



**ENROLLMENT FORM** SCHEDULE M, T, W, Th, Fri. Full time Part time

How did you hear about us? \_\_\_\_\_

Child's Name \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Home Address \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Language \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Allergies/Special Diets \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_ AGE AT ADMISSION \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Hours at Work \_\_\_\_\_ Hours at Work \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**ADDITIONAL INFORMATION**

Child's Physician/Clinic \_\_\_\_\_

Name Address Phone

Chronic Health Conditions \_\_\_\_\_

Special Limitations or Concerns \_\_\_\_\_

School Age Only: Current School & Address \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements is on file at My child's school.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Group Day Care and School age child care**  
**First aid and Emergency Medical Care**  
**Consent Form**  
**102CMR 7.09(3)**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency necessitating medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the Mt. Auburn Hospital in Cambridge and to secure necessary medical treatment for my child.

Child's physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Child's allergies: \_\_\_\_\_

Chronic health conditions: \_\_\_\_\_

**EMERGENCY CONTACTS (IN ORDER TO BE CONTACTED)**

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

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone # \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health insurance coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent(s) name \_\_\_\_\_ Phone(w) \_\_\_\_\_

Phone(h) \_\_\_\_\_

Parent(s) name \_\_\_\_\_ Phone(w) \_\_\_\_\_

Phone(h) \_\_\_\_\_

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

**Emergency Card Information**

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Child's home address \_\_\_\_\_

Phone \_\_\_\_\_

**INSTRUCTIONS TO REACH PARENT / GUARDIAN**

1. \_\_\_\_\_  
(name, address, phone #)

2. \_\_\_\_\_  
(name, address, phone #)

**PEDIATRICIAN OR SOURCE OF HEALTH CARE**

1. \_\_\_\_\_  
(Doctor's name, address, phone #)

**EMERGENCY CONTACT PERSON(S)**

1. \_\_\_\_\_  
(name, address, phone #)

2. \_\_\_\_\_  
(name, address, phone #)

**MEDICAL EMERGENCY TREATMENT**

I hereby give \_\_\_\_\_ permission to administer  
Basic first aid and / or CPR to my child \_\_\_\_\_  
And /or take my child \_\_\_\_\_ to the Mt. Auburn  
Hospital in Cambridge for medical treatment when I cannot be reached or when  
delay would be dangerous to my child's health.

\_\_\_\_\_  
(Date and parent signature)

**Insurance information (optional)**

Company name \_\_\_\_\_ Policy # \_\_\_\_\_

Participating hospital \_\_\_\_\_

Special instructions \_\_\_\_\_

**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

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

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

AGE BEGAN SITTING \_\_\_\_\_ CRAWLING \_\_\_\_\_ WALKING \_\_\_\_\_ TALKING \_\_\_\_\_

ANY SPEECH DIFFICULTIES? \_\_\_\_\_

SPECIAL WORDS TO DESCRIBE NEEDS \_\_\_\_\_

**HEALTH**

ANY KNOWN COMPLICATIONS AT BIRTH? \_\_\_\_\_

SERIOUS ILLNESSES AND/OR HOSPITALIZATIONS: \_\_\_\_\_

SPECIAL PHYSICAL CONDITIONS , DISABILITIES: \_\_\_\_\_

ALLERGIES i.e. asthma, hay fever, insect bites, medication, food reactions:  
\_\_\_\_\_

