

Deposit received _____
 Classroom _____
 Start Date _____
 A&S _____ months



Date of Last Medical Exam _____
 Arrival Time _____
 Pick-up Time _____

The Early Learning Center

Child's Name:				
Birth Date:		Male <input type="checkbox"/> Female <input type="checkbox"/>		
Street Address:		City:		Zip Code:
Telephone:		Home Language:		
Child Lives With:				CD MM DCC
Age as of September:		Weekly Fee: \$		
Parent Name:		Email:		
Parent Address (if different from above)				
Company Name and Occupation:			Business Phone:	
Work Address:			Home Phone:	
			Work Hours:	
Student FT/PT	College:		Cell Phone:	
Parent Name:		Email:		
Parent Address (if different from above)				
Company Name and Occupation:			Business Phone:	
Work Address:			Home Phone:	
			Work/School Hours:	
Student PT/FT	College:		Cell Phone:	

Other Children in the Family				
List Oldest First	At Home: Yes or No	School and Grade Level	DOB	Sex
Parents and Others in Household		Age	Relation to Child	
Total Number of Members in Household:				

General Information				
Please describe the general health of your child:				
Is your child completely toilet trained?		How did you hear about the Early Learning Center?		
If you are a New Haven resident and feel that you are eligible for financial assistance through the School Readiness Grant, please check here <input type="checkbox"/>				
If you are currently a GCC student and receive PELL, please check here <input type="checkbox"/>				
Name of Health Insurance	STATE <input type="checkbox"/>	Private <input type="checkbox"/>	Husky <input type="checkbox"/>	Uninsured <input type="checkbox"/>

The information in this application will be kept strictly confidential

If you have any questions at this time, or if you should change your address or telephone number, please call us at 203-285-2130.

Signature of Parent/Guardian

Date

Pick-up times <input type="checkbox"/>	Allergy and Medication Forms <input type="checkbox"/>
Service Agreement <input type="checkbox"/>	Food Form <input type="checkbox"/>
School Readiness Income Verification <input type="checkbox"/>	C4K <input type="checkbox"/>
Student Registration <input type="checkbox"/>	Parent Handbook <input type="checkbox"/>
Child Information/Language Survey <input type="checkbox"/>	Permission Form <input type="checkbox"/>
Medical Form and Date of Exam <input type="checkbox"/>	3 Emergency Numbers <input type="checkbox"/>

**EARLY LEARNING CENTER
CHILD INFORMATION**

Child's Name: _____ Nickname: _____

Date of Birth: _____

Health Information:

_____ Serious Accident
_____ Surgery
_____ Broken Bones
_____ Vision Impairment

_____ Speech/Language Problem
_____ Severe Emotional Disturbance
_____ Serious Disease
_____ Hearing Impairment

Please explain any areas checked: _____

Does your child have any allergies? _____ If so how does it manifest itself? Please check:

Asthma _____ Hay fever _____ Hives _____ Other _____

Do you know what causes his/her allergy? _____

Does your child have frequent colds? ___ Earaches? ___ Tonsillitis? ___ Stomach aches? _____

Does he/she vomit easily? _____

Does he/she run high fevers easily? _____

Is your child on medication regularly? ___ Please specify: _____

Does your child have any physical weaknesses, or chronic conditions which the center should take into consideration in planning a program for you child? _____

General Information:

Most small children are afraid of some things. Please state your child's fears, if you have noticed any: _____

Does your child nap regularly? _____

What times does he/she go to bed? _____ Awaken? _____

Does your child share his/her room? With whom? _____

Does your child have any eating problems? _____ Please specify: _____

Are there any dietary restrictions? _____

Does your child have neighborhood playmates? _____

How has your child been cared for until now? _____

By whom? _____ Tel. Number _____

Is your child afraid of being left in a new place without his/her parent? _____

What makes your child angry or upset? _____

How do you handle this? _____

How do you set limits for you child at home? _____

How would you describe your child's personality? _____

Is there any unusual features in the child's home or past experience which may have affected his/her? _____
If yes, please give details: _____

In what particular ways can we help your child? _____

Developmental History:

Were there any unusual or difficult factors involved in the pregnancy or birth of this child? _____
If yes, please explain: _____

At what age did your child crawl? _____ Walk? _____ Name objects? _____

Use short sentences? Toilet train? _____

Word(s) child uses for: Urination _____ Bowel movement _____

Does your child dress him/herself? _____

What are your child's favorite play activities indoors? _____

Outdoors? _____

Do you feel your child is developing physically, socially, and emotionally at a similar pace with other children his/her age?

