

The Learning Center (TLC)
Enrollment Packet for Services

Child Information

Child's Name: _____ Date of Birth: _____

Age: _____ Today's date: _____ Enrollment start date: _____

Child's Home Address: _____

Home Phone Number _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

2. Parent/Guardian Name: _____

Relationship to Child: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____

Phone Number: _____ Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____

School Age Only

Public School (if planning to attend part time): _____

School Address: _____

School Phone Number: _____

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 are on file at my child's school.

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

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

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
- * Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
- *Do you use: oil: __ powder: __ lotion: __ other: _____
- *Are bowel movements regular? _____ How many per day? _____
- *Is there a problem with diarrhea? _____ Constipation? _____
- *Has toilet training been attempted?
- *Please describe any particular procedure you are using at home for toileting: _____

- *What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
- *How does your child indicate bathroom needs (include special words): _____
- Is your child ever reluctant to use the bathroom? _____
- Does your child have accidents? _____

SLEEPING HABITS

- *Does your child sleep in a crib? _____ Bed? _____
- Does your child become tired or nap during the day (include when and how long)? _____

- When does your 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 child care centers/schools: _____

Reaction to strangers: _____ Able to play alone? _____

Able to play with peers? _____ Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What methods of behavior management/discipline are used at home? _____

What would you like your child to gain from attending TLC? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. Please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

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

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

1. Name _____

Address _____

Relationship to child. _____

Home Phone _____ Cell Phone. _____

Do you give permission for child to be released to this person? Yes ___ No ___

2. Name. _____

Address. _____

Relationship to child. _____

Home Phone _____ Cell Phone. _____

Do you give permission for child to be released to this person? Yes ___ No ___

3. Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes ___ No ___

Parent/guardian signature

Date

Please indicate if your child currently takes any medications, what they are, and whether they would need to be taken at the center (**please note, TLC does not administer over-the-counter medications for illness and prescription medication cannot be administered unless it is essential the child receive the medication during school hours. Any essential medication or rescue medication must be accompanied by a physician’s letter stating that it is essential the child take the medication during school hours – or have access to it in the event of an emergency- and a detailed description of how to administer that medication correctly).**

Please indicate if your child is receiving any other clinical services (Speech, OT, PT, EI, etc.):

The Learning Center Special Policy Agreement

CHILD'S NAME: _____ Date: _____

I _____ have read and agree to all the policies and procedures in the **Learning Center Parent Handbook**.

PARENT'S SIGNATURE _____

DATE: _____

Please initial next to the following indicating consent:

Late Fees and Pickup

_____ I have read and understand the late fees policies in the parent handbook, including late tuition fees, return check fee and late pick up fee.

_____ I understand that chronic late pickups later than 5pm (more than 3 per month) regardless of circumstances may lead to TLC adjusting my child's scheduled times that they can attend, and/or discharging enrollment.

Sick Child

_____ I agree to pick-up my child or have my child picked up when notified he/she is suffering from any illness or injury as outlined in the program handbook. I also agree to follow the sick policy requirements as outlined in the program handbook.

_____ I acknowledge that medications cannot be given to my child while they attend TLC unless they are rescue medications with specific doctor's orders or are prescription medications that cannot be given outside of the time that my child is at the center.

Photography at The Learning Center

_____ I understand my child may be photographed for the daily report through tadpoles and that these pictures may go to families who attend TLC and/or be hung up in the center. Photographs taken at TLC will not be used on marketing materials or advertisements, nor shared with the general public, unless explicit consent has been obtained by the parent/guardian.

_____ I understand that my child's name, age, or any other demographic will NOT be posted with his/her photo on social media or marketing materials unless specific consent is obtained to do so.

_____ I will not post any photos of my child on any social media outlet if another child from The Learning Center is in the shot.

Visiting Policy

_____ I acknowledge that parents/caregivers are not allowed in the center during drop off or pick up, but that I may schedule a visit with management at any time to come and tour the center or observe my child/meet with their staff.

Sunscreen

_____ I give permission for sunscreen to be applied to my child while they attend the center. I acknowledge that I will need to provide the sunscreen for my child and that TLC cannot apply sunscreen to my child if I do not bring it in.

Child Care Discontinuation Policy

_____ I understand that my childcare may be discontinued for any of the following reasons: Failure to pay tuition, consistent late payments, failure to pay late fees, my failure to be cooperative and courteous, my failure to provide accurate and necessary information.

Private Tuition payments

_____ I understand my weekly payment for childcare is: \$_____. I will receive a monthly statement and will need to pay tuition by the due date on the statement.

_____ TLC is open M-F 8:30am-5pm. I understand that TLC will work with me to try to accommodate my preferred schedule, but that they cannot guarantee my preferred hours/days.

My child's preferred hours/days:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

First day of enrollment (for staff only): _____

Private tuition is due (for staff only): _____

PARENT'S SIGNATURE _____

DATE: _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT/GUARDIAN DROP OFF

PARENT/GUARDIAN PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PROGRAM BUS

PROGRAM BUS

CONTRACT RIDE

CONTRACT RIDE

PRIVATE TRANS. ARRANGED BY
PARENT

PRIVATE TRANS. ARRANGED BY
PARENT

OTHER:

OTHER:

TLC does not provide transport to/from the center.

Note: children arriving and leaving the center must be fastened into the appropriate car seat or booster seat for their age/weight. Staff regularly check at drop off and pick up to ensure straps are fastened securely and seats are in place correctly. Staff will bring this to your attention if it needs to be addressed. Please visit <https://www.cdc.gov/injury/features/child-passenger-safety/index.html> for more information.

Parent/Guardian Signature: _____ Date: _____

