

CARLISLE KIDS' HOUSE PRESCHOOL/TODDLER



CHILD INFORMATION:

Child's Name: _____ Telephone: _____
Home Address: _____ Date of Birth: _____
_____ Age at Admission: _____
Date of Admission: _____ Primary Language: _____

Identifying Information (required by Office of Child Care Services regulations) and/or current picture:

Eye Color: _____ Hair Color: _____ Sex: _____
Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____
Relationship to Child _____
Home Address _____
Home Telephone _____
Home E-mail _____
Bus. Name _____
Bus. Address _____
Bus. Telephone _____
Bus. E-mail _____
Work Hrs. M ___ T ___ W ___ Th ___ F ___
Occupation _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____
Relationship to Child _____
Home Address _____
Home Telephone _____
Home E-mail _____
Bus. Name _____
Bus. Address _____
Bus. Telephone _____
Bus. E-mail _____
Work Hrs. M ___ T ___ W ___ Th ___ F ___
Occupation _____

ADDITIONAL INFORMATION:

Please list any special interests your child may have: _____

Does your child know other children who attend our program? _____

Is there any other information you would like us to know about your child? _____

PARENTS EMAIL: _____

Parent/Guardian Signature

Date

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TRANSPORTATION PLAN & ALTERNATIVE TRANSPORTATION PLAN

CHILD'S NAME: _____

My child will arrive at the program by:

- Parent drop-off School bus drop-off
 Other (describe): _____

My child will depart from the program by:

- Parent pickup
 Other (describe): _____

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If older siblings will be assisting with pickup, please include them here. If no one is authorized, please indicate below by writing "NO ONE").

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Should I be detained beyond regular program hours due to an emergency or other unforeseen circumstance, I give my permission for the people listed below to be contacted to pick up my child. I understand that I will be responsible for any late charges which might be incurred.

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date

CARLISLE KIDS' HOUSE PRESCHOOL/TODDLER

AGREEMENT AND INDEMNIFICATION

I, the parent/guardian of _____ hereby give my approval to my child's participation in the program and activities of the Carlisle Kids' House Preschool during the _____ school year.

I assume all risks and hazards necessary or incidental to such participation, including transportation to and from activities, and I so hereby waiver, release, absolve, indemnify and agree to hold harmless Carlisle Kids' House Preschool, officers, directors, members, agents and employees from any claim, liability, or demand arising out of any loss or injury to our child.

I understand and acknowledge that Carlisle Kids' House Preschool has limited insurance coverage and that, by signing this waiver, I agree that Carlisle Kids' House Preschool and Carlisle Kids' House School Age Program as well as its officers, directors, members, agents and employees are not liable for any injury to my child in connection with the activities of the Carlisle Kids' House Preschool

Parent/Guardian Signature

Date

HOLD HARMLESS AGREEMENT RE: STAFF BABYSITTING

I/we parents/legal guardians of _____ (child/ren name) agree to hold harmless Carlisle Kids' House, Inc. for any harm that our child/ren may experience while under the care of a staff member whom I/we have personally employed to supervise our child/ren outside of the CKH program. CKH does not recommend staff members for childcare outside of the EEC licensed program Carlisle Kids' House, Inc.

Parent Signature: _____ **Date:** _____

PHOTO RELEASE FORM

For purposes that support Carlisle Kids' House Preschool's mission, I give permission for the Carlisle Kids' House Preschool to use images of my child, _____, in Carlisle Kids' House Preschool publications and for promotional purposes, including use in print materials, presentations, mailed promotions, exhibits, electronic publications and on the CKH web site. I understand that these photos will be used for the sole purpose of promoting or reporting on the Carlisle Kids' House Preschool, a child's full name will never be used nor will their year of birth be published.
Name of Parent or Guardian

Signature of Parent or Guardian

Date

- o **Please do not use my child in any photos for electronic publication but print materials are acceptable.**

CARLISLE KIDS' HOUSE PRESCHOOL/TODDLER

PERMISSION TO APPLY SUNSCREEN, INSECT REPELLENT, FIRST AID PRODUCTS

I authorize the staff of the Carlisle Kids' House Preschool to use the following nonprescription, topical products on my child, _____ as needed.

Off Skintastic insect repellent
#50 SPF generic sunscreen
Benzalkonium Chloride antiseptic wipes
Triple antibiotic ointment (Bacitracin-Neomycin-Polymyxin-B)

Please indicate if any of the above products should not be used on your child _____

Parent/Guardian Signature

Date

OFF SITE ACTIVITIES PERMISSION FORM

I give permission for my child, _____ to participate in all of the regularly scheduled ongoing activities located at the following off-site facilities:

Gleason Public Library
Local Walks

The program will provide in writing a list of scheduled activities.

