Mountain Top Kids Early Learning Center

 3046 W. Devon Ave, Chicago IL 60659

 ‘Where Kids excel’

Enrollment Information

Child’s Name:

Date of Birth: Gender: Age:

Child’s Doctor: Address: Phone #:

Start Date: End date:

Full Day: Part Day: Part Week:

**BIRTH CERTIFICATE ON FILE: (required)**

**Guardian #1Guardian #2**

Name:

Birthdate:

Address:

Telephone:

Cell Phone:

Email:

Occupation:

Firm Name:

Address:

Work Phone:

Work Hours:

**Education:** Highest level completed:

**Marital status of parents**:

Is there a court order that limits either parents from visiting this child and/or removing him/he from MTKIDS? Y N

***PLEASE NOTE:****Mountain Tops Kids Early Learning Center cannot limit legal parent’s access to their children without a notarized court order, which must be attached to this form and kept in a confidential file at MTKIDS.*

What time would your child arrive at MTKIDS? Leave?

Scheduled days: M\_\_T\_\_W\_\_\_TH\_\_\_F\_\_\_\_\_

What is the primary language spoken at home?

Is there a secondary language spoken at home?

**CHILD PICK UP & EMERGENCY NUMBERS**

**PRIMARY CONTACT LIST:**

Name Address Telephone Relationship

Name Address Telephone Relationship

Name Address Telephone Relationship

**CONTINGENCY CONTACT LIST:**

Name Address Telephone Relationship

Name Address Telephone Relationship

Name Address Telephone Relationship

**EMERGENCY CONTACT LIST:**

Name Address Telephone Relationship

Name Address Telephone Relationship

Name Address Telephone Relationship

Your child will only be released to the people listed on this form. A photo ID must be presented when someone other than the parents are picking up. Person picking up must be a minimum age of thirteen MTKIDS Director qualified personnel reserve the right to question the release of a child to any person appearing to be under the influence of drugs or alcohol. You may add names to this list any time.

**I authorize the above people to pick up my child.**

 **Signature:**

 **Print Name:**

 **Date:**

**HEALTH AND DEVELOPMENT INFORMATION**

Were there any difficulties at birth? Yes No

Child’s birth weight: Was your child premature? Yes No

What age did your child begin…sitting: crawling: walking:

Age your child began talking: Does your child speak in words? Sentences?

Have you or anyone else been concerned about any area of your child’s development? If yes, please explain:

Have your child ever been evaluated for any developmental issues?

If yes, please explain:

Has your child ever been hospitalized or had a serious illness? If yes, please explain:

Does your child have any physical challenges? If yes, please explain:

Has your child received any special services? I.e. IEP, IFSP, SPPAC, DCFS, ETC.?

If yes, please explain:

**Is your child allergic to any foods?**

**If yes, please the list of food and reaction:**

**Does your child have any other allergies?**

**If yes, please list allergy and reaction:**

**Does your child have asthma?**

***If your child has asthma or allergies*, WE MUST HAVE AN ALLERGY/ASTHMA ACTION PLAN ON FILE FOR YOUR CHILD.**

Does your child eat independently? With utensils?

Are there any foods your child does not eat for a particular reason? If so, please describe:

**Additional information you would like us to know:**

**TOILETING INFORMATION**

How does your child indicate his/her bathroom needs?

What word is used for urination? Bowel movement?

Does your child need assistance using the toilet?

How often does your child have toileting accidents?

How does your child react to them?

Does your child wet the bed at night?

**BEDTIME INFORMATION**

What time does your child goes to bed? Wake up?

Describe your child’s bedtime routine:

Is your child a sound sleeper? Restless?

Does your child, walk, talk, or cry out while sleeping?

What does your child take to bed with him/her?

What is your child’s mood when he/she wakes up?

Does your child takes naps? If yes, from when to when

**HOME INFORMATION**

Please describe your child’s temperament, personality, needs, abilities, etc.

Please list name, ages, and relationships of all people living in your child’s home:

What types of things does your child enjoy doing?

How much time does your child spend watching T.V? Computer? Other?

What would you like us to know about your family’s culture, religious beliefs, or holidays you celebrate?

What does your child call his/her grandparents?

How often does your child see his/her grandparents?

Are there siblings living in the home? Out of the home?

How does your child get along with his/her siblings?

Are there any siblings experiencing academic difficulty in school?

Does a parent or guardian have a chronic illness?

Has there been substance abuse in the family?

Has there been any domestic violence in the family?

Has a parent/guardian been involved with the criminal justice system?

**SOCIAL INFORMATION**

How did you hear about Mountain Top Kids Early Learning Center?

Has your child had any previous group play experience? If, yes, what type?