Are you concerned at all about your child's behavior or development? _____

If yes, please explain: _____

No child will attend without this list being complete prior to the start of school.
You may use the same 3 names for each list, however you must fill out the entire list:

Child's doctor/clinic: _____
Address: _____
Telephone: _____
Hospital of your choice in case of emergency: _____

***Persons to be notified in case of any emergency if we cannot reach parents/guardian:**

Name _____ Home Tel. _____
Relationship to child _____ Work Tel. _____

Name _____ Home Tel. _____
Relationship to child _____ Work Tel. _____

Name _____ Home Tel. _____
Relationship to child _____ Work Tel. _____

***Please list the names of anyone authorized to pick up your child:**

Name _____ Home Tel. _____
Relationship to child _____ Work Tel. _____

Name _____ Home Tel. _____
Relationship to child _____ Work Tel. _____

Name _____ Home Tel. _____
Relationship to child _____ Work Tel. _____

ALL INFORMATION OBTAINED ON THIS FORM WILL BE HELD STRICTLY CONFIDENTIAL.

DATE

SIGNATURE OF PARENT/GUARDIAN

Worksheet for Sharing Information about Your Child

One important part of transition is sharing information about your child's needs, strengths, and abilities. The following information will help the staff in the new program learn about and plan for your child.

1. What types of things does your child enjoy learning?
2. What things are the most difficult for your child to learn?
3. What are your child's favorite toys and activities?
4. How does your child get along with other children?
5. What types of rewards work best with your child (for example, hugs, praise, stickers)?
6. What types of discipline work best with your child?
7. What kind of support or help, if any, does your child need during routines such as eating, dressing, toileting, napping, etc.?
8. What was your child working on in the last program that you would like to see continued in the new program?

9. What other goals would you like to see for your child in the new program?

10. What other information would you like to share about your child?

Child's Name _____

HOME LANGUAGE AND CULTURAL SURVEY

List the languages your child is exposed to (relatives, child care providers, family members etc.)

What is your child's primary language? _____

What languages are used to communicate with your child? _____

Language	Only	Sometimes	Mostly	Equally	By whom

Are you comfortable speaking English?

Do you understand English? _____ **Do you read English?** _____

If not, do you have someone available to translate?

Tell us about foods your family likes to cook or eat.

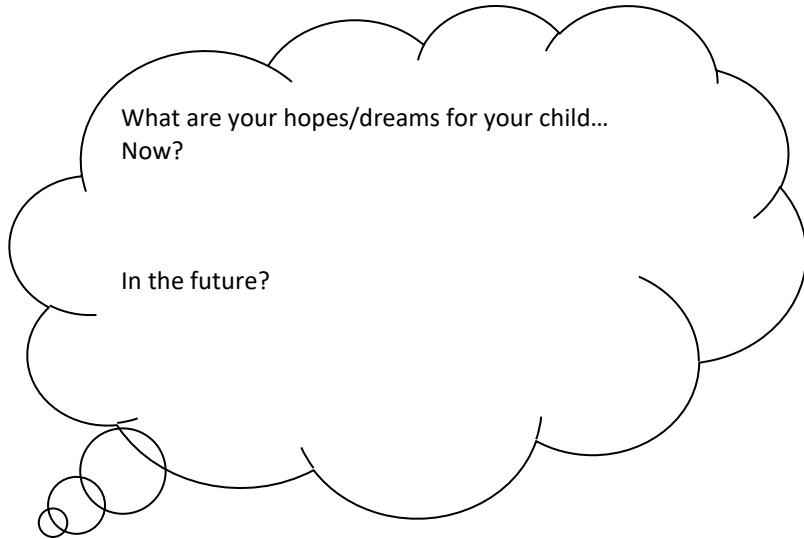
Tell us about things you like to do together as a family. _____

Tell us what you do to celebrate your favorite holiday, or if you do not celebrate holidays.

Do you travel to visit family or friends, and if so who do you visit?

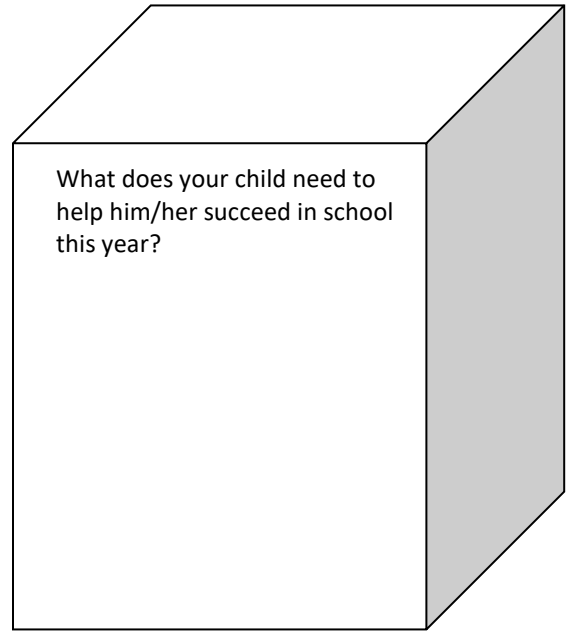
WHO IS THIS CHILD?

