



ENROLLMENT PACKET

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be returned to the director before the first day your child begins care. Please notify the director if any of the information changes.

General Information:

Date of Admission _____ Age at Admission _____ Date of Discharge _____

Reason for Discharge: _____

Child's Full Name _____ DOB _____

Address _____

Nickname _____ Allergies/Special Diets _____

Primary Language of Child _____ Primary Language of Parents _____

Name of Parent(s)/Guardian(s) _____

Home Address (if different) _____

Telephone Number(s) _____

Email Address (only one) _____

Parent(s)/Guardian(s) business address/location during child care:

Please let us know how you would like to be contacted and who should be contacted first.

Parent/Guardian: _____ Parent/Guardian: _____

Where: _____ Where: _____

Telephone: _____ Telephone: _____

Cellphone: _____ Cellphone: _____

Instructions: _____ Instructions: _____

Emergency Contact/Authorized Pick-up Person(s)

In the event of an emergency when I may not be reached, Ski-Daddie may contact the following individuals (in the order given) whom I authorize to take my child from Ski-Daddie premises.

Name _____

Address _____

Telephone _____ Cellphone _____

Name _____
 Address _____
 Telephone _____ Cellphone _____

Name _____
 Address _____
 Telephone _____ Cellphone _____

In the space below please note any important information regarding pick-up and drop off (*example: Grandma will pick-up Johnny every Thursday*).

I additionally authorize the following individual to take my child from Ski-Daddle premises. (*Please let us know at the beginning of the day when your child will be picked up by one of the authorized individuals*).

Name _____
 Address _____
 Telephone _____ Cellphone _____

Name _____
 Address _____
 Telephone _____ Cellphone _____

Anticipated Days/Time of Attendance

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off:					
Pick up:					

Copies of any custody agreements, court orders, restraining orders (if applicable): YES _____ NO _____

Notes: _____

Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of Ski-Daddle's Parent Handbook. I acknowledge that I have read through the handbook and understand to policies of Ski-Daddle. I will uphold my end of the policies and understand that failure to do so may result in my child/children being dismissed from care.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parental Visit Notice

I understand that I may visit Ski-Daddle unannounced at any time during the hours that my child is in care. However, for the comfort of all children and parents enrolled in Ski-Daddle my child will be brought to the main foyer to see me. I understand that there may be a delay once I arrive as the classrooms need to maintain the ratio to keep all children safe. I understand that if I wish to visit the classroom, outside of the monthly open house I must undergo a background check.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Developmental History and Background Information

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

Child's Name _____ DOB _____

Please provide information for infants and toddlers (marked *) as appropriate to the age of your child.

Developmental History

Age began sitting? _____ Crawling? _____ Walking? _____ Talking? _____

Does your child pull up?* _____ Crawl?* _____ Walk with support?* _____

Any speech difficulties? _____

Special words to describe needs? _____

Language spoken at home? _____ Any history of colic? _____

Does your child use a pacifier or suck thumb?* _____ When? _____

Does your child have a fussy time?* _____ When? _____

How do you handle this time?* _____

Health

Any known complications at birth? _____

Serious illnesses and/or hospitalizations? _____

Special physical conditions? _____

Allergies? _____

Regular medications? _____

Eating Habits

Special characteristics or difficulties? _____

If infant is on a special formula, describe its preparation in detail* _____

Favorite foods? _____

Foods refused? _____

Is your child fed held in lap?* _____ High chair?* _____

Does your child eat with a spoon?* _____ Fork?* _____ Hands?* _____

Diapering Habits

Disposable or cloth diapers? _____ Disposable brand? _____

Cloth diaper instructions _____

Frequent occurrence of diaper rash? _____

Do you use: Baby Oil? _____ Powder? _____ Lotion? _____

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

Has toilet training been attempted? _____

Please describe any particular procedure to be used for your child at the program _____

Toilet Habits

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 the child have accidents? _____

Sleeping Habits

Does your child sleep in a crib or a bed? _____

Does your child become tired or nap during the day (include when and how long)?

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your teacher. Your teacher will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

When does your child go to bed at night? _____ Wake up? _____

Describe any special characteristics or needs (stuffed animal, story, mood on walking, etc.)

Social Relationships

How would you describe your child? _____

Previous experience with other children/childcare? _____

Reaction to strangers? _____

Able to play alone? _____

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? _____

What would you like your child to gain from this child care experience? _____

Daily Schedule

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

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

Parent/Guardian Signature _____ Date _____

Physical and Immunizations

Ski-Daddle is a center-based childcare which is licensed by OCFS. The Office of Children and Family Services regulations require at the time of admission a written statement from a physician as evidence of each child's annual examination, immunizations, and lead screening. If your child is missing one or more of the required immunizations they may be admitted if a physician licensed to practice in NYS furnishes the program with a signed, completed medical exemption form issued by the NYS Department of Health. The medical exemption must be reissued annually. Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

Emergency Card Information (Blue Card)

This emergency card information is for the classroom's first aid kit. The teacher(s) must take first aid materials when leaving Ski-Daddle premises with students.

Child's Full Name _____ DOB _____

Address _____

Instructions to reach parent or guardian

Name _____ Texting? Yes ___ No ___

Address _____

Telephone _____ Cellphone _____

Name _____ Texting? Yes ___ No ___

Address _____

Telephone _____ Cellphone _____

Contact Information for Primary Care Physician

Name _____ Practice _____ Phone # _____

Emergency Contact Person(s)

Name _____ Texting? Yes ___ No ___

Address _____

Telephone _____ Cellphone _____

Name _____ Texting? Yes ___ No ___

Address _____

Telephone _____ Cellphone _____

Emergency Medical Treatment

I hereby give Ski-Daddle staff permission to administer basic first aid and/or CPR to my child named below and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Child's Name _____ DOB _____

Parent/Guardian _____ Date _____

Medical Insurance Information (optional)

Subscriber's Name _____

Insurance Company _____

Policy Number _____

Topical Medication/Ointments

Please list the only the brands of medications/ointments which you will allow Ski-Daddle staff to administer to your child's skin. You will need to provide a container of each of these labeled with your child's name, the container must remain at the center and not be transported back and forth.

Sunscreen _____

Insect Repellent (Bug Spray) _____

Diapering Ointment _____

Parent/Guardian _____ Date _____