



Dear Parent/ Guardian,

Thank you for showing an interest in Bristol Preschool Child Care Center. Enclosed you will find a “fact sheet” and an enrollment application. If you are interested in applying for a spot in our program, we ask that you complete the application and schedule an appointment. You will need to provide the following information at your interview:

- Income verification (employer disclosure or 4 weeks pay stubs)
- Your child’s birth certificate
- Child’s social security card
- Child’s health insurance
- Proof of residence (driver’s license or bill stub)

Your child will not be considered for enrollment until we have received the above information. Once your application has been processed, you will then be notified within two weeks the status of your child’s enrollment.

Please contact the office at (860)314-0597 if you need additional information.

Thank you again for your interest in our program. We look forward to meeting you.

APPLICATION DATE COMPLETED: _____
ENROLLMENT DATE: _____
PHYSICIAN'S NAME: _____
PHYSICIAN'S PHONE NUMBER: _____

Bristol Preschool Child Care Center, Inc.
Application for Admission

This is an application for admission to Bristol Preschool Child Care Center. Filling out this form is used to determine eligibility and places your child on a wait list. Formal verification of enrollment will be done once your application is processed.

All information provided will be held in strict confidence.

Name of child: _____ Male ___ Female ___

Date of Birth: _____ Soc. Sec. No.: _____ Race: _____

Address: _____ City: _____

Phone Number: _____ Child lives with: _____

Have You Been Referred To Our Program? Yes ___ No ___

If Yes, By Whom? _____

How Did You Learn About Us? _____

Parent / Guardian Information:

Mother's Name: _____ **DOB:** _____

Mother's Home Address: _____

Educational Level: High School/ GED Post Secondary College Degree

Employed: _____ Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____ Work hours: _____

E-mail address: _____

Father's Name: _____ **DOB:** _____

Father's Home Address: _____

Educational Level: High School/ GED Post Secondary College Degree

Employed: _____ Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____ Work hours: _____

E-mail Address: _____

Bristol Preschool Child Care Center, Inc.

Emergency Contact/ Release Form

Child's Name: _____ Age: _____ DOB: _____

Address: _____

The hours my child will attend are: _____

Parent /Legal Guardian(s):

1. _____ Home # _____ Work # _____ Cell # _____

Mother: yes _____ no _____ If no, what is the relationship: _____

2. _____ Home # _____ Work # _____ Cell # _____

Father: yes _____ no _____ If no, what is the relationship: _____

Emergency Contacts: Please list in order of priority.

1. _____ Home # _____ Work # _____ Cell # _____

Relationship to the child: _____ Address: _____

2. _____ Home # _____ Work # _____ Cell # _____

Relationship to the child: _____ Address: _____

3. _____ Home # _____ Work # _____ Cell # _____

Relationship to the child: _____ Address: _____

4. _____ Home # _____ Work # _____ Cell # _____

Relationship to the child: _____ Address: _____

Physician's Name: _____ Phone # _____

Dentist's Name: _____ Phone # _____

Insurance Coverage: _____ I.D. # _____

Preferred hospital (If emergency personnel recommend, the closest hospital will be used): _____

Allergies: _____ Medications: _____

Last DPT: _____ Other pertinent medical information: _____

I understand that by listing the above names I am giving consent for my child to be released into the care of the above named people. I also understand that may it be necessary, medical information may be released to the above listed names including my child's physician or dentist. I understand that my child's information, including medical is available for review by the State of CT Office of Early Childhood, BPCCC consultants, and the City of Bristol Grant Manager.

Parent / Guardian Signature

Date

Bristol Preschool Child Care Center, Inc.

Family Information

Children in the family: (Please list name and ages)

Is there any information we should know or you would like to share about your family's culture or beliefs: _____

Would you be interested in sharing your culture with your child's classroom (i.e. special recipe or celebration) YES NO

Medical History

Does your child have any medical condition listed below?

Asthma _____ Diabetes _____

Any other medical condition we should be aware of? _____

Date of Last Physical _____

Any known sight or hearing problems? _____

Has your child had any diseases listed below?

Bronchitis _____ Scarlet Fever _____ Chicken Pox _____
Mumps _____ Whooping Cough _____ Other _____

Any known allergies or medical condition the center should be aware of:

Are medications needed? Yes _____ No _____

*If yes, please see the office for a medical authorization form.

Parent Signature: _____ Date: _____

INFANT/TODDLER DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth: ____/____/____

What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Were there any problems during pregnancy with this child? (Diabetes, toxemia, etc.)

