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|  | CHILD ENROLLMENT APPLICATION |
| **CHILD INFORMATION** |
| Full Name | Enrollment Day |
| Date of Birth | Gender |
| Home Address | Home Phone |
| City | State | Zip Code |
| **PARENT/GUARDIAN INFORMATION** |
| Full Name | Email |
| Home Address |
| City | State | Zip Code |
| Cell Number | Home Number |
| Work/School Name | Work Number |
| Work/School Address |
| City | State | Zip Code |
| **PARENT/GUARDIAN INFORMATION** |
| Full Name | Email | Door Code |
| Home Address |
| City | State | Zip Code |
| Cell Number | Home Number |
| Work/School Name | Work Number |
| Work/School Address |
| City | State | Zip Code |
| **LOCAL EMERGENCY CONTACTS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP** |
| **Full Name** | Relationship to Child |
| Cell Number | Work/School Number |
| **Full Name** | Relationship to Child |
| Cell Number | Work/School Number |
| **ADDITIONAL AUTHORIZED PICK UPS** |
| Name | Relationship to Child |
| Name | Relationship to Child |
| Name | Relationship to Child |
| **CHILD’S EMERGENCY PROVIDERS TO CONTACT**  |
| Physician’s Name | Number |
| Dentist Name | Number |
| Preference Hospital in Case of Transportation |
| Parent/Guardian Signature | Date |

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|  | CHILD HEALTH AND BACKGROUND |
| **INFORMATION ABOUT YOUR CHILD** |
| Child’s Name | Date of Birth |
| Potty Training Status |
| Comfort Methods |
| Communication |
| Has the child been in other Child Care Centers or Family Child Care Homes |
| If yes, How long ago was the most recent enrollment |
| If yes, How many different enrollments | Age first attended Child Care |
| **CHILD’S MEDICAL HISTORY---WRITE “NONE” OR PROVIDE DETAILS** |
| Allergies | Dietary Restrictions |
| Medical Conditions | Birthmark Location |
| **CHILD LIVES WITH** |
| **DOES YOUR CHILD HAS AN IEP or ISP? Yes No** |
| **IF YOUR CHILD HAS AN IEP or IFSP, DO YOU GIVE CONSENT TO SHARE THAT INFORMATION WITH THE CALICO BUTERFLY PRESCHOOL STAFF MEMBER WHO IS INSTRUCTING YOUR CHILD? Yes No** |
|  |
| **WHEN WAS THE LAST TIME THAT YOUR CHILD HAD A:** |
| ***VISION SCREENING*** | ***CHILD WELL CHECK*** |
| ***HEARING SCREENING*** | ***DENTAL SCREENING*** |
| ***Resources provided as needed*** |
| **ETHNICITY (used for Grant Purposes)** |
|  | Caucasian |  | Native Indian/Alaskan Native |  | Black or African American |
|  | Asian |  | Native Hawaiian/Pacific Islander |  | Hispanic/Latino |
| **RELIGION** |
| Family Religion |
| **LANGUAGE SPOKEN AT HOME** |
| Primary language spoken at home |  | English |  | Spanish |  | Both |
|  | Other | If other, please list |
| **FAMILY/RELIGIOUS VALUES AND OTHER INFORMATION THAT WILL HELP US BETTER SERVE YOU AND YOUR CHILD** |
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**UPDATED APRIL 2023**

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|  | PERMISSIONS REQUIRED FOR ENROLLMENT |
| **CHILD’S NAME** | **DOB** |
| **PERMISSION FOR EMERGENCY TRANSPORT AND TREATMENT** |
| In the event of an emergency, I give permission for Calico Butterfly and/or emergency personnel to transport my child for emergency medical care, which I also authorize the treatment for. I understand that Calico Butterfly will attempt to contact me in an emergency. I also understand that, in some situations, emergency transportation may be arranged prior to me being contacted. |
| Parent/Guardian Signature | Date |
| **PERMISSION TO PHOTOGRAPH** |
| I give permission for my child to be photographed. Photos may be used for official center related purposes and may be viewable inside or outside the center and may include posting in the classroom, promotional or training materials, assessments and/or documentation of program quality, events, or offerings. |
| Parent/Guardian Signature | Date |
| **PERMISSION TO VIDEO TAPE** |
| I give permission for my child to be videotaped. Videos will only be used for official center related purposes and may be viewed inside or outside the center and may include viewing in the classroom, promotional or training materials, assessment and/or documentation of child development, and documentation of program quality, events, or offerings. |
| Parent/Guardian Signature | Date |
| **SUNCREEN PERMISSION** |
| I give permission to apply sunscreen on my child. |
| Parent/Guardian Signature | Date |
| **INSECT REPELLANT PERMISSION** |
| I give permission to apply insect repellant on my child. |
| Parent/Guardian Signature | Date |
| **DIAPER RASH CREAM/OINTMENT** |
| I give permission to apply diaper rash cream/ointment on my child. |
| Parent/Guardian Signature | Date |
| **LABELING OF PERSONAL ITEMS** |
| I give permission to have my child’s personal items labeled using a permanent marker on the tag of the item. Items include jackets, spare clothes, and bedding. |
| Parent/Guardian Signature | Date |

**UPDATED JULY 2022**

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|  | ACKNOWLEDGEMENTS AND ADDITIONAL INFORMATION |
| **CHILD’S NAME** | **DOB** |
| **MEDIA RELEASE** |
| I give permission for my child to be photographed, interviewed, video or audio taped for publicity (newspaper, television, film, slide presentations, brochure) purposes, to educate the public on the function of and the services offered by Calico Butterfly Preschool. I waive all claims for any compensation for such use or for damages. |
| Parent/Guardian Signature | Date |
| **RELIGIOUS EDUCATION** |
| I understand that Calico Butterfly Preschool is an outreach of St. Paul Lutheran Church and that religious education is a component of the program. |
| Parent/Guardian Signature | Date |
| **ILLNESS/EXCLUSION POLICY** |
| Your child needs to stay home if they have any of the following symptoms:* Fever of 100.4 or higher and 24 hours after fever breaks
* Show signs of illness or behavior changes
* Unexplained rash or skin lesions
* Difficulty or rapid breathing
* Has nose discharge that is yellow or green
* Shows signs of communicable disease or contagious illness
* Red, irritated, sore throat
* Discharge from the eyes
* Has flu like symptoms and/or consistent with COVID-19
* Diarrhea and or vomiting
* Any injury limiting their access to daily activity

Your child must be picked up within 30 minutes if sent home due to an illness or injury. Children must be on antibiotics and/or fever/symptom free for a full 24 hours before returning. A doctor’s note may be required for return. |
| Parent/Guardian Signature | Date |
| **SPECIAL TALENT OR INTERESTS** |
| Please check below if you have any special talents or interests you would like to share with our program. |
|  | Story telling |  | Health/Nutrition/Exercise |  | Drama |
|  | Reading |  | Family heritage customs |  | Parenting topics |
|  | Music/Dance |  | Ethnic Festivals |  | Arts & Crafts |
| Please list any other interests or talents you would like to share with our program |
|  |
| **APPROVED FOR PARTICIPATION** |
| I give permission for my child to participate in the following |
|  | Water Activities |  | Strenuous Activity |  | Active Sports |  | Walking/Outings |
| Parent/Guardian Signature | Date |

**UPDATED JULY 2022**