Name _____

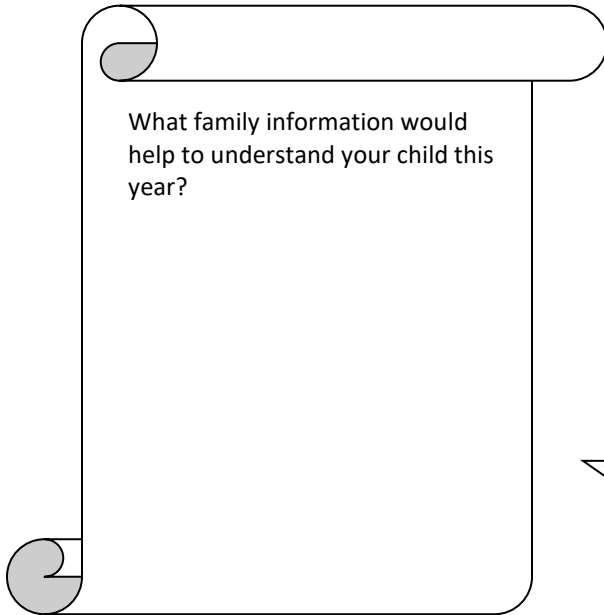


What are your hopes/dreams for your child...
Now?

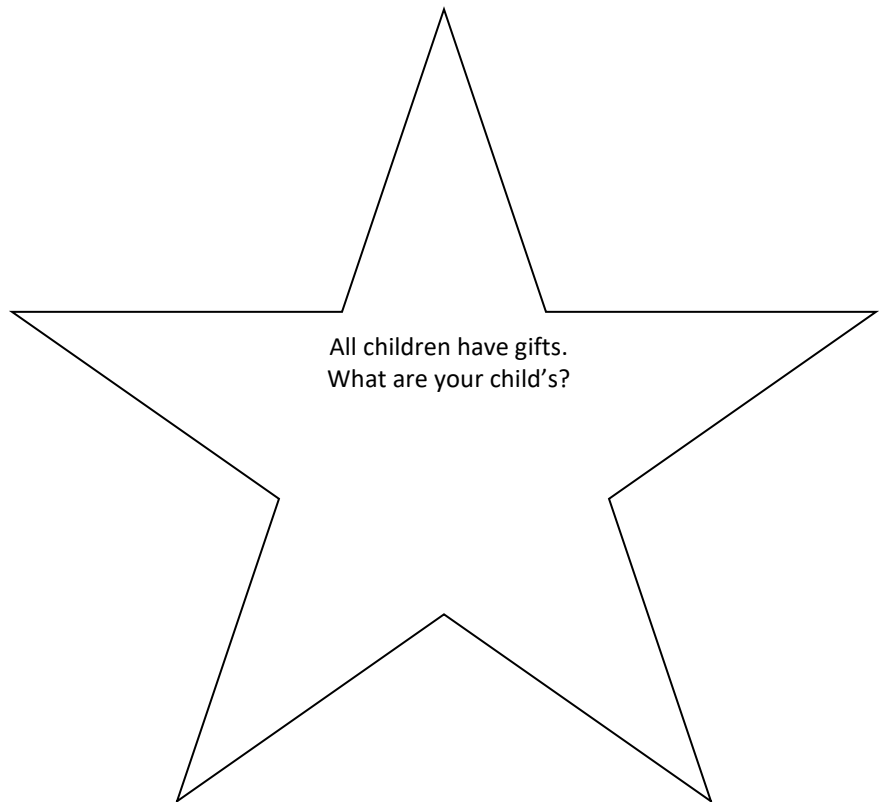
In the future?



What does your child need to help him/her succeed in school this year?



What family information would help to understand your child this year?



All children have gifts.
What are your child's?

