



OPEN ARMS Christian Preschool

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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: _____ Child's Nickname: _____
Primary Language: _____

Child's Identifying Information:

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

PARENT/GUARDIAN INFORMATION:

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Home Address _____	Home Address _____
Reachable Phone # _____	Reachable Phone # _____
Cell Phone # _____	Cell Phone # _____
Email address: _____	Email address _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
Business Phone # _____	Business Phone # _____
Hours at Work _____	Hours at Work _____

ADDITIONAL INFORMATION:

Siblings: (names and ages):

_____/_____
_____/_____

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

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? _____

Please check the program option(s) you are choosing for your child's enrollment:

Preschool 3's - Tue/Thurs _____ Additional Day(s) - Mon _____ Wed _____ Fri _____

Preschool 4's - Mon/Wed/Fri _____ Additional Day(s) - Tue _____ Thurs _____

(additional days are subject to availability, please mark your 1st and 2nd choice)
5 day enrollment is available for all 3's and 4's

PreKindergarten - 5 days _____

Early Drop Off - Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Stay & Play - Mon _____ Tues _____ Wed _____ Thurs _____

Are you a registered member of the Lutheran Church of the Savior? Yes _____ No _____

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:

DEVELOPMENTAL HISTORY

Any speech difficulties? _____

Special words to describe needs _____

Language(s) spoken at home _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations _____

Special physical conditions, disabilities _____

ALLERGIES: i.e. asthma, hay fever, insect bites, medicine, food reactions etc.

Regular medications _____

Special Diet Requirements _____

EATING HABITS

Special characteristics or difficulties _____

Favorite Foods _____

Foods Refused _____

TOILET HABITS

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

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care _____

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 discipline used at home? _____

What would you like your child to gain from this preschool experience? _____

Is there anything else you would like us to know about your child? _____

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)

EMERGENCY CARD INFORMATION

Child's Name: _____

Date of Birth: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
(Doctor's Name, Address, Phone#)

EMERGENCY CONTACT PERSON(S)

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give _____
(Name of program)

permission to administer basic first aid and/or CPR to my child _____
(Name)

and/or take my child _____, to a hospital for medical
(Name)

treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent Signature)

(Date)

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy # _____

Participating Hospital: _____

Special Instructions: _____

GCCSACCEmergencyCardInformation20050701

Allergies: _____

OFF SITE CONSENT

In the event of an emergency situation at Open Arms Christian Preschool that would require us to remove the children from the property in staff cars without the use of seat belts (The Department of Early Education and Care has approved this plan), I release Open Arms Christian Preschool, the preschool staff, and The Lutheran Church of the Savior from any liability in the event of an accident or other incident while transporting the children to a safe place at one of the designated evacuation sites.

Name (please print) _____

Signature _____ Date _____

TRANSPORTATION PLAN

Child's Name _____

Please check off all that will apply. If other, please specify.

How my child will arrive at Open Arms:

- Parent Drop Off
- Supervised Walk
- Nanny/AuPair/Sitter
- Carpool w/ another family
Family Name _____
- Public/Private Van
- Private Trans. Arranged by Parent
- Other _____

How my child will be picked up:

- Parent Pick Up
- Supervised Walk
- Nanny/AuPair/Sitter
- Carpool w/ another family
Family Name _____
- Public/Private Van
- Private Trans. Arranged by Parent
- Other _____

Name (please print) _____

Signature _____ Date _____