



## ENROLLMENT FORM

**THE COMMUNITY SCHOOL** | PO Box 111, 82 Main Street, Maynard, MA 01754

<b>Child Name:</b>		<b>Date of Birth:</b>	
<b>Age at Admission:</b>		<b>Date of Admission:</b>	
<b>Address:</b>			
<b>Phone:</b>			
<b>Primary Language:</b>			
<b>Identifying Marks:</b>			
<b>Eye Color</b>	<b>Hair Color</b>	<b>Skin Color</b>	<b>Sex</b>

**PARENT / GUARDIAN INFORMATION:**

<b>Name (print):</b>		<b>Relationship to child:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Business Name:</b>		<b>Business Address:</b>	
<b>Business Phone:</b>		<b>Hours at Work:</b>	

**PARENT / GUARDIAN INFORMATION:**

<b>Name (print):</b>		<b>Relationship to child:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Business Name:</b>		<b>Business Address:</b>	
<b>Business Phone:</b>		<b>Hours at Work:</b>	



## ENROLLMENT FORM

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### 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.

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

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Special limitations or concerns?

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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 SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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## EMERGENCY CARE

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM			
<b>Child Name:</b>		<b>Date of Birth:</b>	

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: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

EMERGENCY CONTACTS (In order to be contacted):			
Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			
Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			
Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



## DEVELOPMENTAL HISTORY UPDATE

### DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Child Name:		Date of Birth:	
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Please provide any updates for your child in the following areas. If you need a copy of the Developmental History on file at The Community School, please contact the Director at [communityschool@verizon.net](mailto:communityschool@verizon.net)

#### HEALTH

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: \_\_\_\_\_

#### TOILET HABITS

\*Please describe any procedure to be used for your child at the center:

\_\_\_\_\_

\*What is used at home?

Potty-chair? \_\_\_\_\_ 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? \_\_\_\_\_



## DEVELOPMENTAL HISTORY UPDATE

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### SOCIAL RELATIONSHIPS

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? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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## PERMISSION FORM

<b>Child Name:</b>		<b>Date of Birth:</b>	
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### EVALUATION PERMISSION

I give The Community School staff permission to observe and record my child's speech, language, cognitive, social, emotional, self-help, fine motor, gross motor, and developmental skills in order to help them identify my child's strengths and individual needs.

This information is used strictly for staff to share with parents during parent/teacher conferences and/or other parent/teacher/director. No standardized testing is done.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### PHOTO PERMISSION

I give permission to The Community School staff to take and use photographs of my child for the following: (Please initial each purpose you accept)

1. \_\_\_\_\_ For use in the classroom or classroom hallways
2. \_\_\_\_\_ For distribution to other TCS families via Procure Daily Photos or Monthly Newsletters
3. For marketing purposes (no names will be used):
  - i. \_\_\_\_\_ Brochures, poster boards, newspaper articles
  - ii. \_\_\_\_\_ The Community School website
  - iii. \_\_\_\_\_ The Community School Social Media Sites (Facebook, Instagram)

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### TRANSPORTATION PLAN AND AUTHORIZATION

I represent that my child will:

**ARRIVE AT THE PROGRAM BY:**

- \_\_\_ Parent drop-off  
\_\_\_ Private transportation arranged by parent  
\_\_\_ Other | Describe \_\_\_\_\_

**DEPART FROM THE PROGRAM BY:**

- \_\_\_ Parent pick-up  
\_\_\_ Private transportation arranged by parent  
\_\_\_ Other | Describe \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## PERMISSION FORM

CLASS LIST AUTHORIZATION			
Child Name:		Date of Birth:	

Every year The Community School compiles a class list for each classroom. These lists are available to all families at The Community School for the school year. These lists are helpful to families planning play dates, birthday parties, etc. We encourage all families to participate.

By completing each entry below as you want it to be included, parents are authorizing that this information to be on their child's class list at The Community School for the school year.

Child's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Family Address: \_\_\_\_\_

Family Phone Number: \_\_\_\_\_

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

\*Class lists are for private use only and not to be used for solicitation purposes.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## PERMISSION FORM

WALKING TRIPS			
<b>Child Name:</b>		<b>Date of Birth:</b>	

I give permission for my child \_\_\_\_\_ to participate in walks around Maynard for the purpose of:

1. Visiting local businesses to learn more about our community.
2. Visiting the Post Office, the Fire Station, the Police Station, etc. to learn about our community's services.
3. Taking nature walks for the purpose of observing nature or collecting nature materials for classroom study and artwork.
4. Walking to the Maynard Public Library for a special Community School story hour.
5. Seeing things of interest in Maynard.

I understand that I will be notified, when possible, when these trips will occur.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_





## SUPPLEMENTAL INFORMATION

**THE COMMUNITY SCHOOL** | PO Box 111, 82 Main Street, Maynard, MA 01754

**Child Name:**

**Date  
of Birth:**

1. What name would you like your child called and written on his/her papers (if different from what is on the enrollment form)? \_\_\_\_\_

2. Does your child have any special interests that would help us know him/her better?

Please explain: \_\_\_\_\_

\_\_\_\_\_

3. List all family members in your home: \_\_\_\_\_

\_\_\_\_\_

4. If your child has had previous day care or preschool experience, may we contact the provider with your written permission? Yes \_\_\_\_\_ No \_\_\_\_\_

Provider Contact Name and Number: \_\_\_\_\_

5. How did you hear about The Community School? \_\_\_\_\_

### FAMILY CELEBRATIONS

What special days do you celebrate in your family? \_\_\_\_\_

How would you like our program to be involved in your celebration? \_\_\_\_\_

What are some of the myths or stereotypes about your culture that you would like us to understand so as not to perpetuate them? \_\_\_\_\_

How do you feel about celebrations at the center that are not part of your family's tradition? \_\_\_\_\_

Would you have time to read a favorite story in your native language or share a favorite family recipe? \_\_\_\_\_



# AUTHORIZATION FORM

Authorization Form			
<b>Child Name:</b>		<b>Date of Birth:</b>	

I hereby give permission to the staff educators of The Community School to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

All items must be supplied by parents if use is requested. Items must be provided in the original container clearly labeled with the child's name.

List of Preparations:
Ointment:
Ointment:
Sunscreen:
Insect Repellent:
Other:
Other:

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_