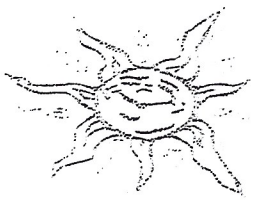

SUNSHINE'S PLACE, INC.

211 Acushnet Avenue
PO Box 2005
New Bedford, MA 02740
508-984-7373

Dear Family

Thank you for your interest in Sunshine's Place, Inc. We hope you and your child (ren) will enjoy our facility as much as we do! To enroll your child in the center, we will need to complete the following process:

_____ A complete application—all pages signed and dated
_____ The physical examination of your child within the year and record of immunizations
_____ A copy of the birth certificate or an abstract
_____ A completed program eligibility form for the food program
_____ A " voucher , " if applicable
_____ At least one change of clothes to be kept at the center in case of accidents
_____ 2-3 days advance notice required to arrange transportation , if applicable
_____ Car seat for children weighing less than eighty pounds (80lbs)
_____ A conference with the Director/Lead Teacher prior to enrolling

Once the application process is underway, we invite you to visit our classrooms with your child during program hours to see our school at work before your child is enrolled.

We look forward to the opportunity to work with you and your family.

Sincerely,

Jacquelyn M. Ramos, Director

PHOTO OF CHILD
or
PHYSICAL DESCRIPTION

Eye Color _____
Hair Color_____Sex: M / F
Height_____Weight ____
Skin Color:_____
Identifying marks:_____
Other:_____

Department of Early Education and Care
The Commonwealth of Massachusetts

Group and School Age Child Enrollment Packet

Please fill out these forms completely. If a question does not apply to your child, write N/A. The forms must be returned to the program on or before the first day your child begins care. Please notify the Administrator if any of the information changes. You will be asked to review this packet and update it annually.

CHILD INFORMATION:

Child's Name:_____ Date of Birth:_____

Age at Admission:_____ Date of Admission:_____

Child's Home Address:_____

Home Phone Number:_____

Primary Language:_____

Allergies, special diets or chronic health conditions?_____

Special limitations or concerns? _____

PARENT/ GUARDIAN INFORMATION:

- Parent/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone Number:_____

Email Address:_____

Business Name:_____

Business Address:_____

Business Phone Number:_____

Hours at Work:_____

- Parent/Guardian Name:_____

  Relationship to Child:_____

  Home Address:_____

  Reachable Phone Number:_____

  Email Address:_____

  Business Name:_____

  Business Address:_____

  Business Phone Number:_____

  Hours at Work:_____

ADDITIONAL INFORMATION:

- Are there any custody agreements, court orders, and restraining orders pertaining to this child?

  YES / NO

  (If yes, please attach. **The program can not legally restrict either parents involvement, information sharing or pick up without a copy of any relevant legal documentation.**)

SCHOOL INFORMATION:

- Current School:_____

  School Address:_____ School Phone Number:_____

TRANSPORTATION:

MY CHILD WILL ARRIVE AT THE PROGRAM BY	AM	PM	MY CHILD WILL DEPART FROM PROGRAM BY	AM	PM
Parent / Guardian Drop off			Parent / Guardian Pick up		
Supervised Walk			Supervised Walk		
Unsupervised Walk			Unsupervised Walk		
Public or private van			Public or private van		
Program bus or van			Program bus or van		
Contracted bus or van			Contracted bus or van		
Private Transportation			Private Transportation		
Other:			Other:		

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT:

- 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 condition? (If yes, please attach **Individual Health Care Plan**)_____

  _____

- Regular Medication:_____

  _____

EMERGENCY CONTACTS: ***(In addition to parents/guardians listed on page 1 and 2, the following can be contacted in the event of an emergency)***

- Name_____
  Address_____
  Relationship to child_____
  Home Phone_____ Cell Phone_____
  Do you give permission for child to be released to this person? Yes_____ No_____

- Name_____
  Address_____
  Relationship to child_____
  Home Phone_____ Cell Phone_____
  Do you give permission for child to be released to this person? Yes_____ No_____

- Name_____
  Address_____
  Relationship to child_____
  Home Phone_____ Cell Phone_____
  Do you give permission for child to be released to this person? Yes_____ No_____

