

CHILDREN, INC.  
NEW ENROLLMENT CHECKLIST  
COVINGTON IN-SCHOOL PRESCHOOL

STUDENT NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

SCHOOL LOCATION: Ninth District Elementary

PROJECTED ENROLLMENT DATE \_\_\_\_\_

- Student Data Form
- Child Developmental History Form
- Medical History Form
- Permission for Daily Release Form
- Emergency Information Form/Emergency Authorization
- Publicity Release Form
- Fee Payment Contract
- Current Immunization Form
- Parent Handbook/Policy Guidelines Form

Funding Forms

- Food Form
- United Way
- State

**CHILDREN, INC. STUDENT DATA FORM**

Center Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Social Security # \_\_\_\_\_

                    Last           First           Middle  
Gender \_\_\_\_\_ Race \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Classroom \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ SS# \_\_\_\_\_ Date of birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_ Work Hours \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

e-mail address \_\_\_\_\_ Address of Employer \_\_\_\_\_

Marital Status   \_\_\_Single   \_\_\_Married   \_\_\_Divorced                      Number in Household \_\_\_\_\_

Income Bracket:   \_\_\_ Below \$10,000           \_\_\_ \$10,000-14,000           \_\_\_ \$15,000-19,000  
                          \_\_\_ \$20,000-29,000           \_\_\_ Over \$30,000

Parent/Guardian#2 \_\_\_\_\_ SS# \_\_\_\_\_ Date of birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_ Work Hours \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

e-mail address \_\_\_\_\_ Address of Employer \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ (     ) \_\_\_\_\_

Name                      Phone Number           Relationship           Address

Emergency Contact #2 \_\_\_\_\_ (     ) \_\_\_\_\_

Name                      Phone Number           Relationship           Address

Days Attending: M TU W TH F   Arrival Time \_\_\_\_\_   Departure time \_\_\_\_\_

Employee/Student Status:   \_\_\_Full Time   \_\_\_Part time   \_\_\_Seasonal

**For Department Use Only**

Tuition \_\_\_\_\_ Date Received \_\_\_\_\_ Amount Cash \_\_\_ Check \_\_\_ Registration fee: \_\_\_ Yes \_\_\_ No

Payment Type:   \_\_\_ Full fee   \_\_\_ Discount   \_\_\_ United Way   \_\_\_ State \_\_\_\_\_ State Worker's Name

                    Income                      UW Co-Pay per day                      State Co-Pay per day

\_\_\_ CCFP (Food Program)   \_\_\_ Free   \_\_\_ Reduced   \_\_\_ Paid

**Immunizations: Up-To-Date Certificate   \_\_\_ Yes \_\_\_ No   Date Received           Exp. Date**

**CHILDREN, INC.**  
**CHILD DEVELOPMENTAL HISTORY FORM**

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

Names and ages of siblings \_\_\_\_\_

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Has your child been cared for by anyone other than parents? \_\_\_ Yes \_\_\_ No By Whom? \_\_\_\_\_

Has your child previously attended a childcare center? \_\_\_ Yes \_\_\_ No \_\_\_ How Many? \_\_\_ For how long?

Where did he or she attend \_\_\_\_\_

Does your child use the restroom independently? \_\_\_ Yes \_\_\_ No

Does your child need help dressing or undressing? \_\_\_ Yes \_\_\_ No

Does your child have any special fears? \_\_\_ Yes \_\_\_ No Of what? \_\_\_\_\_

Your child's favorite games \_\_\_\_\_

Favorite toys \_\_\_\_\_

Favorite books \_\_\_\_\_

Does your child dislike any particular food(s)? \_\_\_\_\_

What form of discipline is used? \_\_\_\_\_

At what age did your child:

Sleeping Habits:

Walk \_\_\_\_\_

Hours of sleep \_\_\_\_\_

Afternoon nap \_\_\_\_\_

Talk \_\_\_\_\_

Bedtime \_\_\_\_\_

Is your child toilet trained? \_\_\_ No \_\_\_ Yes At what age? \_\_\_\_\_

Tell us about your child (socially, emotionally, special needs, etc.) \_\_\_\_\_

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What are your hopes for your child as he or she participates in this program?

