEARING _____

BEHAVIOR _____

HEALTH _____

DOES YOUR CHILD HAVE ANY SPECIFIC FEARS? _____

HOW DO YOU DISCUSS THESE FEARS WITH YOUR CHILD? _____

**WHAT IS YOUR CHILD'S USUAL REACTION TO A NEW OR DIFFERENT
SITUATION?** _____

HOW DO YOU FEEL YOUR CHILD WILL ADJUST TO A NEW DAY CARE? _____

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES AT HOME? _____

HOW DO YOU DISCIPLINE YOUR CHILD? _____

WHAT ARE YOUR CONCERNS ABOUT DISCIPLINE? _____

IS IT DIFFICULT FOR YOU TO DISCIPLINE YOUR CHILD? _____

**DESCRIBE ANY SPECIAL CONCERNS THAT YOU HAVE ABOUT YOUR
CHILD** _____

**WHAT ARE YOU MOST INTERESTED IN SEEING OUR CENTER DEVELOP IN
YOUR CHILD?** _____

DESCRIBE YOUR CHILD'S TYPICAL SCHEDULE _____

BROTHER'S AND SISTERS _____

OTHER FAMILY MEMBERS AT HOME _____

PETS AT HOME _____

LANGUAGE SPOKEN AT HOME _____

CHILD'S FAVORITE TOY? _____

DOES YOUR CHILD LIKE TO PLAY ALONE? _____

DOES YOUR CHILD LIKE TO PLAY WITH OTHER CHILDREN? _____

WHAT TIME DOES YOUR CHILD GO TO BED AT NIGHT? _____

WHAT TIME DOES YOUR CHILD GET UP IN THE MORNING? _____

DOES YOUR CHILD NAP? _____ HOW LONG _____

IS YOUR CHILD A GOOD EATER? _____ FAVORITE FOODS _____

DOES YOUR CHILD HAVE ANY SPECIFIC ATTACHMENTS, (I.E. BLANKET, THUMB, ETC.) _____

CHILDREN WILL ONLY BE RELEASED TO PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS. PLEASE LIST INDIVIDUALS THAT MAY PICK UP YOUR CHILD INCLUDING PARENTS.

NAME	DRIVER'S LICENSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

OTHER THAN PARENTS, WHO IS TO BE CONTACTED IN CASE OF EMERGENCY

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

- **FOR YOUR CHILD'S SAFETY, ALL CHILDREN BROUGHT TO THE CENTER MUST BE ESCORTED INSIDE AND LEFT IN THE PRESENCE OF A STAFF MEMBER.**
- **AT PICK UP TIME , DO NOT LEAVE WITH YOUR CHILD UNTIL YOUR CHILD HAS BEEN SIGNED OUT FOR THE DAY.**
- **DO NOT PARK IN THE STAFF DRIVEWAY . WHEN USING THE DESIGNATED DRIVEWAY, PLEASE REMEMBER THE DRIVEWAY IS ONE WAY AND YOU ENTER AT THE BOTTOM ONLY. PARK IN THE TWO SPOTS AT THE TOP OR ON THE LEFTHAND SIDE ONLY. DO NOT BLOCK TRAFFIC AND DO NOT DROP OFF YOUR CHILD TO GO IN TO THE CENTER ALONE.**
- **PLEASE CALL IF SOMEONE OTHER THAN A PARENT WILL BE PICKING UP YOUR CHILD OR IF YOUR CHILD WILL BE ABSENT.**
- **OUR TUITION POLICY STATES THAT ALL ACCOUNTS MUST BE KEPT CURRENT AND PAYMENT IS DUE THE FIRST DAY OF THE WEEK YOUR CHILD COMES.**

YES

NO

- _____ _____ I HAVE BEEN INFORMED OF THE SCHOOL'S TUITION FEES, PROGRAMS AND POLICIES..
- _____ _____ I HAVE BEEN INFORMED OF THE SCHOOL'S MEDS POLICIES
- _____ _____ MY CHILD HAS PERMISSION TO HAVE PHOTOGRAPHS TAKEN FOR HOLIDAY CELEBRATIONS AND SPECIAL EVENTS
- _____ _____ PERMISSION TO TRANSPORT YOUR CHILD BY AMBULANCE IN CASE OF MEDICAL EMERGENCY.
- _____ _____ PERMISSION TO TRANSPORT YOUR CHILD IN CASE OF EVACUATION.

SIGNATURE _____ **DATE** _____

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AUTHORIZATION TO RELEASE CHILD

I, _____, hereby give my consent to Young Horizons Day Care Center to release _____ to another responsible adult that is listed below in the event that I can't be contacted in an emergency. I also will notify the center in writing if I know in advance that another adult listed on this form is picking up my child. Young Horizons staff will ask to see a valid picture identification before we will release your child to that person. Your child will not be released to anyone without prior written permission,

THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILD:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE _____ **DATE** _____

EMERGENCY MEDICAL PERMISSION

I, _____ give my consent to Young Horizons Day Care Center to call _____ at _____

Physician or Group

phone #

or to transport my child to an appropriate medical facility by ambulance should an emergency arise. I give my permission for my child to be treated as appropriately determined by emergency personnel and I agree to be responsible for all charges.

Insurance Co. _____ policy holder _____

Insurance number _____ group number _____

Phone number _____

SIGNATURE _____ **DATE** _____