Where has your child received childcare before MTKIDS?

Please describe that experience:

What are your child’s favorite activities?

Does he/she messy activities? Play with water?

Does your child enjoy playing alone? Need a lot of adult attention?

What makes your child sad or angry?

How does your child show his/her feelings?

Is your child frightened by: animals? Storms? Loud noises? Other?

Does your child like to be read to? Listening to music? What type?

What type of activities do you enjoy doing with your child?

What activities do you typically do as a family?

What are your child’s strengths?

What would you like your child to gain from their experiences at MTKIDS?

What behavior do you correct most often?

What guidance methods do you use with your child?

How does your child respond?

Does your child have special friends?

How does your child get along with them?

**FAMILY INFORMATION**

Have there been any significant changes in your child’s life or that of his/her family?

If so, how did your child react?

Is the household income below $75,000 annually?

Are you a foster parent? Is your child adopted? If so, age at adoption:

Does your child know he/she is adopted?

How often is your child cared for by caregivers? By whom:

How does your child react when separating from family members?

Additional information you would like us to know:

**EMERGENCY MEDICAL CARE CONSENT**

I authorize trained staff of *Mountain Top Kids Early Learning Center* to perform emergency first aid and to secure emergency medical care for my child at an approved hospital emergency room and/or call Fire Department Paramedics in case of sudden illness or accident. Additionally, I specifically constitute and appoint *Mountain Top Kids Early Learning Center*s my true and lawful attorney for the purpose of authorizing medical treatment to, and for the performance of any procedure determined to be necessary after consultation with the Emergency or Family Physician, for my child, in my absence. I will be responsible for all the medical charges. MTKIDS staff will contact parents immediately.

Signature of Parent/Guardian

Relationship to Child

**ADMINISTER PRESCRIPTION MEDICATION**

I authorize trained staff of MTKIDS to administer prescribed medicine to my child as specified in written instructions. I understand that medication must be in original container with child’s name, physician’s name, dosage, and date on label.

Signature of Parent/Guardian

Relationship to Child

**ADMINISTER OVER THE COUNTER MEDICATION**

**(Administer only in accordance with the proper standards for licensure)**

I authorize trained staff of MTKIDS to administer over the counter medicine to my child as specified in written instructions. I understand that medication must be in original container with dosage administered according to instructions on label. Fever reducing medication, such as Tylenol, may not be administered unless prescribed by a physician.

Signature of Parent/Guardian

Relationship to Child

A separate medication consent form must be completed for each medication administered by MTKIDS personnel. I give permission for Mountain Tops Kids Early Learning Center Staff to call my child’s physician, if necessary.

Signature of Parent/Guardian

Relationship to Child

**TRIPS, EXCURSIONS AND PUBLIC PARK FACILITIES**

I authorize *Mountain Top Kids Early Learning Center* to take my child on walking trips, special excursions and to nearby public park facilities. I understand that all such trips are under the supervision of MTKIDS teachers and that health and safety precautions are taken in compliance with DCFS standards.

Signature of Parent/Guardian

Relationship to Child

**PHOTOGRAPHY**

Photo/Video Consent:

I give permission to *Mountain Top Kids Early Learning Center*, and/or parties designated by MTKIDS to photograph me and/or my child and to use such photographs for any and all purposes including marketing, display, recruitment, or editorial use. I understand that there would be no financial compensation for my time or expenses for this consent to photograph, and I release *Mountain Top Kids Early Learning Center* from any claims.

Signature of Parent/Guardian

Relationship to Child

My signature after each item indicates that I give permission for the following:

1. A student teacher may observe my child or child’s classroom for academic instruction.
2. My name, phone number, and email address may be published in the *Mountain Top Kids Early Learning Center* family phone directory.
3. MTKIDS staff may contact my child’s previous caregiver or school for the purpose of exchanging helpful information about my child.
4. My child’s food and medical allergies, food restrictions, and asthma information may be posted in the classroom and/or on site at MTKIDS.

I understand that my tuition fee will be: and

That tuition fees are due:

Signature of Parent/Guardian:

Print Name:

Date:

Signature of Program Director:

Print Name:

Date:

**FOR OFFICE USE ONLY**:

**SCHEDULED DAYS**

M\_\_\_\_\_\_\_\_\_\_\_TU\_\_\_\_\_\_\_\_\_W\_\_\_\_\_\_\_\_\_\_\_\_TH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENROLLMENT DATE\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ ENROLLMENT FEE\_\_\_\_\_\_\_\_\_\_\_DATE PAID\_\_\_\_\_/\_\_\_\_/\_\_\_\_

DEPOSIT AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE PAID\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

DISCHARGE DATE\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ REASON FOR DISCHARGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_