



Please return with enrollment fee:
Checks payable to Lenox Preschool

Lenox Preschool
55 Main Street
Lenox, MA 01240

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:

Name _____ Relationship to Child _____

Home Address _____

Reachable Phone Number _____

Email Address _____

Business Name _____

Business Address _____

Business Phone Number _____ Hours at Work _____

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 _____ Phone Number _____

Address _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? *If yes, attach.* _____

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

Special limitations or concerns? _____

In the event that I, or my child's other emergency contact cannot be reached, I hereby give permission to the Lenox Preschool to secure emergency treatment for my minor/s while in their care.

Signature of Parent/Guardian _____ Date _____

Walking Field Trips:

I grant my child permission to participate in field trips for neighborhood walks on any day of of the program: Yes No

Public Relations Permission:

With permission, your child and/or yourself may be photographed while engaged in educational activities. Can those images be used to promote the program online, in print or in some educationally related manner? Yes No

Pick Up:

People authorized to pick up my child

Name _____ Relationship _____

Name _____ Relationship _____

Signature _____ Date _____

Tuition and Program Information:

The preschool will run from 8:30am - 12:55pm, Monday through Thursday.

There is a **\$250 non-refundable enrollment fee** due at the time of enrollment. Please include with this form.

Do you require early care? (7:30am - 8:30am) _____

Do you require extended care? (12:55pm - 2:15pm) _____

How many days a week will your child be attending the program: *circle below*

2 full 2 half 3 full 3 half 4 full 4 half

half day is until 11am

Parents may at anytime request to view background record checks, and copies of health care, discipline policies as well as procedures for filing grievances.

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: _____

Please provide information for Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

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

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: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____

*Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____ other: _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

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

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs: _____

Is your child ever reluctant to go potty? _____ Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

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

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 toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your 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: _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)