



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



**Department of
Early Education and Care**

The Commonwealth of Massachusetts

**PHOTO OF CHILD
or
PHYSICAL
DESCRIPTION**

Eye Color _____
Hair Color _____ Sex: M / F
Height _____ Weight _____
Skin Color: _____
Identifying marks: _____
Other: _____

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
taking 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.