



## Application for Child Care

Please circle which days you are applying for:

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

### Child's Information

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Are there any behavioral or physical factors which require special consideration?**

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Identifying marks: \_\_\_\_\_

### Parent's Information

Parent's Name: \_\_\_\_\_ Parent's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Kids Wonderland Academy admits students of any race, color, national origin, ethnic origin, sex, religion, cultural heritage, or disability to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, ethnic origin, sex, religion, cultural heritage, political beliefs, marital status, sexual orientation, or disability in administration of its educational policies, admission policies, scholarship and loan programs, and other school administered programs.

***Please return this page with a \$50.00 Non-refundable application fee and one week of tuition security deposit, which will be used toward your child's last week of childcare.***

# Referral Bonus

Families, if you refer someone to Kids Wonderland Academy and they enroll, YOU will receive up to 1 week tuition free!

Tell your friends, neighbors, and colleagues about Kids Wonderland Academy. Please feel free to take brochures or business cards, located at the front desk!

Thanks to all!

# Lead Poisoning Screening

## EEC Regulation 105 CMR 460.050

All parents of enrolled children must provide us with a statement from their physician within one month of admission that their child has been screened for lead poisoning.

Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and 12 months and annually thereafter at ages two and three. Children must also be screened at the age of four if they live in a community deemed at high risk for lead poisoning by the Department of Public Health.

- 9-12 months- Proof of initial screening
  - Again, at the ages of two and three
- Again, at age four if the community is deemed at high risk.



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

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:***

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Before starting, each child must have a copy of their most recent physical and their immunizations on file.**



## Kids Wonderland Academy Contract for Services

Child's Name:

Date of Birth:

Parent(s)/Guardian(s):

Contract Begins (Starting Date):

Contract Ends (Ending Date):

Service Schedule: Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_

Dates of service schedule: From \_\_\_\_\_ to \_\_\_\_\_

Weekly Tuition for Schedule: \$ \_\_\_\_\_

**Tuition Due Date:** All tuition is due and will be processed using ***TUITION EXPRESS*** every Friday for the following week.

Payment options (Please check one):

- ACH (Directly through bank account)- No Fees.**
- Credit Card-Convenience fee applied (Rates vary, may be up to 4% per transaction)**
- Check can be dropped in the center mailbox 1 month in advance**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Cancelation Policy:** **If you must withdraw Your child during the school year, or change the schedule, a ONE month written notice is required. You will be financially responsible for any tuition due during one month. Your tuition deposit will be used toward your child's last week at the Center.** Occasionally disenrollment occurs when a parent's or child's need cannot be met. We reserve the right to disenroll any child who presents a risk to the health and safety of other children or staff, or any child whose needs cannot be met in our program. Refusal or inability to follow our policies may also result in disenrollment.

# Developmental History and Background Information

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

Please provide information for Infants and 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? \_\_\_\_\_

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 illness and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

## Eating Habits

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is 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 a spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

## Toilet Habits

\*Are disposable or cloth diapers used? \_\_\_\_\_ \*Frequent 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 to be used for your child at the center: \_\_\_\_\_

\*What is used at home? Potty chair? \_\_\_\_\_ Special child seat? \_\_\_\_\_

\*How does your child indicate bathroom needs? \_\_\_\_\_

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? \_\_\_\_\_

When? \_\_\_\_\_ How long? \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ Get up in the morning \_\_\_\_\_

Describe any special characteristics or needs (stuffed animals, stories, moods on waking, etc.) \_\_\_\_\_

## **Social Relationships**

How would you describe your child?

\_\_\_\_\_

Previous Experience with other children/childcare \_\_\_\_\_

Reaction to strangers \_\_\_\_\_ Able to play alone?

\_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc.): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_

## **Daily Schedule**





## Social Media Release Form

Academy uses social media to promote and market programs and create a space for parents to view photos of the children engaging in activities in the center. These pictures are solely used for this purpose. Kids Wonderland Academy operates several “official” social media accounts including Facebook, Twitter, and Instagram. Kids Wonderland Academy is responsible for administering and monitoring accounts. Pictures will be taken down per request from the parents or legal guardians.

I do wish to have Kids Wonderland Academy use images of my child for official social media purposes only.

I do not wish for Kids Wonderland Academy to use images of my child for official social media purposes.

Child's Name:

Parents' Signature:

Date:



Permission to Photograph and Video Record

I, \_\_\_\_\_ give permission for Kids Wonderland Academy to photograph my child, \_\_\_\_\_.

Type of Use	Grant Permission	Decline Permission
Display photographs in center		
Use photographs in newsletter		
Use photographs in newsletter		
Use photographs on website		
Video record for center use only		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses.

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



## Off Site Consent Form

I, \_\_\_\_\_ give permission for Kids Wonderland Academy to take neighborhood walk with my child \_\_\_\_\_. This may include walking and/or riding in the stroller.

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



## Transportation Plan

Child's name: \_\_\_\_\_

My child will **arrive** at the program at \_\_\_\_\_ am pm (Circle one)

Parent Drop Off

Authorized Drop Off By \_\_\_\_\_

Other (Please Explain) \_\_\_\_\_

Public/Private/Van

Private Transportation Arranged by Parent

My child will **depart** from the program at \_\_\_\_\_ am pm (Circle One)

Parent Drop Off

Authorized Drop Off By \_\_\_\_\_

Other (Please Explain) \_\_\_\_\_

Public/Private/Van

Private Transportation Arranged by Parent

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Sunscreen Authorization Form

Child's Name:	Date of Birth:
Sunscreen Start Date:	Sunscreen Stop Date:
Times to be Applied:	Special Instructions:

I authorize the use of the following "parent-provided"  
Sunscreen only on my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## First Aid and Medical Care Consent Form

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

I authorize staff in the childcare 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**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Valid for one year)

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