

PLOWSHARES CHILD CARE PROGRAM

At Franklin
125 Derby Street W. Newton 02465
617-244-9330

457 Walnut Street(NNHS)
Newtonville, Massachusetts 02460
Phone: (617) 527-3755 Fax (617): 244-0227

At Lincoln Eliot
191 Pearl Street, Newton 02458
617-965-6082

ENROLLMENT APPLICATION*

(* Please enclose the \$25.00 Application Fee with this form.)

Application Fee _____
Deposit Paid _____
Check# _____
Date Paid _____

Age of child at admission: _____ Entering Grade _____

Site Requested: Franklin _____ Lincoln Eliot _____ Newton North _____

Student Data:

Child's Name: _____
Last First Middle

Home Address: _____

City State Zip Code

Child's Social Security #: _____ Birth date: _____

Home Phone: _____

Guardian 1 Data

Name _____ Relation _____

Address _____ Soc Sec # _____

City State Zip Code Work Hours _____

Employer: _____ Occupation _____

Address _____ Email Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Guardian 2 Data

Name _____ Relation _____

Address _____ Soc Sec # _____

City State Work Hours _____

Employer: _____ Occupation _____

Address _____ Email Address _____

Home Phone: _____ **Work Phone** _____ **Cell Phone** _____

Enrollment Information: (Please Circle Appropriate Program Information)

Summer Camp / School Year / Full Year Toddler / Preschool / Kindergarten / After-School

Schedule of Attendance: M T W TH F

Hours (From - To) _____

Dates of Enrollment: From: ____/____/____ To: ____/____/____

List all Known Allergies/Medical Conditions: _____

AUTHORIZED RELEASE OF CHILD

(Other than Parents)

Escort 1 Name _____ Relation _____
Address _____ Phone _____

Escort 2 Name _____ Relation _____
Address _____ Phone _____

Any person(s) to whom child should NOT be released:

Name _____ Relation _____

Name _____ Relation _____

EMERGENCY CONTACTS *(Other than Parents)*

1. Name, address, phone #'s (Home,work,cell) _____

2. Name, address, phone #'s (Home,work,cell) _____

Emergency Information

Doctor's Name _____ **Phone** _____

Address _____

City

State

Zip Code

Hospital Name _____

Address _____ **Phone** _____

Insurance Company _____ **Policy #** _____

Identification Data (Required by state regulations)

Height _____ Weight _____ Sex _____ Race _____

Hair Color _____ Eye Color _____ Distinguishing Marks _____

*** Wallet size photo required (please attach)**

BACKGROUND INFORMATION ON CHILD AND FAMILY

The following information will help us to know your child better and to offer the type of care and attention which best meets your child's needs.

Household Composition

Names and Ages of Siblings: _____

Names and Relationships of others living in the home: _____

Languages Spoken at Home: _____

Has your child received any of the following screenings or evaluations? {If yes, please submit a copy of report(s)}

_____ Vision _____ Hearing _____ Speech _____ Psych _____ IEP _____ Other (Specify)

Findings/Disabilities: _____

Recommendations: _____

Food Restrictions

Food Allergies? _____

Any Eating problems/disorders? _____

Favorite Foods _____ Food Refused _____

Health:

Any serious illness or hospitalization? _____

Any Physical disabilities or allergies (Asthma, hay fever, insect bites, medications)

Any Medications given regularly? _____

Social Relationships:

Has your child been in another preschool/playgroup? _____

By nature is your child: Outgoing _____? Active _____? Shy _____? Withdrawn _____?

How does child relate to strangers? _____

Does child play well alone? _____ Favorite Toys _____

Is your child frightened by _____ animals; _____ rough play; _____ loud noises; _____ dark; _____ storms

Other (Please indicate) _____

In general, how does your child react to a stressful situation? (cry, withdraw, tantrum etc.) _____

How do you respond/lend support at home? _____

How do you comfort your child? _____

When needed, how do you discipline your child? _____

Who does most of the disciplining? _____

What is the best way of handling your child? _____

What goals would you most like us to help your child with? _____

Please provide a brief account and date of important events related to the child and family (e.g. recent moves, death in the family, adoption, divorce or separation, long absences, serious illness, birth complications)

_____ Share insights
into your child's personality, uniqueness, behavior or anything else you would like.

What are your child's strengths and special characteristics? _____

AFTER-SCHOOL: As per EEC regulations, I verify that my child's health records are on file at the
 Lincoln Eliot; Franklin; Other (Please name) _____ school office.

Parent Signatures _____ Date _____ _____ Date _____

Toddlers and Preschoolers Only

Any complications at birth? _____

Age child Sat _____ Crawled _____ Walked _____ Talked _____

Any difficulties speaking? _____ Other languages spoken _____

Special words to describe needs _____

Does child indicate toileting needs? _____

Is child frightened of bathroom/toilets? _____

Is child self-sufficient in toileting skills? _____ Does child have accidents? _____

Does child take naps? _____ From when _____ to _____

What time does child go to bed in P.M.? _____ Awake in A.M.? _____

Mood upon awakening? _____ What does child take to bed? _____

Please note: Children's applications/files are subject to confidential review by staff and student teachers.