MID-CUMBERLAND
COMMUNITY ACTION AGENCY
Helping people. Changing lives.

Mid-Cumberland Community Action Agency Early Learning Center Enrollment Application

Child Information

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male Female Primary Language: _____

Family Information

Primary Guardian

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____
Resident of Housing Authority? ☐ YES ☐ NO

Email Address: _____ Employer: _____
Active Military or Veteran? ☐ YES ☐ NO

Work Address: _____ Work Phone: _____

Secondary Guardian (if applicable)

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____
Resident of Housing Authority? ☐ YES ☐ NO

Email Address: _____ Employer: _____
Active Military or Veteran? ☐ YES ☐ NO

Work Address: _____ Work Phone: _____

Emergency Contacts (Name of person, other than the child care provider, authorized to act for guardian in an emergency)

1. Name: _____ Relationship: _____
   Phone Number: _____
2. Name: _____ Relationship: _____
   Phone Number: _____

Authorized Pick-Up List (Please list any other adults to whom your child may be released to and are authorized to provide transportation for your child)

1. Name: _____ Relationship: _____
   Phone Number: _____
2. Name: _____ Relationship: _____
   Phone Number: _____
3. Name: _____ Relationship: _____
   Phone Number: _____

Medical Information

Pediatrician Name: _____ Pediatrician Phone: _____

Pediatrician Address: _____

Allergies (food, medication, environmental): _____

Medical Conditions/Special Needs: _____

Medications (if applicable): _____

Background Information

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enrollment Details

Requested Start Date: _____ Days Attending: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Program Type (check one):

☐ Full-Time

☐ Part-Time

Desired Drop-Off Time: _____ Desired Pick-Up Time: _____

Required Documents Checklist

(Enrollment is not complete until all items are received)

☐ Registration Fee ($25)

☐ Completed Child File

☐ Birth Certificate

☐ Immunization Record (section 1B Health Examination Document must be completed)

☐ Proof of State Certificate (if applicable)

Permissions and Agreements

Emergency Medical Authorization

I authorize the center to obtain emergency medical care for my child if I cannot be reached.

Signature: _____ Date: _____

Photo/Media Release

I give permission for my child's photo to be used for classroom or program purposes.

☐ YES ☐ NO

Signature: _____ Date: _____

Policy Acknowledgment

I have received a copy of the Summary of Licensing Requirements.

Signature: _____ Date: _____

Professional Services

I agree to allow professional services personnel to work with my child while enrolled in the center, if needed. This includes, but is not limited to, speech therapy, occupational therapy, and physical therapy.

Signature: _____ Date: _____

Office Use Only

Date Application Received: _____ Pre-enrollment Visit Date: _____

Start Date Confirmed: _____ Classroom Assigned: _____

Staff Initials: _____

Child's Health History (Information shall be updated annually or as need to ensure protection of child)

Experiences with Others

What are some of the ways your child plays at home? _____

_____

Does he/she play with children from other families? _____

Does he/she react when he/she does not get his/her own way? How? _____

_____

Is the entire family together for any time during the day? If so, when? _____

_____

Eating Habits

What time does your child eat breakfast? _____Lunch? _____Dinner? _____

What time does your child eat snacks? _____ Does your child feed himself/herself? ☐ YES ☐ NO

What is your child's general attitude toward eating? _____

_____

If your child refuses to eat, how is this handled? Who handles it? _____

_____

Favorite Foods _____

Food Dislikes _____

Food Allergies _____

Sleeping Habits

Does your child: ☐ have their own room ☐ shares a room with other children or with parent(s) (circle one)

At night, my child sleeps from _____ pm to _____ pm. He/She averages _____ hours of sleep a night.

My child naps from _____ am/pm to _____ am/pm. He/She averages _____ hours per nap.

What is your child's attitude toward going to bed? _____

_____

If there is difficulty with your child going to bed, how is this handled? _____

_____

What are your child's habit associated with going to bed? _____

_____

Is bed wetting an issue at naptime? ☐ YES ☐ NO At night? ☐ YES ☐ NO

If yes, how is this situation handled? _____

_____

Toileting Habits

What times is your child taken to the restroom? _____

_____

Can your child independently use the restroom? ☐ YES ☐ NO

Does your child tell you when he/she needs to use the restroom? ☐ YES ☐ NO

Does your child go willingly? ☐ YES ☐ NO Can he/she manage his/her clothes when using the restroom? ☐ YES ☐ NO

Time of bowel movement (BM) _____ Does your child regularly have BMs? ☐ YES ☐ NO

Is your child constipated? ☐ YES ☐ NO

What words does your child use for urinating? _____

What words does your child use for BM? _____

Speech and Physical Growth

My child talks ☐ well ☐ fairly well ☐ not very well ☐ not at all.

Does anyone ready to the child? ☐ YES ☐ NO How often is your child read to? _____

What age did your child creep? _____ crawl? _____ walk? _____

Which of the following would you use to describe your child? (check all that apply)

☐ active ☐ quiet ☐ thin ☐ average weight ☐ heavy ☐ tall ☐ short ☐ average height

☐ friendly ☐ unfriendly

Share with us other information about your child. _____

_____

_____

_____

_____