



NEW ENROLLMENT CHECKLIST

ENROLLMENT START DATE: _____

- HEALTH ASSESSMENT FORM, MUST RETURN TO DAYCARE WITHIN 30 DAYS
- SIGNATURE PAGE FROM THE PARENT HANDBOOK
- APPLICATION FOR THE FOOD PROGRAM
- ENROLLMENT APPLICATION
- SERVICE AGREEMENT
- EMERGENCY CONTACT FORM

ALL FORMS ARE DUE PRIOR TO YOUR ENROLLMENT DATE, EXCEPT HEALTH ASSESSMENT FORM, WHICH YOU HAVE 30 DAYS TO COMPLETE.



Get Acquainted Record

My nickname is: _____

I have ____ brothers & ____ sisters, there names and ages are: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

My favorite toy is: _____

I am afraid of: _____

I can do all these things by myself: _____

Why are you looking for a new childcare arrangement? _____

Has your child had previous daycare experience? _____

Please list prior caregivers and/or daycare centers: _____

Describe these experiences: _____

What type of discipline is used at home? _____

Does your child eat unaided? ____ Does he/she enjoy eating? _____

Does your child have a special diet? _____



Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child? _____

Please list these foods: _____

How does your child go to sleep? _____

Are there any special dolls or toys he/she needs in order to go to sleep? _____

What is the usual time and length of naps taken each day? _____

How long does he/she usually sleep at night? _____

Please list any personal habits, thumb sucking, nail biting, etc. _____

and/or specific words used to describe bodily functions or objects: _____

What are your main expectation of this program: _____

Would you like a getting to know you meeting? Yes or No

Date: _____

Signature: _____



Permission to Photograph

I, _____, give permission for _____ to photograph my child, _____, for the following purposes:

Only first names and possibly last initials (in the event of two or more children with the same first name) will be

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other(Please List):	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____ **Date:** _____
 (parent or guardian signature)



APPLICATION

NAME OF CHILD _____ BIRTHDATE _____

ADDRESS OF THE CHILD _____

CITY _____ STATE _____ ZIP _____

LEGAL GUARDIAN #1 _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ BUSINESS NUMBER _____

LEGAL GUARDIAN #2 _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ BUSINESS NUMBER _____

DAYS AND HOURS WHEN CARE IS NEEDED _____

COMPOSITION OF FAMILY _____

ANY PREVIOUS CHILD CARE EXPERIENCE _____

ARE THERE ANY DISABILITIES OR SPECIAL NEEDS OF CHILD? (MEDICATIONS, TREATMENTS, ALLERGIES, FOOD, INTOLERANCE, CONDITIONS, BEHAVIOR, ETC.) YES OR NO _____

Our program does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan care for your child.

USUAL EATING SCHEDULE _____

FOODS THAT THE CHILD LIKES _____ DISLIKES _____

THINGS THAT COMFORT THE CHILD _____

CULTURAL HABITS/HOME ISSUES THAT MAY AFFECT THE CHILDS BEHAVIOR _____

LEGAL GUARDIAN'S SIGNATURE _____ DATE _____



EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PACODE CHAPTERS 3270.124(a) (b), 3270.181 &182,3280.124 (a) (b), 3280.181&182,3290.124 (a) (b), 3290.181 & 182.

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____

MOTHER'S NAME/LEGAL GUARDIAN _____ HOME TELEPHONE NUMBER _____

ADDRESS _____

BUSINESS NAME _____ BUSINESS TELEPHONE NUMBER _____

ADDRESS _____

FATHER'S NAME/LEGAL GUARDIAN _____ HOME TELEPHONE NUMBER _____

ADDRESS _____

BUSINESS NAME _____ BUSINESS TELEPHONE NUMBER _____

ADDRESS _____

EMERGENCY CONTACT PERSON(S)

NAME	TELEPHONE NUMBER
* _____	_____
* _____	_____
* _____	_____

PERSON(S) TO WHOM CHILD CAN BE RELEASED TO

NAME	ADDRESS	TELEPHONE NUMBER
* _____	_____	_____
* _____	_____	_____
* _____	_____	_____



EMERGENCY CONTACT / PARENTAL CONSENT FORM

NAME OF CHILDREN'S PHYSICIAN/MEDICAL CARE PROVIDER _____

ADDRESS _____ TELEPHONE NUMBER _____

SPECIAL DISABILITIES (IF ANY) _____

ALLERGIES (INCLUDING MEDICATION REACTION) _____

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION _____

MEDICATION FOR A SPECIAL SITUATION _____

ADDITIONAL INFORMATION FOR A SPECIAL NEEDS CHILD _____

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS _____

POLICY NUMBER (REQUIRED) _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE _____

WALKS AND TRIPS _____

TRANSPORTATION BY THE FACILITY _____

ADMIN. OF MINOR FIRST-AID PROCEDURES _____

SWIMMING _____

WADING _____

PERIODIC REVIEW EVERY SIX MONTHS

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____



AGREEMENT

55 PA CODE CHAPTER 3270.123& 181(C); 3280.123 & 181 (C);3290.123 & 181 (C)

NAME OF CHILD _____

FEE AMOUNT _____ PER WEEK _____ DAY PAYMENTS SHOULD BE MADE _____

SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE, REFER TO PARENT HANDBOOK:

CHILD'S ARRIVAL TIME _____ CHILD'S DEPARTURE TIME _____

LATE FEE _____ PER MINUTE _____

PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD CAN BE RELEASED:

I, THE PARENT/GUARDIAN;

RECEIVED COMPLETE WRITTEN PROGRAM INFORMATION AT THE TIME OF ENROLLMENT (3270.121,3280.121,3290.121)

AGREE TO UPDATE THE EMERGENCY CONTACT/PARENTAL CONSENT FORM INFORMATION WHENEVER CHANGES OCCUR OR EVERY 6 MONTHS AT A MINIMUM (3270.124,03280.124,3290.124)

SIGNATURE OF THE OPERATOR AND DATE _____

SIGNATURE OF PARENT OR GUARDIAN AND DATE _____

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN



TRANSITIONING OF CHILDREN'S RECORDS POLICY

THE PARENT MUST COMPLETE AN AUTHORIZATION REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION FORM. STUDIO KIDS EARLY LEARNING CENTER, INC. WILL THEN TRANSFER THE CHILD/ CHILDREN'S RECORDS TO ANOTHER EDUCATIONAL ESTABLISHMENT, ONLY AT THE REQUEST OF THE PARENT.



SIGNATURE PAGE

I HAVE READ THE STUDIO KIDS EARLY LEARNING CENTER HANDBOOK. I UNDERSTAND AND AGREE TO APPLY ALL CONTENTS THEREIN.

PARENT/GUARDIAN SIGNATURE _____

CHILD'S FULL NAME _____

DATE _____