# APPLICATION FOR ADMISSION

## CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_

## HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_

## EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PREVIOUS SCHOOL ATTENDED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PARENT/GUARDIAN #1 PARENT/GUARDIAN #2

## NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## RELATIONSHIP TO CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PHONE PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERSONAL DATA

**Does your child have any allergies? Yes \_\_\_ No \_\_ If Yes, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any special medical condition? Yes \_\_ No \_\_ If Yes, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have an IEP/IFSP? Yes \_\_ No \_\_ If Yes, Please Submit a Copy.**

**Does your child have health insurance? Yes \_\_ No\_\_\_**

**Does your child use the bathroom on his/her own? Yes \_\_ No\_\_\_ If no, Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there an order of protection that includes your child? Yes \_\_ No \_\_**

**Describe and list any current court proceedings related to your child.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who will pick up your child daily? Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Days in Care: M \_\_ T\_\_ W\_\_ TH \_\_ F \_\_ Hours in Care: \_\_\_\_\_ Daily**

**Meals received while in care: \_\_\_ Breakfast \_\_\_ Lunch \_\_\_Snack**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

# Student Ethnic and Race Identification

## PARENT/GUARDIAN: PLEASE COMPLETE THIS SECTION

## PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

## For Question (1), check (✓) the box that best describes your child.

## 1. Is the student Hispanic, Latino, or of Spanish origin?

## Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

## YES, Hispanic

## NO, not Hispanic

## For Question (2), check (v) all boxes that apply to your child.

## 2. Select one or more races from the following five racial groups.

## AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central

## America.

## ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia,

## China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

## NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii. Guam, or other Pacific Islands.

## BLACK: A person having origins in any of the Black racial groups of Africa.

## WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

## Signature of Parent/Guardian/Other/School Staff Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT FOR PARTICIPATION IN ACTIVITIES**

**NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hereby grant permission for my child to use all play equipment and to participate in all school activities including field trips. I agree that should there be an accidental injury as a result of such play and/or activities, I will not hold Traditional Centers or its staff responsible for such play and activities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**PARENTAL OR GUARDIAN CONSENT FOR CHILD (REN) PICK-UP**

**I hereby grant permission for my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be picked up by any of the following individuals.**

**NAME RELATIONSHIP TELEPHONE**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**\*\* Please note that parents must telephone the Center for pick-ups other than authorized escorts. Such person(s) must be 18 years or older & present a picture ID before the child can be released. \*\***

**NO ONE UNDER THE AGE OF 18 WILL BE ALLOWED TO PICK UP ANY STUDENT AT TRADITIONAL CENTERS. ANY CHANGES TO THIS PICK-UP FORM MUST BE DONE IN WRITING.**

**PARENTAL/GUARDIAN CONSENT FOR EMERGENCY/MEDICAL CARE**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby give authority to Traditional Centers staff to obtain

 (Parent/Guardian Name)

necessary emergency medical treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Child’s Name)

I hereby permit the Emergency Room of **any** area hospital to treat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Child’s Name)

while he/she is enrolled in Traditional Centers.

**Insurance Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that I will be notified immediately whenever emergency transport and treatment are initiated. Should staff be unable to reach me this consent form will suffice for transport and treatment until I can be reached.

I understand the importance of keeping Traditional Centers staff informed of my emergency contact information and updating these phone numbers. I will be responsible for ensuring that these numbers are updated.

The purpose of this consent form has been explained to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**Release and Waiver of Liability and Indemnity Agreement**

IN CONSIDERATION OF MY CHILD BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES, AND PROGRAMS OF TRADITIONAL CENTERS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH TRADITIONAL CENTERS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES,

WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE TRADITIONAL CENTERS, its directors, officers, and employees. and

agents. (from now on referred to as "releases") from all liability to the undersigned, their representatives assign, heirs,

and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property.

resulting in the death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is

in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Traditional Centers.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each

of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about Traditional Centers premises or in any way observing or using any facilities or equipment of Traditional Centers or participating in any program affiliated with Traditional Centers whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH,

OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about, or upon the premises of Traditional Centers and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Traditional Centers.

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad as is permitted by the law of the State of New York and that if any. a portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND

INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing.

The written agreement has been made.

**I HAVE READ THIS RELEASE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

**Signature of Parent/Legal Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Parent/Legal Guardian**

**Photo Release Form**

As a parent or guardian, I hereby consent to the use of photographs/videotape taken during the school year for publicity, promotional, and/or educational purposes (including publications, presentations, or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or damages.

**\_\_\_\_**Yes, I give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to photograph my child for school purposes and/or at school events.

