

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

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

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

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

Current School: ~~NOT APPLICABLE~~ _____

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 initials:**

~~NOT APPLICABLE~~ _____

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)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

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CHRISTIAN PRESCHOOL

Developmental History and Background Information

NO CHANGE FORM

This form indicates there have been no changes to my child's Developmental History and Background Information form.

Childs Name (please print clearly)

Parent/Guardian signature

Date

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CHRISTIAN PRESCHOOL

Transportation Plan and Authorization 7.13(1&2)

Child's Name: _____

My child will arrive at the program (check all that apply):

_____ Parent drop off

_____ Transportation arranged by parent (i.e., friend or family)

_____ Other _____

My child will depart from the program (check all that apply):

_____ Parent pick-up

_____ Transportation arranged by parent (i.e., friend or family)

_____ Other _____

I understand that HCP will not release my child to anyone without my authorization.

Parent Signature: _____

Date: _____



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CHRISTIAN PRESCHOOL

Photography Authorization Form

From time to time during the school year, the Hopkinton Christian Preschool (HCP) or Faith Community Church of Hopkinton will take photographs or make audio or video recordings of children involved in HCP activities for educational, informational or promotional purposes. Occasionally, local newspapers seek permission to photograph children participating in the HCP educational program. At no time, will any photograph or recording of any child be sold for commercial purposes.

Please fill out and sign the appropriate statement below and return to HCP.

Child's Name (please print) _____

To GRANT permission to use your child's picture

I **GRANT** permission for photographs and recordings of my child taken by the Hopkinton Christian Preschool and/or Faith Community Church of Hopkinton to be used in print, on the church website (www.faithMA.org), in the church's newsletters or bulletins, programs, or in church video presentations. I understand that if I give notice to the Director of HCP or to the Faith Community Church Director of Children's Ministry that I object to any particular picture on the website, it will be removed as soon as possible. In all publications, I give permission to identify my child by (check one):

- first and last name
 first name only
 I do not want my child identified by name in any way

To Refuse permission to use your child's picture

I **REFUSE** to grant permission for photographs and recordings of my child taken by the Hopkinton Christian Preschool and/or Faith Community Church of Hopkinton to be used in print, on the church's website (www.faithMA.org), in the church's newsletters or bulletins, programs or in church video presentations. Any photographs or presentations which include a recognizable picture of my child may not be used unless I change this statement with written permission.

Local media

Yes, I give permission for the local media to photograph, audiotape and/or videotape my child to highlight educational purposes or activities. I give permission to identify my child by (check one):

- first and last name
 first name only

No, I do not give permission for the local media to photograph, audiotape and/or videotape my child.

Signature of parent _____ Date _____