EARLY LEARNING CENTER SERVICES AGREEMENT

Families Agree

1. To pay the above referenced weekly tuition *regardless of school closing and/or illness of my child*, unless notice of termination from the program has been duly received at the ELC.
2. To pay the non-refundable security deposit (one week's tuition) prior to my child's enrollment and understand that this amount will be credited to my child's last week in the day care center. If your child does not come to school in the fall, she/he will lose their slot and deposit.
3. To make all tuition payments on the Friday *PRIOR* to the week of service. I understand that, if payment is not received, weekly services will be terminated.
4. I have reviewed the family fee calculations and agree to the family fee of \$ _____, for my child _____
5. To arrive at the ELC by 9:15 a.m.
6. To pick up my child from the ELC promptly by the closing time at 3:00 pm for School Readiness or 5:30 p.m. for wrap around. If my child is not picked up at closing, I will receive a late fee notice with the amount I am to pay. I agree to pay the late fee to the payment office by Friday of that week.
7. To provide the Director of the ELC three emergency telephone numbers to be kept on file in the event the College is unable to reach me directly.
8. To notify the school if my child will be absent.
9. To notify the Director of the ELC, in writing, at least two weeks in advance of my child's termination from the program.
10. To notify the Director of the ELC, in writing, at least two weeks in advance if my child is not attending during the college semester break.
11. That the ELC reserves the right to withdraw a child from the program at any time, with sufficient notification to the parent/guardian. This may be done if, in the opinion of the Center's professional staff and the College administration, it is felt to be in the best interest of the child or the Center.
12. The ELC has a policy of zero tolerance. This includes any acts and/or threats of violence, or intimidation by and to employees, property or premises of the ELC. Furthermore, verbal abuse or disrespect to ELC staff violates the NAEYC code of ethics and is unacceptable. Any frightening behavior or language in the presence of children will result in immediate and necessary action.
13. Each family will maintain a complete set of clean, dry clothes in the child's cubby. If clothes are not available, you will be called to either collect your child or bring in a set of clothes.

- 14. That my child may participate in all health activities including the following screenings and assessments: vision, dental, hearing, growth, speech and development screening. Please notify your child's teacher if you would like to attend his/her screenings.
- 15. That the social services consultant will also make general observations of all children.
- 16. I agree that my child's file will be available to the director, the teachers, secretary, parent coordinator, and consultants that audit the program.
- 17. To attend two yearly ELC parent conferences with my child's teacher.
- 18. That my child may accompany his/her class on all scheduled walking field trips. I understand that I will be notified of any trip requiring the use of a school bus, and that those trips will have a separate permission slip to be signed prior to the day of the trip.
- 19. In addition, both parties agree to abide by all the provisions contained in the Gateway Community College ELC Parent Handbook, which is herein incorporated by reference.

Parent _____ Date _____

Director, ELC _____ Date _____

Permission Form

Child's Name _____

PERMISSION FOR FIELD TRIPS

I give my permission for my child to go on all field trips for as long as she/he is enrolled in the Early Learning Center. If transportation is taken from the center, a separate form will be signed.

Parent/Guardian

Date

PERMISSION TO SHARE INFORMATION

Information concerning my child may be shared with the staff and consultants of the Early Learning Center.

Parent/Guardian

Date

PERMISSION FOR VIDEOTAPING, FILMING, OR PHOTOGRAPHING AND STATE OF RELEASE

I hereby give permission for the staff of the Early Learning Center or its designees, to videotape or photograph my child. The photographs or films may be used for training or advertisement of the Early Learning Center program. Videotapes, films, or photographs of my child by the Early Learning Center staff or its designees are the property of Gateway Community College. I hereby waive the right to renunciation for use of the above at any time. The college may show or exhibit the videotapes, films or photographs at any time without my prior notification.

Parent/Guardian

Date

MEDICAL RELEASE

I hereby give permission to the Early Learning Center First Aid Certified staff or Medical Response personnel such as EMT, police, nurse, or doctor to administer emergency First Aid to my child and to have my child transported by emergency vehicle to Yale-New Haven, St. Raphael's, or another emergency facility and treated. Any expense incurred through transporting and/or treating the child is the responsibility of the parent.

Parent/Guardian

Date

FAMILY AVAILABILITY FORM AND HANDBOOK AGREEMENT

Welcome to the ELC. We are a center that is family focused. As such, we have many enjoyable family programs that enrich your child's preschool experience, as well as educational programming for parents and caregivers. In order to serve our families, we ask that you take time to fill out our Family Availability Form. This form will give the Family Coordinator an idea of when to schedule FAC meetings and family programs.

In addition, please sign below agreeing that you have received the Family Handbook and understand the Discipline Policies and Procedures of the ELC.

Parent/ Guardian Name: _____ Phone Number: _____

Child's Name: _____

Classroom: _____

Please check the best days and list the times that are best for you.

Monday Time: _____

Tuesday Time: _____

Wednesday Time: _____

Thursday Time: _____

Friday Time: _____

I have read the Family Handbook and agree to the rules and regulations outlined in this manual. I have reviewed the Discipline Measures, Grievance and Conflict Resolution Policies with the staff.

Parent Signature _____

Date _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATERIAL, PLEASE ASK THE DIRECTOR PRIOR TO SIGNING THIS FORM. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE PARENT COORDINATOR IN THE FRONT OFFICE.