

Creative Kids Academy Enrollment Form



Center Location _____ Enrollment Date _____

Family Information

Child's Name _____ Date of Birth _____ Sex: M F
Address _____ City _____ Zip _____

Parent or Guardian _____
Address _____ City _____ Zip _____
Phone _____ Email _____
Place of Employment _____ Business Phone _____ Other Phone _____

Parent or Guardian _____
Address _____ City _____ Zip _____
Phone _____ Email _____
Place of Employment _____ Business Phone _____ Other Phone _____

Emergency/Authorized Contacts [other than parents] for pick-up of child: *2 are required by DHS licensing.

Name _____ Phone _____ Relationship to child _____
Address _____

Name _____ Phone _____ Relationship to child _____
Address _____

Not authorized to pick up. List anyone not allowed to pick up your child from Creative Kids Academy
(a copy of a court order is required if a parent is not allowed to pick up the child)

Name _____ Phone _____ Relationship to child _____

Medical Information: *Must be completely filled out

Child's Physician /Clinic Name _____ Phone _____
Address _____

Do we have permission to use another clinic if your child is in need of medical attention? Yes [] No []

Family Dentist /Clinic Name _____ Phone _____
Address _____

Do we have permission to use another clinic if your child is in need of medical attention? Yes [] No []

Authorization to release medical information (anyone who is allowed access to your child's injury reports, medical info, medical records)

Name _____ Phone _____ Relationship to child _____
Address _____

Name _____ Phone _____ Relationship to child _____
Address _____

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Medical Acknowledgement

I/ We understand that in the event of an emergency Creative Kids Academy staff will attempt to contact me immediately. I also authorize Creative Kids Academy to initiate emergency care, including but not limited to, contacting the physician listed above, initiating first aid or CPR, and transporting my child via ambulance or other emergency services to a local hospital, in the event the need arises?

Parent/Guardian Initials _____ Parent/Guardian Initials _____

Please initial which of the following external preparations you authorize Creative Kids Academy to apply in accordance with directions for use on the original container.

_____ Soap _____ Lotion _____ Baby Wipes _____ Insect Repellent _____ Sunscreen
_____ Teething Gel _____ Baby Oil _____ Hand Sanitizer _____ Non-Prescription ointment (i.e. Desitin, Vaseline)

Field Trips/Walks

Creative Kids Academy has permission to take my child on field trips and outings by bus, or on foot. (Only school age children will be transported by bus.) Specific information will be posted before each event requiring your permission. Walks within a one [1] mile radius of Creative Kids Academy will not be posted or require a signature.

Parent/Guardian Initials _____ Parent/Guardian Initials _____

Photography Release

I/we authorize Creative Kids Academy to use photographs of my child for the following purposes. The names of children will **not** be used when posting photos to our website or social media sites.

_____ Classroom/Center Use _____ Social Media _____ Website _____ No Photos

Confidentiality

Enrollment information is collected to assist the license holder in providing appropriate care for your child and will be kept confidential. It is available to the child's parent or guardian, the child's legal representative, employees of the license holder, our public health nurse, and the Commissioner of the Department of Human Services.

Parent/Guardian Initials _____ Parent/Guardian Initials _____

Creative Kids Academy has permission to recognize and celebrate our child's birthday within the center and include it within the newsletter.

Yes _____ No _____

Handbook Policies

I have read the Creative Kids Academy Parent Handbook in its entirety and agree to abide by and follow all of the policies as written.

Parent/Guardian Initials _____ Parent/Guardian Initials _____

Withdrawal

A written two [2] week notice is required for the termination of childcare services from Creative Kids Academy. If a two week notice is not given, you will be responsible for paying the final two weeks of tuition and fees regardless of your child's attendance.

Parent/Guardian Initials _____ Parent/Guardian Initials _____

Account responsibility and waiver of liability

I/we, on behalf of myself/ourselves and my/our minor child hereby release Creative Kids Inc. it's officers, agents' and employees from all claims for injury or illness which may be sustained by my/our child while participating in daily activities.

