



ENROLLMENT FORM

THE COMMUNITY SCHOOL | PO Box 111, 82 Main Street, Maynard, MA 01754

Child Name:		Date of Birth:	
Age at Admission:		Date of Admission:	
Address:			
Phone:			
Primary Language:			
Identifying Marks:			
Eye Color	Hair Color	Skin Color	Sex

PARENT / GUARDIAN INFORMATION:

Name (print):		Relationship to child:	
Address:			
Phone:		Email:	
Business Name:		Business Address:	
Business Phone:		Hours at Work:	

PARENT / GUARDIAN INFORMATION:

Name (print):		Relationship to child:	
Address:			
Phone:		Email:	
Business Name:		Business Address:	
Business Phone:		Hours at Work:	



ENROLLMENT FORM

ADDITIONAL INFORMATION

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets: _____

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

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

Special limitations or concerns?

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

PARENT SIGNATURE _____

DATE _____



EMERGENCY CARE

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM			
Child Name:		Date of Birth:	

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets: _____

Chronic Health Conditions: _____

EMERGENCY CONTACTS (In order to be contacted):			
Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			
Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			
Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			

PARENT SIGNATURE _____

DATE _____



DEVELOPMENTAL HISTORY UPDATE

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Child Name:		Date of Birth:	
-------------	--	----------------	--

Please provide any updates for your child in the following areas. If you need a copy of the Developmental History on file at The Community School, please contact the Director at communityschool@verizon.net

HEALTH

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: _____

TOILET HABITS

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

*What is used at home?

Potty-chair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____



DEVELOPMENTAL HISTORY UPDATE

SOCIAL RELATIONSHIPS

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? _____

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

PARENT SIGNATURE _____

DATE _____



PERMISSION FORM

Child Name:		Date of Birth:	
--------------------	--	-----------------------	--

EVALUATION PERMISSION

I give The Community School staff permission to observe and record my child's speech, language, cognitive, social, emotional, self-help, fine motor, gross motor, and developmental skills in order to help them identify my child's strengths and individual needs.

This information is used strictly for staff to share with parents during parent/teacher conferences and/or other parent/teacher/director. No standardized testing is done.

PARENT SIGNATURE _____ **DATE** _____

PHOTO PERMISSION

I give permission to The Community School staff to take and use photographs of my child for the following: (Please initial each purpose you accept)

1. _____ For use in the classroom or classroom hallways
2. _____ For distribution to other TCS families via Procure Daily Photos or Monthly Newsletters
3. For marketing purposes (no names will be used):
 - i. _____ Brochures, poster boards, newspaper articles
 - ii. _____ The Community School website
 - iii. _____ The Community School Social Media Sites (Facebook, Instagram)

PARENT SIGNATURE _____ **DATE** _____

TRANSPORTATION PLAN AND AUTHORIZATION

I represent that my child will:

ARRIVE AT THE PROGRAM BY:

- ___ Parent drop-off
- ___ Private transportation arranged by parent
- ___ Other | Describe _____

DEPART FROM THE PROGRAM BY:

- ___ Parent pick-up
- ___ Private transportation arranged by parent
- ___ Other | Describe _____

PARENT SIGNATURE _____ **DATE** _____



PERMISSION FORM

CLASS LIST AUTHORIZATION			
Child Name:		Date of Birth:	

Every year The Community School compiles a class list for each classroom. These lists are available to all families at The Community School for the school year. These lists are helpful to families planning play dates, birthday parties, etc. We encourage all families to participate.

By completing each entry below as you want it to be included, parents are authorizing that this information to be on their child's class list at The Community School for the school year.

Child's Name: _____

Parent's Name(s): _____

Family Address: _____

Family Phone Number: _____

Email: _____

*Class lists are for private use only and not to be used for solicitation purposes.

PARENT SIGNATURE _____ **DATE** _____



PERMISSION FORM

WALKING TRIPS			
Child Name:		Date of Birth:	

I give permission for my child _____ to participate in walks around Maynard for the purpose of:

1. Visiting local businesses to learn more about our community.
2. Visiting the Post Office, the Fire Station, the Police Station, etc. to learn about our community's services.
3. Taking nature walks for the purpose of observing nature or collecting nature materials for classroom study and artwork.
4. Walking to the Maynard Public Library for a special Community School story hour.
5. Seeing things of interest in Maynard.

I understand that I will be notified, when possible, when these trips will occur.

PARENT SIGNATURE _____ **DATE** _____



AUTHORIZATION FORM

Authorization Form			
Child Name:		Date of Birth:	

I hereby give permission to the staff educators of The Community School to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

All items must be supplied by parents if use is requested. Items must be provided in the original container clearly labeled with the child's name.

List of Preparations:
Ointment:
Ointment:
Sunscreen:
Insect Repellent:
Other:
Other:

PARENT SIGNATURE _____

DATE _____



SUPPLEMENTAL INFORMATION

THE COMMUNITY SCHOOL | PO Box 111, 82 Main Street, Maynard, MA 01754

Child Name:

**Date
of Birth:**

1. What name would you like your child called and written on his/her papers (if different from what is on the enrollment form)? _____

2. Does your child have any special interests that would help us know him/her better?

Please explain: _____

3. List all family members in your home: _____

4. If your child has had previous day care or preschool experience, may we contact the provider with your written permission? Yes _____ No _____

Provider Contact Name and Number: _____

5. How did you hear about The Community School? _____

FAMILY CELEBRATIONS

What special days do you celebrate in your family? _____

How would you like our program to be involved in your celebration? _____

What are some of the myths or stereotypes about your culture that you would like us to understand so as not to perpetuate them? _____

How do you feel about celebrations at the center that are not part of your family's tradition? _____

Would you have time to read a favorite story in your native language or share a favorite family recipe? _____