

ENROLLMENT APPLICATION

Child's Name: _____ DOB: _____

Your Child's History

What was your child's birth weight? _____ lbs. _____ oz.

My child was:

- Full-term
 Premature

My child was/is fed:

- Formula
 Breast Milk
 Both

What did/does your infant do to self-soothe?

Who is your child's physician? _____

Pediatrician Family Doctor

At what age did your child:

Smile _____

Roll over from front to back _____

Roll over from back to front _____

Crawl _____

Stand while holding on _____

Walk _____

Feed himself/herself _____

Say his first word _____ which was _____

Build a tower of four blocks _____

Say a sentence of two to four words _____

Ride a tricycle _____

Complete a four-piece puzzle _____

Your Child

Please describe your child in five words.

Are there any personality or behavioral traits that it would be helpful for us to know?

Is there anything that frightens your child? How does s/he react to being frightened? How do you respond?

Your Child (continued)

What comforts your child?

What angers or frustrates your child?

How do you respond to your child's negative behavior?

Does your child have any comfort items to help him/her sleep?

On a typical day, what is your child's mood upon waking?

What time does your child go to bed? _____ What time does your child wake up? _____

What is your child's nap schedule? (if any)

Does your child typically have trouble sleeping (night terrors, trouble getting to sleep)?

Is your child toilet-trained? If not, what method will you be using for toilet training?

Does your child need any assistance when using the toilet? What type of help does s/he need?

How does your child let you know when s/he needs to use the restroom?

Your Child's Home and Family

Who is in your child's family? Please list the name of each person in the family and his/her age. For the adults in the family, please include the highest level of education achieved and current occupation. (This information is for demographic purposes only.)

Who lives in the family home?

What is the primary language spoken in the family home? Please share a list of familiar words and phrases with your child's teacher.

Does your family have any cultural or religious practices that we should be aware of, such as dietary restrictions? Does your family cultural beliefs incorporate any special celebrations?

Would you be willing to come in to your child's classroom and teach the children about your family's celebrations? Do you have any suggestions as to the best way for Kids Country to incorporate your family's culture into our classrooms?

Are there any special custody arrangements and/or shared parenting arrangements for this child? If yes, please share these arrangements with us.

Is your child currently going through any major transitions, such as divorce, death in the family, new sibling, moving from crib to bed, or a new home?

Do you have any pets at home? If yes, what types of pets and what are their names?

What have your childcare arrangements been thus far?

Food and Fun

How often does your child drink milk, juice or water during the day at home?

Does your child have any favorite foods? What are they?

Does your child have any foods s/he doesn't care for? What are they?

Are there any foods your child should not eat? (Please see your Center Director for a "Child Care Plan for Health Conditions" form if your child has any food allergies or dietary restrictions.)

Where does your child sit at the table (high chair, booster seat, dining chair)?

Expectations

What are your goals for your child this year?

What are you and your child most excited about as you begin our program?

Are you or your child anxious about any part of our program?

Is there any other information about your child that would be helpful for us to know?

Parent Signature: _____ Date: _____

Kids Country admits children of any race, religion, color, ethnic origin, sex or disability (ADA, 1990) and differing abilities to all the rights, privileges, programs, and activities. In addition, we will not discriminate on the basis of race, color, or ethnic origin in administration of our educational policies, scholarships, loans, fee waivers, educational programs, and extracurricular activities. In addition, the school is not intended to be an alternative to court-ordered, administrative-ordered, or public school district initiated, desegregation.

BRIGHTPATH

CONNECT WAIVER

I, _____ (Parent Name) am the parent or guardian of _____ (Child's Name) and have chosen to participate in The Children's House *Connect* (the "Engagement Program").

Participation Agreement

In consideration for The Children's House, its subsidiaries and affiliates providing *Connect* (Engagement Program), accepting my application to participate in *Connect* (Engagement Program), and providing me access to *Connect* (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our child will be participating in *Connect* (Engagement Program) and undertaken at my own and my child's risk.
- (b) I have read the *Connect Parent Engagement Information Letter* attached hereto and I have had all my questions in relation to the *Connect* Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (c) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have to access through my participation in the *Connect* Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless The Children's House and its agents, employees, affiliates, and/or assigns for all claims, liabilities, damages, losses, and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.

BRIGHTPATH

CONNECT WAIVER

(d) I understand and acknowledge that the Connect Engagement Program relies on the use of a third-party provider (the “Developer”) that utilizes the internet and cloud computing technology. Accordingly, I acknowledge that the Developer will have access to information, photos, and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the Connect Engagement Program relies. I understand and accept that The Children's House will have no liability in the event of any breach of confidentiality of any information collected and copied from the Connect Engagement Program, whether or not such breach resulted from the actions of the Developer of The Children's House, its agents, employees, assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

(e) For greater certainty, I hereby release and forever discharge and agree not to make any claim against The Children's House, its board of directors, officers, agents, employees, affiliates, and/or assigns, for any and all claims, resulting from my participation and my child’s participation in the *Connect* Engagement Program; and

(f) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

BRIGHTPATH CONNECT WAIVER

Approval for Photos/Videos

____ I hereby grant permission to The Children's House and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the *Connect* Parent Engagement Program.

____ I further grant permission to The Children's House and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the *Connect* Parent Engagement Program.

____ I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the *Connect* Parent Engagement Program with anyone other than The Children's House and its employees.

I hereby release, defend, indemnify and hold harmless The Children's House, its board of directors, officers, employees, or agents from and against any claims, damages, or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

Child's Name

Parent/Guardian's Name printed

Parent/Guardian Signature/date

Director Signature /date

The Children's House Location

Cot Waiver

It is time for your child to transition from a crib
to a cot.

Date _____

My child _____ has
permission to sleep on a cot during nap time.

Date of Birth _____

Parent Signature