Please describe:

Was the child born prematurely? _____ If yes, how premature? _____

What was the child's birth weight? _____

Are there any known developmental delays? _____

Age child began sitting: _____ crawling _____ walking _____ talking _____

Does child: pull up crawl walk with support

Times child is fussy: _____

How do you handle these fussy times? _____

How does your child communicate his/her needs? _____

FAMILY INFORMATION

With whom does child reside? _____

If parents are separated, please indicate custody and/or visitation arrangement:

For a child who does not live with their biological parents, is the child adopted or a foster child? _____

Does the child know the biological parents? _____

Does the child visit the biological parents? _____ If yes, how often? _____

Who else lives in the home (siblings, extended family, pets)? _____

What does child call family members? _____

Language spoken at home: _____

Are books read in languages other than English? _____

Are there words in your home language that we should know? _____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: _____

Have there been any major changes within the family? (divorce, relocation, birth of sibling, death, etc.)

INFANT/TODDLER DEVELOPMENTAL HISTORY

HEALTH/ DEVELOPMENT

Serious illnesses or hospitalizations (describe)? _____

Any history of colic? _____

Special physical conditions, disabilities, or allergies (describe)? _____

Is your child presently or ever been diagnosed with a special need? _____

If so, is he/she receiving any special services? _____

Are you currently working with Birth to Three? _____

Regular medications? _____

EATING HABITS

Allergies, sensitivities/intolerances/restrictions? _____

Special diet/ Dietary restrictions: _____

Formula: Yes _____ (please list brand) _____ No _____ Breast Milk: Yes ___ No ___

Have solid foods been introduced? yes no If yes, please identify: _____

Favorite foods: _____ Foods refused: _____

Child drinks: from a bottle from a sippy cup from a regular cup

Child eats: on lap in high chair other

Child eats with: spoon fork hands other

Can you child feed him/herself? using fingers using spoon using fork

TOILETING/DIAPERING HABITS

Is there frequent diaper rash? yes no

Do you use: oil powder lotion other

Does child wear: disposable diapers cloth diapers

Are bowel movements: regular how often: _____

Is there a problem with: diarrhea constipation

Is your child toilet trained: yes no If yes, when did you begin? _____

urination bowels or both

What is used at home: potty-chair special seat regular seat

Word used for urination: _____ bowel movement: _____

Does your child have accidents? yes no If yes, how often/when? _____

SLEEPING HABITS

Does child sleep in: crib bed with parents

Does child sleep on: back side stomach

Does your child use: pacifier thumb

Times child take naps? Times: a.m. _____ / _____ p.m. _____ / _____

What does child take to bed? _____ mood on awakening _____

What time does child go to bed at night: _____ awake in morning: _____

Does your child sleep through the night? _____

Are there any sleep/wake time rituals? If so, please describe. _____

INFANT/TODDLER DEVELOPMENTAL HISTORY

SOCIAL RELATIONSHIPS

How would you describe your child's disposition? _____

Has child had any experience playing with children? If so, please describe. _____

Is child: friendly aggressive shy withdrawn

Reaction to strangers? _____

Have you had any previous child care experience? yes no If yes, did it meet your needs and expectations? Explain: _____

Prefers to play: alone in small groups

Favorite toys and activities? _____

Is child frightened by: animals rough children loud noises dark other

Explain: _____

How do you comfort your child? _____

How does your child prefer to be held? _____

What is your style of disciplining? _____

DAILY SCHEDULE

Please describe by approximate time your child's current daily activities (e.g., awakening, eating, time out of crib, napping, toilet habits, fussy time, bedtime):

MORNING

AFTERNOON

PARENTING PHILOSOPHY

Do you have ideas about parenting that would help us to better care for your child as an individual? _____

Parent / Guardian Signature

Date

PRESCHOOL DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth: ____/____/____

What would you like us to call your child? _____

Developmental history:

Did you have a normal pregnancy? _____

Weight at birth? _____ Did you: bottle or breast feed?

How old was your child when he/ she:

Began to walk? _____

Began to talk? _____

Was toilet trained? _____

Was weened? _____

Any childhood diseases? yes no

If yes, please explain: _____

Was your child ever hospitalized? yes no

If yes, please explain why and at what age: _____

Did anything unusual happen during your child's early years? yes no

If yes, please explain: _____

Present Development:

Is the child's speech clear to those outside the family? _____

What is the prominent language spoken in your home? _____

Does your child have any particular fears? _____

FAMILY INFORMATION

With whom does child reside? _____

If parents are separated, please indicate custody and/or visitation arrangement:

For a child who does not live with their biological parents, is the child adopted or a foster child? _____

Does the child know the biological parents? _____

Does the child visit the biological parents? _____ If yes, how often? _____

Who else lives in the home (siblings, extended family, pets)? _____

PRESCHOOL DEVELOPMENTAL HISTORY

What does child call family members? _____

Language spoken at home: _____

Are books read in languages other than English? _____

Are there words in your home language that we should know? _____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: _____

Have there been any major changes within the family? (divorce, relocation, birth of sibling, death, etc.)

Dressing and Toileting:

Can the child dress him/ herself? yes no

Manage buttons? yes no / Manage zippers? yes no / Tie shoelaces? yes no

Does your child need help in the bathroom? yes no

Is your child: right handed or left handed?

