

KENDAL[®]

EARLY LEARNING CENTER

REGISTRATION FORM

SHEET 1 OF 6

Parent/Guardian Information

Registration Date: _____

Mother/Guardian

DOB: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: (____) _____

Employed By: _____ Office Phone: (____) _____

Work Address: _____ Work Hours: _____

Email: _____ Cell Phone: (____) _____

☐ Custodial Parent (If married, mark both parents) Driver's License #: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Father/Guardian

DOB: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: (____) _____

Employed By: _____ Office Phone: (____) _____

Work Address: _____ Work Hours: _____

Email: _____ Cell Phone: (____) _____

☐ Custodial Parent (If married, mark both parents) Driver's License #: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

Was your child 3 weeks or more premature? Yes No If so how many weeks? _____

List any existing medical conditions, medication and/or special attention your child may require?

Child Information - Continued

Allergies: _____

Pediatrician's Name: _____ Phone: (____) _____

Address: _____

Photographs: May we take and maintain a photo of your child for bulletin boards, newsletters, etc. purposes?☐ Yes ☐ No**Social Media:** I give permission for photographs or short videos of my child participating in classroom activities to be shared on social media. ☐ Yes ☐ No**Video:** I understand that the classroom has video cameras that record in the classroom. (These cameras are video only with no sound. I have permission for my child to be videotaped while they are in attendance.☐ Yes ☐ No**2nd Child First Name:** _____ **M.I.** _____ **Last Name:** _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

Was your child 3 weeks or more premature? Yes No If so how many weeks? _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: (____) _____

Address: _____

Photographs: May we take and maintain a photo of your child for bulletin boards, newsletters, etc. purposes?☐ Yes ☐ No**Social Media:** I give permission for photographs or short videos of my child participating in classroom activities to be shared on social media. ☐ Yes ☐ No**Video:** I understand that the classroom has video cameras that record in the classroom. (These cameras are video only with no sound. I have permission for my child to be videotaped while they are in attendance.☐ Yes ☐ No

FAMILY REGISTRATION FORM

SHEET 3 OF 6

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other

Please outline below the person that is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Please Note: **Full-time families** are entitled to 2 weeks of vacation a year and once these credits are used scheduled payments whether your child is in attendance or not. **Part-time families** do not receive any vacation credits and pay the scheduled payments whether your child is in attendance or not.

What is your child's daily schedule at KELC?

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Total Hours: _____

What is your child's daily schedule at home?

Wake-up _____

Nap _____

Bedtime _____

Meals _____

Siblings: (Names and ages) _____

Who lives at home with your child? _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Yes No **Additional Details** _____

What language is most often spoken in your home? What language does your child feel comfortable communicating in? _____

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Yes No

Additional Details _____

Are there any cultural or religious practices of your family of which we should be aware? (dietary restrictions, clothing, head coverings, etc.) _____

Describe special cultural or child-rearing practices you would like staff to be aware of when caring for your child (ren). _____

Do you have any pets at home? If so, what are they and what are their names? _____

Describe special family values or a belief system you would like staff to be aware of when caring for your child (ren). _____

Describe your child's eating habits, also any food likes/dislikes, good eater, etc. _____

Are there any foods your child should not be fed? (Child Care Licensing requires a form be completed for children with food allergies and/or dietary restrictions) _____

How do you discipline your child? _____

Has your child had a previous care arrangement? Yes No **Additional Details?** (center based, in home, with family, with parents, etc.) _____

Your child's likes/dislikes: _____

Please circle all of the words that best describe your child's personality and behavior:

active, adventurous, affectionate, anxious, bossy, bright, busy, calm, cautious, cheerful, content, creative, curious, easily-angered, emotional, energetic, excitable, friendly, gives-in-easily, happy, hesitant, insecure, jealous, likes structure/routines, loud, loving, mellow, outgoing, prefers adult attention, quiet, sensitive, serious, shares-well, social, spontaneous, stubborn, tentative, other:

Are there additional personality and behavior characteristics that would be useful to know about your child? _____

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? _____

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help them go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)

Where does your child sit at the table? (high-chair, booster seat, etc.)