REGULAR MEDICATIONS: \_\_\_\_\_

**EATING HABITS**

SPECIAL CHARACTERISTICS OR DIFFICULTIES: \_\_\_\_\_

FAVORITE FOODS \_\_\_\_\_ CHILD EATS WITH HANDS \_\_\_\_\_ SPOON \_\_\_\_\_ FORK \_\_\_\_\_

FOODS REFUSED \_\_\_\_\_

**TOILET HABITS**

HOW DOES YOUR CHILD INDICATE TOILET NEEDS (INCLUDE SPECIAL WORDS) \_\_\_\_\_

IS CHILD EVER RELUCTANT TO USE THE BATHROOM? \_\_\_\_\_

DOES CHILD HAVE ACCIDENTS? \_\_\_\_\_

**SLEEPING HABITS**

DOES CHILD BECOME TIRED OR NAP DURING THE DAY (INCLUDE WHEN AND HOW LONG)? \_\_\_\_\_

WHEN DOES 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 EXPERIENCE WITH OTHER CHILDREN/DAY CARE \_\_\_\_\_

REACTION TO STRANGERS: \_\_\_\_\_ ABLE TO PLAY ALONE: \_\_\_\_\_

FAVORITE TOYS AND ACTIVITIES: \_\_\_\_\_

FEARS(THE DARK, ANIMALS, ETC....) \_\_\_\_\_

HOW DO YOU COMFORT CHILD? \_\_\_\_\_

WHAT IS THE METHOD OF BEHAVIOR MANAGEMENT/DISCIPLINE AT HOME? \_\_\_\_\_

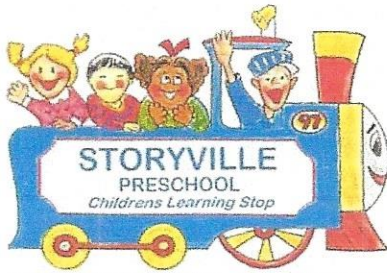
DESCRIBE YOUR CHILD'S SCHEDULE ON A TYPICAL DAY: \_\_\_\_\_

WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM THIS CHILD CARE EXPERIENCE?

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

PARENT'S/ GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



97 UNION STREET, WATERTOWN, MA 02472 .....

TEL: 617-923-0930

FAX: 617-923-2015

I give permission for my son/daughter, \_\_\_\_\_,  
to go on walking trips with his/her classmates and Teachers.

I understand that my child's class may walk to local playgrounds  
or on nature walks as part of the daily curriculum. I do not hold  
Storyville Preschool or any of its staff responsible for any injury  
that may occur to my child while on a walking trip.

Signed \_\_\_\_\_

Date \_\_\_\_\_



97 UNION STREET, WATERTOWN, MA 02472 . . . . . TEL: 617-923-0930  
FAX: 617-923-2015

### Transportation Plan

My child \_\_\_\_\_ is a student at Storyville Preschool and his/her transportation back and forth to school is my responsibility.

The following people may possibly drive him/her to school or pick him/her up each day:

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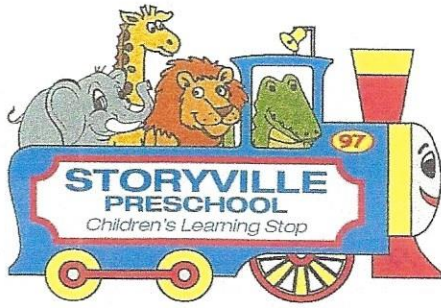
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In the event of an emergency necessitating evacuation of the building I give Storyville Preschool staff permission to walk with my child to the Stop & Shop in Watertown. If wider spread evacuation is necessary I give permission for my child to be transported via a bus provided by the Local Motion Bus Company. In the event of an extreme emergency that requires widespread evacuation I give permission for my child to be transported by private staff vehicles if we are unable to hire a bus in time. Parents will be notified of these plans as they are occurring.

Parent(s) \_\_\_\_\_  
signature \_\_\_\_\_

Date \_\_\_\_\_



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Storyville Preschool is now on Facebook, and would like to post pictures of our Storyville children involved in great projects and activities at our school. Please indicate below whether you give permission for your child to be on our Facebook page. No identifying information will be included with any child's photo.

My child's name is:

\_\_\_\_\_

I do \_\_\_\_\_ give my permission for my child to be on Storyville's facebook page

I do not \_\_\_\_\_ give permission for my child to be on Storyville's facebook page

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*Please return this form to the office at your earliest convenience. Thanks!