\_\_\_ No, I do not authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to photograph my child for any event.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# STUDENT INFORMATION SHEET

## CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_ CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_ CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EMERGENCY PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_ CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EMERGENCY PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_ CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##

**Does your child have any allergies? Yes \_\_\_ No \_\_ If Yes, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any health condition that may affect participation in physical activities?**

**Yes \_\_ No \_\_**

**If Yes Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child use the bathroom on their own? Yes \_\_ No \_\_\_ If no, Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who will pick up your child daily? Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intake Form**

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eating**

Is your child on any special diet? \_\_ Vegetarian \_\_\_\_vegan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_other

What does your child use to drink?

\_\_\_\_Bottle \_\_\_\_Sippy Cup \_\_\_\_Regular Cup \_\_\_\_Nursing Other: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleeping**

Does your child nap? \_\_\_\_\_\_\_\_\_ How many times per day? \_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_

Does your child sleep with a special blanket, toy, or pacifier? Yes No

Are there specific bedtime routines at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does your child sleep at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Toileting**

Does your child use diapers or pull-ups? Yes No \_\_\_Cloth \_\_\_\_Diapers \_\_\_Pull ups

Are there any specific ointments or lotions your child uses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use the potty or the toilet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child let you know that it's time "to go"? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child need regular reminders to use the bathroom? Yes No

If yes, what does that look like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Development**

Do you have any concerns about your child's development? Yes No

\_\_\_\_Hearing \_\_\_\_\_Vision \_\_\_\_\_Language \_\_\_\_Gross Motor \_\_\_\_Fine Motor \_\_\_\_Social \_\_\_\_Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child's primary spoken language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other languages being used with your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social and Emotional Development**

Has your child been in school before? Yes No

Is your child comfortable in group situations? Yes No

What is your child's regular routine when at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything we should know about your child's play with other children, by themselves, any concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kinds of activities does your child enjoy? Are there activities your child avoids?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child's temperament and personality?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your family have any pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What soothes your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What frightens your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any favorite songs or games that comfort them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your expectations or hopes for your child at our childcare center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything regarding your family, extended family, or child that you would like to share with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Form**

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

Where is your child currently living? (Please check only one)

* In a shelter\_\_\_\_\_\_\_\_
* With another family or other person (sometimes referred to as 'doubled -up) \_\_\_\_\_\_\_\_\_\_\_
* in a hotel/motel\_\_\_\_\_\_\_\_\_
* in a car, park, bus, train, or campsite\_\_\_\_\_\_\_\_\_\_\_\_
* other temporary living situation, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* in permanent housing\_\_\_\_\_\_\_\_\_\_\_\_\_

For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_ Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note that if the child's residence changes during the school year, this form must be updated with the new type of residence, name, signature of parent, and date)

**Parent Fee Agreement Form**

I the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to pay the set fee for childcare services at Traditional Centers. I recognize that fees must be paid no later than MONDAY.

According to DOE, **all fees must be paid before care and regardless of attendance.**

If fees are not paid **IN ADVANCE,** I recognize that my child will **NOT** be able to attend until fees are paid.

MY SS# is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please bring a copy of your Social Security Card)**

Parent Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Handbook**

**If after reading the handbook you have any unanswered questions, please contact the office staff for clarification.**

**We at Traditional Centers welcome you to our family. We hope that you will find that a warm, safe, and caring community exists here with our competent staff. Since we are going to play an important role in your and your child’s educational journey, we believe that two-way communication is essential. Together with your full support and understanding, we hope that your child’s school experience here will be happy, memorable, and fruitful. We look forward to building a long-lasting relationship that will surpass the years your child spends here. Let us consider this as a stepping stone to the many wonderful and productive educational years your child has ahead of them.**

**THANK YOU FOR CHOOSING TRADITIONAL CENTERS.**

By the signing of this form, I,

 Parent’s Name (print)

Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; certify that I have read the entire Parent

Handbook and have no questions.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent’s Signature

\_\_\_\_\_\_\_\_\_I have the following question (s):

Early Childhood Programs

Child Screening and Assessment Consent

Child’s Name: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: Site:

The Early Childhood Programs may conduct the following screenings for my child, within the timelines specified:

* Nutrition/growth screening and referral within 30 days. This assessment is reviewed by the program’s Nutrition Consultant.
* Developmental screening within 45 days. This screening assists the program in understanding your child’s developmental achievements to date.
* Behavioral screening within 45 days. This screening assists the program in understanding how you keep your child comfortable and how your child typically responds.
* Both of these screenings are reviewed by the Education Coordinator/Director.
* Vision screening within 45 days.
* Hearing screening within 45 days.

I understand the purpose and results of each screening will be discussed with me. I also understand the results of the screening will be used to plan and individualize the curriculum for my child.

* I give my consent for the screening
* I do not give my consent for the screening.

Parent Name Signature Date