Is your child toilet trained? _____

Does your child need assistance when using the toilet? If so, how? _____

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

Does he/she like to nap? _____

What is your nap/bedtime procedure? _____

What time(s) and for how long does your child usually nap? _____

Does your child have trouble sleeping? (Night terrors, trouble going to sleep, etc.) Yes No Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent's Signature: _____ Date: _____

Thank You!

OHIO JOB & FAMILY SERVICES

CHAPTER 5101: 2-12 AND 2101:2-17 RULE ADOPTIONS AND RESCISSIONS FOR CHILDCARE CENTERS AND SCHOOL CHILD DAY CARE CENTERS. Any custodial parent or guardian of a child care center shall be permitted unlimited access to the center during hours of operation for the purposes of contacting their child (ren), or evaluating the center premises. A parent of a child enrolled at the center who is not the child's residential parent shall be permitted unlimited access to the center and be afforded the same rights as the residential parent unless there is court documentation limiting access and conditions of the nonresidential parent. Upon entering the center, the parent or guardian shall notify the administrator or designee of their presence.

This institution is an equal opportunity provider.

KENDAL[®]

EARLY LEARNING CENTER

Parental Consent Form

For

Ongoing Developmental Assessment

Child's Name: _____

I agree

1. I give permission for my child's health screenings may be shared with Kendal Early Learning Center.

Health Screenings – Information gathered from pediatrician.

- Vision
- Hearing
- Dental
- Lead
- Iron
- Weight and Height

Developmental Screenings – ASQ done within 60 days of entrance into the program.

- Speech/Language
- Cognitive
- Gross/Fine Motor
- Social/Emotional/Behavior

I understand I will be given the option to complete the ASQ-3 and ASQ-SE online via OberlinKids website.

If I do not want to complete the screenings online, I can request a paper copy to be completed. I

understand that if my child consistently scores low in the same area, I may be asked to have the screenings completed elsewhere. If developmental concerns are observed, I will be informed as well as all results of the screenings completed at the center.

Yes___ No___ I do not want screenings completed on my child _____

2. I agree to partner with KELC in scheduling follow up care for my child, when the need arises based on results from developmental screenings.

Yes___ No___

3. I would like a copy of my child's medical and/or educational record is forwarded to the public-school system at the end of their enrollment at KELC.

Yes___ No___

4. That while enrolled in KELC, my child's educational and health records will be made available only to the staff associated with my child's program.

Yes___ No___

5. To share information with Oberlin Kids about my child's development.

Yes___ No___

6. Photographs may be taken to be used in publications or display in the center.

Yes___ No___

7. That all matters relating to this child and family are confidential and privileged and will be treated as such.

Yes___ No___

I agree to comply with the above regulations of the program to the best of my ability.

Signature of Parent

Date

KENDAL[®]

EARLY LEARNING CENTER

Parent/ Guardian Permission Form

I give my permission for my child _____

My child is:

_____ not over 4 years and/or 40 lbs. _____ over 4 years and 40 lbs. _____ 8 years and/or over 4'9"

Media release

My Child's pictures may be used on KELC website, Facebook, and media releases.

Yes _____ No _____

To participate in the following walking routine trips:

Water play activities of less than 12 inches.

Yes _____ No _____

Walking field trips on the Kendal campus. The Kendal campus is a lovely 92+ acre facility with woods, wild life and five ponds (water over 2 ft. deep) that provide many educational experiences. (Walking field trips also include walks to the outside classroom owned by Kendal at 316 Maple St., Oberlin, OH.)

*Water activities are not planned in water 18 inches or more in depth.

**Staff supervises the children and maintains the appropriate ratio at all times during all activities which is 1:6 or 2:12.

Yes _____ No _____

I grant permission for my child to participate in the routine trips described above.

Parent or Guardians Signature: _____ Date: _____

*Please Note this form needs to be updated annually every January.