Parent/Guardian Signature

Date

CARLISLE KIDS' HOUSE PRESCHOOL/TODDLER

PARENT INVOLVEMENT FORM

The Carlisle Kids' House Preschool under the auspices of the Carlisle Kids' House, Inc. is a parent-run corporation and, as such, needs volunteer help from members. We ask that families sign up for at least one volunteer job. If you have an expertise that we can capitalize on and it is not listed, add it in the "other" category.

Name of child(ren): _____ Name of parent(s): _____

CKH BOARD OF DIRECTORS

Scope of commitment: 1 evening meeting per month
 Additional hours depending on position

Sign up indicates interest only. A current Board member will call you to answer questions, etc.

President _____	Vice President _____
Treasurer _____	Member at large _____
Secretary _____	

COMMITTEES

Scope of commitment: Variable number of hours depending on needs of program
The committee chair or a current Board member will call you to discuss involvement, answer questions.

	Committee Chair Person	Committee Member
Fundraising Work with Board to establish fundraising priorities, Help with Old Homeday and/or Movie Night		
Communication/Newsletter Assist with publication & distribution of program newsletter, create a flyer for a special event		
Social Help pull together a family social event, host a pick-up time tea & cookie break		

SPECIAL PROJECTS

Scope of Commitment: One time event requiring two or more hours, usually at your convenience
A member of the staff or Board will call you to answer questions and discuss your participation.

- ___ Classroom volunteer (*read a book, help with an activity, etc.*)
- ___ Old Home Day (help with parade, fund raising tables, etc.)
- ___ Movie on the Common (help with contacting sponsors, gathering materials, set-up, manning selling tables, clean-up, etc.)
- ___ Other (let teacher or Director know)

CARLISLE KIDS' HOUSE PRESCHOOL/TODDLER

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ **Birth Date:** _____

Developmental History

Age child began sitting _____ Crawling _____ Walking _____ Talking _____

Any history of colic _____ Language spoken in the home _____

Any speech difficulties _____

Special words to describe needs _____

Health

Any known complication at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicines, food reactions: _____

Regular Medications: _____

Eating Habits

Special characteristics or difficulties: _____

Favorite foods _____

Foods refused _____

Toilet Habits

How does your child indicate bathroom needs (include special words)? _____

What is used at home? Potty chair _____ Special child seat _____ Regular seat _____

Is your child ever reluctant to use the bathroom? _____

Does the child have toileting accidents? _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION (Continued)

Sleeping Habits

When does your child go to bed at night _____ and get up in the morning _____ ?
Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc) _____

Social Relationships

How would you describe your child? _____

Previous experience with other children/day care _____
Reaction to strangers: _____
Able to play alone: _____
Favorite activities: _____
Fears (the dark, animals, etc.) _____
How do you comfort 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

Please describe your child's schedule on a typical day.

Parent Guardian Signature

date

CARLISLE KIDS' HOUSE PRESCHOOL

EMERGENCY AND MEDICAL FIRST AID AUTHORIZATION AND CONSENT FORM

Child's Name: _____ Date of Birth: _____
Home Address: _____ Phone Number: _____

Special concerns (physical limitations, dietary restrictions, allergies, chronic health problems, etc.): _____
If none, please indicate by writing none.

Instructions to reach Parent/Guardian (daytime)

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
E-mail: _____	E-mail: _____

Emergency Contacts (other than parents) in order to be contacted

Please include at least one local contact

- | | |
|--|--|
| 1. Name: _____
Address: _____
Phone Number: _____
Relation: _____ | 3. Name: _____
Address: _____
Phone Number: _____
Relation: _____ |
| 2. Name: _____
Address: _____
Phone Number: _____
Relation: _____ | 4. Name: _____
Address: _____
Phone Number: _____
Relation: _____ |

Child's Physician: _____
Address: _____
Phone Number: _____

Insurance Company: _____ Policy #: _____
Special Instructions: _____

MEDICAL EMERGENCY TREATMENT

I authorize staff members at the Carlisle Kids' House Preschool who are trained in the basics of first aid and CPR to administer first aid and/or CPR to my child, _____ when appropriate.

In the event of an emergency requiring medical attention for my child, if I cannot be reached or a delay would be dangerous to my child's health, I hereby authorize the Carlisle Kids' House Preschool staff to accompany my child to the nearest medical facility and/or to secure for my child the necessary medical treatment.

Parent/Guardian Signature

Date