Health Insurance Coverage_____ Policy #_____

Subscriber Name: _____ Phone_____ Cell_____

By signing this form I acknowledge that:

AGREE	DIS-AGREE	N/A	
			I have completed the Group and School Age Enrollment Packet.
			I have received a copy of the Program Handbook.
			I am aware that I can visit the program unannounced anytime while my child is in care.
			For School Age children only: I certify that documentation of my child's physical examination, immunizations and lead poisoning screening, in accordance with public health requirements, are on file at my child's school.
			I certify that I have provided any custody agreements, court orders, and restraining orders pertaining to the child. (If applicable)
			I have provided an Individual Health Care Plan, signed by my child's physician, for any chronic medical condition. (If applicable)
			I have provided any medication that my child may require while at the program and have signed a Medication Consent form for any medication provided. (If applicable)

Parent/Guardian Signature **Date**

SUNSHINE'S PLACE, INC.

211 Acushnet Avenue
PO Box 2005
New Bedford, MA 02740
508-984-7373

Child's Name: _____ DOB: _____

Home Address: _____

I, _____Give permission for my child _____

To go on any walking field trips planned by Sunshine's Place within the neighborhood. I do not require any notice, verbal or written for such trips. For example, the children might walk to the New Bedford Public Library, or Kenny's Tot Lot up the street.

I understand that I will receive at least two-days notice prior to any off-site field trips.

_____ _____
Parent signature Date

****

We like
king pictures

We want to make memories that include your child. Would you please give us permission to take pictures of your child while s/he is at Sunshine's Place and when we go on field trips? Some of the will be sent home to you, from time to time, as keepsakes. We will also hang some on our walls for the children to see.

_____

___ Yes, I give permission to Sunshine's Place to take pictures of my child as part of the ongoing program of activities.

___ No, I do not give my permission for pictures to be taken of my child.

_____ _____
Parent Signature Date

Teach a child. Change a life forever.

Sunshine's Place Inc.

Infant/Toddler Care Plan
Family Information Form

Child:_____ Date of Birth:_____

Teacher:_____ Family Members:_____

Date:_____ Parent Name:_____

Arrival

What time will you usually arrive at the Center?_____

What will help you and your child say good-bye to each other in the morning?

Diapering & Toileting
What type of diaper do you use?_____

How often do you change your child's diapers? When does you child usually need a diaper change?

Are there any special instructions for your child's diaper change?

Is your child is beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping
How will we know your child is tired and need to sleep?

When does your child usually sleep? _____

For how long does he or she usually sleep? _____

What helps your child to fall asleep? _____
_____

We put babies to sleep on their backs. Is your child used to sleeping on his or her back? Yes/No

How does your child wake up? _____ Quickly/Slowly_____

Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

Health

Any known complications at birth? _____

Any serious illnesses and hospitalizations?: _____

Any special physical conditions? _____

Allergies, i.e. asthma, hay fever, insect bites, medicine, food reactions?

_____

Regular medications taken: _____

Eating

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? Yes/No

If so, at what time?_____

If not, will you send expressed breast milk?_____

Bottle-feeding

What kind of formula do you use?_____

How do your prepare the bottles?_____

How much do you prepare at one time?_____

How much does your baby drink at one time?_____

Does you baby drink bottles of water during the day? Yes/No
If so, when and how much?_____

Is your baby eating solid foods? Yes/No
If so, which ones?_____

When?_____

How do you prepare your baby's solid food?_____

How much does your baby eat at one time?_____
How is baby used to being fed (in what position)?
_____

Does your baby eat finger foods? If so, which ones?_____

All children:

What are some of your child's favorite foods?_____

_____

What foods does your child dislike?_____

_____

Is your child sensitive or allergic to any foods? If so, please list them.

_____

Are there any foods that you don't want your child to eat?

Dressing

Is there anything special that we should know dressing or undressing your child?

Awake Time

How does your baby like to be held? What position does your baby prefer when awake?

What does your child like to do when awake?

How do you play with your child?

Departure

What time will you usually come to pick up your child? _____

What will help you and your child say hello to each other at the end of the day?

_____ _____

Signature date