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**CHILDREN, INC.,**  
**MEDICAL HISTORY FORM**

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

Date \_\_\_\_\_

Does your child require special medical care, please explain? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_ Yes \_\_\_\_ No What are they? \_\_\_\_\_

Does your child have a history of physical impairment? \_\_\_\_ Visual? \_\_\_\_ Speech problems? \_\_\_\_ Hearing?

Current prescribed medications \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Physician Group Name & Address \_\_\_\_\_

Does your child have a medical card or insurance? Name of insurance carrier \_\_\_\_\_

Medical Card Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Has your child even been to the dentist? \_\_\_\_ Yes \_\_\_\_ No Dentist Name \_\_\_\_\_

Dentist Group Name & Address \_\_\_\_\_

Age of child at visit dentist visit? \_\_\_\_\_ Date of last visit to dentist \_\_\_\_\_

Dentist Phone Number \_\_\_\_\_ Any specific dental problems? \_\_\_\_\_

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Please circle any of the following illness your child has had:

Measles Mumps Diphtheria TB Heart Disease Chicken Pox

German Measles Rheumatic Fever Polio Diabetes Kidney Disease

Whooping Cough Epilepsy Other \_\_\_\_\_

Has your child ever been hospitalized? If yes, explain \_\_\_\_\_

Other information we should know about medical or dental concerns

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**CHILDREN, INC.**  
**PERMISSION FOR DAILY RELEASE FORM**

At the end of the day or during the day, my child \_\_\_\_\_

may be released only to the person(s) indicated below. **Any changes must be pre-approved and provided by the parent/guardian. There will be no exceptions.**

	Name	Address	Phone	Relationship
1.	_____			
2.	_____			
3.	_____			
4.	_____			

**At no time is my child, \_\_\_\_\_, to be released to the person(s) indicated below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**CHILDREN, INC.**  
**PUBLICITY RELEASE FORM**

Dear Parent/Guardian,

From time to time, there are different organizations, newspapers, TV stations, non-profit agencies, or internal needs to take photos, film the agency or activities and children, or to visit or publicize the program and/or activities of the center.

\_\_\_\_\_  
Name of child

I, the undersigned, hereby consent to the reproduction, publication, and other use of photographs or cinematic image and voice of my child by Children, Inc., in newspapers, TV stations, non-profit agencies or other organizations or businesses.

The undersigned grants the above-mentioned rights without compensation.

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

\_\_\_\_\_  
Date

**CHILDREN, INC**  
**FEE PAYMENT CONTRACT**

**General Enrollment Information**

I, the parent/guardian of \_\_\_\_\_ agree to enroll my child based on the following attendance schedule:

Please circle all days child will be attending and indicate times below:      M      Tu      W      Th      F  
\_\_\_\_ 1/2 day      \_\_\_\_ Full day      Time of arrival \_\_\_\_\_      Time of pickup \_\_\_\_\_

**Self-Payment**

I agree to pay the Center the fee of \_\_\_\_\_ per week, payable on Monday for the current week attending.

- I understand that if payment becomes two weeks behind my child my be disenrolled from the center.
- I understand that if my child is absent for any number of days in a week, I will still owe the weekly tuition rate.
- I understand that if my child is absent for sickness or on vacation that I am still responsible for the fee.

**Tuition Assistance Program**

Number of family members: \_\_\_\_ adults      \_\_\_\_ children      Total (gross, not net) family income \_\_\_\_\_

\_\_\_\_ I qualify for state funding.

\_\_\_\_ I qualify for United Way funding.

- Note: I understand that if the state or United Way tuition assistance program refuses to provide payment for excessive absenteeism, I am responsible for any tuition balance that accrues.

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

\_\_\_\_\_  
Date