Describe your child's typical day at the present? _____

Play and relationships with others:

Has your child had any group experiences with other children his/ her age? yes no

If yes, please explain: _____

Major play interests? _____

Favorite activity? _____

Does your child play at home: alone, with adults or with other children?

Does your child become upset if left alone with a baby-sitter? yes no

Any unusual reaction to strangers? yes no

PRESCHOOL DEVELOPMENTAL HISTORY

Is your child afraid of anything? yes no

If yes, please explain: _____

Sleeping:

What is your child's usual bedtime? _____ Gets up at? _____

Does your child sleep through the night? yes no

Does your child take a nap? yes no For how long? _____

Does your child share a bedroom? yes no If yes, with whom? _____

Discipline:

How do you discipline your child? _____

Who disciplines your child? _____

Is your child rewarded for good behavior? yes no

Do you find your child cooperative? yes no

Any special problem the center should be aware of? yes no

If yes, please explain: _____

Eating habits:

What are your child's favorite foods? _____

Favorite: meat _____ vegetable _____ fruit _____

Please describe a typical food pattern for your child. Please include time and amounts.

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Describe your child's typical appetite. For example, he/ she is a picky eater, eats very little, eats slowly, etc. _____

Does your child have any allergies? yes no

If yes, please list what your child is allergic to and what could happen if your child came into contact with such items. _____

Bristol Preschool Child Care Center, Inc.

Developmental Screening

- Your child is developing motor, language, social, cognitive, perceptual and emotional skills and abilities.
- Your child's teachers plan meaningful experiences for your individual child and the whole class of children.
- Your involvement in developing both classroom and home learning experiences is needed.

Planning specifically for your child starts when you share your knowledge of goals for your child, teachers record their observations and experiences with your child and the developmental screening is conducted.

The **developmental screening** helps us identify the skills and strengths your child already possesses. It focuses on the child's ability to acquire skills and identifies children who may need special services. (NAEYC, 1998; SACUS, 1992)

Bristol Preschool Child Care Center, Inc. is using the screening instrument entitled, "Preschool Benchmarks and Assessments" by the State of Connecticut, Department of Education. The instrument consists of three screening areas: motor, concepts and language. It also includes a social, emotional and behavioral checklist.

Upon completion of the assessment, the results will be explained to the parent/ guardian during a parent conference.

Developmental Screening Permission

Please complete this permission form by placing a check next to each of the three statements, write your child's name, sign your name and write the date.

_____ I have received information on the purpose of the developmental screening.

_____ I give permission to Bristol Preschool and to those contracted by Bristol Preschool to conduct the developmental screening on my child, _____, at Bristol Preschool.

_____ I understand the results of screening will be explained to me.

Parent/ Guardian Signature

Date

I have given permission for my child, _____ to participate in any developmental screening tests which may become available through the Bristol Preschool Child Care Center, Inc. such as, but not limited to vision, hearing and speech testing.

I understand this is not a guarantee that testing will take place, but permission to test if it should become available.

I stipulate I will be made aware of the testing administered and the results of such test as soon as possible.

Parent/ Guardian's Signature

Date

Bristol Preschool Child Care Center, Inc.

Parent/ Guardian Right

Child's Name: _____ DOB: _____

Parent/ Guardian's Name: _____

In case of emergency and parent/ guardian can not be reached, I give permission for my child to be treated by a physician, EMT attendant or hospital emergency room attendant. I understand I will be contacted as soon as possible by the staff of Bristol Preschool Child Care Center, Inc.

Parent/ Guardian's Signature

Date

Permission Form

Please initial the following statements:

I agree my child may participate in spontaneous field trips (nature walk) and in scheduled field trips of which I receive prior notification. **Initial:** _____

I agree any picture taken of my child may be used in newspapers, bulletins, display boards or any other type of publications for BPCCC. **Initial:** _____

I give permission for Pre and Post screenings (classroom observations) done at the beginning, middle and end of the school year. **Initial:** _____

I agree to provide the office with current phone numbers if there are any changes for myself or any emergency contact listed on the contact form. **Initial:** _____

I have received and read the BPCCC handbook and agree to abide by the policies set forth. **Initial:** _____

I agree my child will be dropped off at the center no earlier _____ a.m and picked up no later than _____ p.m. **Initial:** _____

I understand I will be charged a late fee (\$20.00 every fifteen minutes) if I, and/ or the designated person is not at the center at the contractual pick up time listed above. **Initial:** _____

I understand that should a change need to be made to the arrival or departure time, I need to give a minimum of two weeks notice and receive approval prior to the change. **Initial:** _____

I give permission to Bristol Preschool to make whatever emergency (first aid or disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the center.

In case of emergency, I understand my child will be transported to an appropriate medical facility by a local emergency unit for treatment if the local emergency resources (police and/ or rescue squad) deem necessary. The child will be transported at the expense of the parent and/ or guardian.

It is understood in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician and/ or other adults acting on the parent's behalf.

Parent/ Guardian Signature

Date