Parent/Guardian Initials _____ Parent/Guardian Initials _____

I have read, understand, and accept all of the terms in this agreement. I will promptly update any information provided in this agreement as the information changes. I understand all permission forms [as stated above] will be kept in my child's file and will be in effect the duration of my child's enrollment at Creative Kids Academy.

Signature _____ Date _____

Signature _____ Date _____

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Child and Family Personal History

The purpose in securing this information about your child is to help the child care staff better understand your child and to help you know what to expect from the child care center. Your child's care during the day is a responsibility we share. All information is kept confidential and requires your written permission if it is to be shared. Please attach another sheet of paper if you wish to elaborate more on a question. Should a question not be applicable to your child at this time please leave them blank.

Family's Social History

Child's Name _____ Birth Date _____
Parent/Guardian _____ Parent/Guardian _____
Marital Status of Parents: Married ___ Divorced ___ Separated ___ Single Parent ___ Domestic Partners ___
Custody/Visiting arrangements (if any) _____

Siblings

Name _____ Birth Date _____
Name _____ Birth Date _____
Name _____ Birth Date _____

Other members of the household (pets, etc.) _____
How long have you lived in this city _____
Do you speak a language at home other than English _____?
Are there any special words that would help us communicate with your child _____?
Are there any cultural practices or holidays you would like us know about _____

Personal History

Type of Birth: Full Term _____ Premature _____
Age he/she began: Sitting _____ Crawling _____ Walking _____
Is he/she a good climber _____ Does he/she fall easily _____
Does he/she have any speech problems _____
Any special word to describe his/her needs _____

Sleeping Habits

What time does your child go to bed _____ Awaken _____
Does he/she have their own room _____ Own Bed _____
Does he/she walk, talk, or cry out at night _____
Does he/she take anything special to bed at night _____
What is his/her mood upon awakening _____
Does he/she nap _____ Times _____

Social Relationships

Has your child had experience in playing with other children _____
Your child's nature; is he/she _____ friendly _____ aggressive _____ shy _____ withdrawn
How does your child get along with siblings _____
How does your child get along with other adults _____
How do you feel your child will react to the childcare environment _____
What makes your child angry or upset _____
How does your child show their feelings _____
What method of behavior control is used in your home _____
What is your child's usual reaction _____
Who does most of the disciplining _____
Does your child have any fears _____
What are your child's favorite toys and activities at home _____
Has your child had experience with: scissors ___ easel painting ___ blocks ___ water play ___ finger painting ___

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Health History of your Child

Health Concerns

What past illnesses has your child had and at what age?

_____ Chicken pox _____ Scarlet fever _____ Diabetes _____ Hepatitis A or B
_____ Mumps _____ RSV _____ Other: _____

Does your child get frequent colds _____ Explain _____

Does your child get sick easily _____

Does your child vomit easily _____

Does your child run high fevers easily _____

Has your child had any serious accidents _____ Explain: _____

Has your child ever been hospitalized _____ What for _____

Has your child ever been to the dentist _____

Has your child had their vision checked _____

Has your child had a hearing test _____

Does your child have any health concerns we need to be aware of _____

Eating

Is your child hungry at mealtime _____

Is your child hungry between meals _____

What are your child's favorite foods _____

What foods are refused _____

What eating difficulties does the child have _____

Any food allergies _____

Is your family vegetarian _____

Any other dietary restrictions _____

Toilet Habits

Can your child be relied upon to indicate his toileting wishes _____

What word is used for urination _____

What word is used for bowel movements _____

How often does your child need to use the bathroom _____

Is your child afraid of the bathroom _____

Does your child have accidents _____

Does your child need help with toileting _____

Is your child wet or dry through the night _____

Does your child wear a pull-up at nap time _____

What are you expectations for your child at the center?

In what particular ways can we help your child?