

**Here We Grow** Preschool  
First Congregational Church  
128 Central Street  
Auburn, MA 01501  
508-832-8184  
Website: [www.herewegrowpreschool.com](http://www.herewegrowpreschool.com)  
Email: [director@herewegrowpreschool.com](mailto:director@herewegrowpreschool.com)



## **Child's Enrollment Form**

### **Child Information**

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

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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Registration Fee \_\_\_\_\_ Date \_\_\_\_\_ Cash/Check \_\_\_\_\_

**Child's Information**

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

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F

**Parent/Guardian Information**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Email \_\_\_\_\_

**Additional Information**

Allergies/Special Diet \_\_\_\_\_

Special Limitations or Concerns \_\_\_\_\_

Session Preferred \_\_\_\_\_

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

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

## **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:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Members of Childs Family:

\_\_\_\_\_  
\_\_\_\_\_

### **Developmental History**

Age began sitting: \_\_\_\_\_ crawling: \_\_\_\_\_ walking: \_\_\_\_\_ talking: \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regular medications: \_\_\_\_\_

### **Eating Habits**

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

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

### **Toilet Habits**

Are Pull-Ups used? \_\_\_\_\_ Has toilet training been attempted? \_\_\_\_\_

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? \_\_\_\_\_

## Sleeping Habits

Does your child become tired or nap during the day (include when and how long)?

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***Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.***

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)

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## Social Relationships

How would you describe your child?

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Previous experience with other children/day care: \_\_\_\_\_

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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? \_\_\_\_\_

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

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## Daily Schedule

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

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

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Parent/Guardian Signature

Date

## **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 any 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 the necessary 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 \_\_\_\_\_

Please use back of this form to add any additional names for emergency contact & permission to pick-up your child.

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

\_\_\_\_\_  
**Date (valid for one year)**

## Permission Slips

**Please circle yes or no on each of the following permission requests. Add your child's name & session at the top and sign and date the bottom of the page.**

**CHILD'S NAME** \_\_\_\_\_ **SESSION** \_\_\_\_\_

### Transportation Plan

Transportation for my child to and from the Here **We Grow** program will be arranged by the Parent/Guardian.

YES NO

### Field Trip Consent Form

I give permission for my child to participate in all field trips **Here We Grow** will be taking, including neighborhood walks and visits. I understand a separate permission slip will be done for the Apple Orchard Field Trip and the End-of-Year Field Trip.

YES NO

### Student Observation Consent Form

I understand that my child will be in a classroom where student observers and teachers are welcome to participate. There will be no research, experimentation or unusual treatment where in any such case would physical harm be allowed.

YES NO

### Fundraising Consent Form

**Here We Grow** shall not authorize any activities unrelated to the direct care of children or any contacts with the parents or guardians without the written, informed consent of the parents or guardians. Activities shall mean, but not limited to: fundraising. I give consent for my child to participate in fundraising events.

YES NO

### Media Consent Form

I give permission for my child to have his/her picture taken and possibly put in the news media, Here We Grow Facebook page or on the **Here We Grow** web-site (Social Media).

Pictures taken for the classroom, graduation, group pictures and others for in house use would fall under School media

Social Media YES NO

School Media YES NO

### School Directory

I give permission for my child to be put into the school directory listing his/her name, date of birth, address, phone number, parent's name and session.

YES NO

### Tooth Brushing for **Extended Day Sessions**

I give permission for my child to participate in tooth brushing. (Parents supply tooth brushes & covers)

YES NO

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