MOTHER GOOSE CHILDREN'S ACADEMY, INC.

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www.mothergoosechildrensacademy.com

Enrollment Checklist

- ☐ Application
- ☐ Birth Certificate
- ☐ Admission History
- ☐ Emergency Information
- ☐ Guidance and Disciplinary Policy
- ☐ Health Department Physical (within 6 months)
- ☐ Lead Test Results
- ☐ TB Test Results
- ☐ Varicella Shot (Chicken Pox Shot)
- ☐ D.C.F.S Verification Receipt
- ☐ Payment Contract
- ☐ Prayer of Thanks
- ☐ Observation Permission
- ☐ Photograph Permission

Mother Goose Children's Academy, Inc.

Registration Form

Start Date_____
Tuition Amount_____
Co-pay Amount_____
Registration Fee_____
Withdrawal Date_____
Classroom_____

Date: _____

Child's Name: _____ Date of Birth: _____
Address: _____
Phone: _____ Arrival Time: _____ Pickup Time: _____ Nickname: _____

Mother's Name:_____ Employer: _____
Employer's address: _____
Work hours: _____ Work Phone: _____ Ext: _____
Cell Phone: _____ Alternate Phone: _____

Father's Name: _____ Employer: _____
Employers address: _____
Work hours: _____ Work Phone: _____ Ext: _____
Cell Phone: _____ Alternate Phone: _____

Family Information: (list all people living in the household)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons Authorized to pick up child:

Name: _____ Address: _____
City, State, Zip: _____ Phone: _____
Relationship: _____ Alternate Phone: _____

Name: _____ Address: _____
City, State, Zip: _____ Phone: _____
Relationship: _____ Alternate Phone: _____

Mother Goose Children's Academy has my permission to take my child to the park, on walks, on Field trips, and school outings.

I have received a copy of the Parent Handbook and agree to abide by the rules and guidelines therein. I understand that I am responsible for all payments and fees for my child's care. I grant Mother Goose permission to take pictures of my child for school purposes.

Date: _____ Parent Signature: _____

Date: _____ Parent Signature: _____

ADMISSION HISTORY

Child's Name: _____ Date of Birth: _____

Has child been in daycare before? If yes, name of daycare: _____

Does child have siblings? If yes, list their ages: _____

How does child handle separation: _____

Who is currently caring for your child? _____

Was child premature? _____ Does child have any health challenges? _____ If yes, Please explain:

_____

_____

Does child have a history of (check all that apply):

Ear infections ☐ Sore throats ☐ Loose stools ☐ Diaper rash ☐

Is child presently on any type of medication? _____ If yes, provide name: _____

Has child ever been hospitalized? _____ If yes, please explain: _____

_____

List of words your child is saying: _____

_____

_____

At what age did your child Rollover: _____ Sit-up: _____ Crawl: _____ Stand: _____ Walk: _____
Does your child Drink from a Bottle? _____ Drink from a Cup? _____ Use a Spoon/Utensil? _____
How does your child respond to naptime? _____
At Naptime, does your child take a bottle? _____ Pacifier? _____ Special banket? No Favorite Toy? _____ Other Naptime Routines: _____
Any food allergies? _____
Any dietary restrictions? _____

Does your child wear glasses? _____ Does your child use any adaptive devices or equipment? _____

If yes, please explain:

_____

_____

EMERGENCY INFORMATION PROCEDURES AND PERMISSION FORM

Child's Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____

Mother's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____ Hours: _____
Cell Phone: _____

Father's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____ Hours: _____
Cell Phone: _____

Names of persons to contact in case of an emergency:

Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical History

Date of last DPT: _____ Allergies: _____
Medications: _____
Other Significant Medical Information: _____

Physician's Name: _____ Phone: _____

I give permission to Mother Goose Children's Academy, Inc. to take emergency (i.e. first aid, disaster evacuation) measures that are judged necessary for the care and protection of my child while under the supervision of the center.

In case of emergency, I understand that my child will be transported to the nearest hospital by the local emergency unit for treatment, if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situations that staff will need to contact the local emergency resources before the parent, child's physician, and/or other adult acting on the parents' behalf.

Signature of Parent/Guardian: _____ Date: _____

Giving Thanks Before Meals

As part of our meal service, we encourage our children to give thanks 😊 We raise our hands and say, "Open and shut them; Open and shut them; Give a little clap, clap, clap. Open and shut them; Open and shut them; Place them in your lap, lap, lap. I am special, I can say - thank you for my food today!"

I would prefer that _____ (Print Child's Name)

_____ not participate in this part of the meal service.

_____ participate in this part of the meal service.

Parent's Signature: _____ Date: _____

Photograph Permission

Mother Goose often takes photographs of the children throughout the school year of various playtimes, special events, and for student portfolios. The teachers also frequently display classroom projects/student artwork done by the children throughout the center.

_____ Yes, I give permission for the staff of Mother Goose Children's Academy to photograph my child, _____, and display his/her artwork.

_____ No, I do not give permission for the staff at Mother Goose Children's Academy to photograph my child, _____, and display his/her artwork.

Parent's Signature: _____ Date: _____

Observation Permission

In efforts to support our local colleges and our future teachers, students may come visit Mother Goose to observe our teachers and the program. We need the permission of parents/guardians for these students to observe your child in our learning environment.

_____ I give permission for my child _____ to participate and be observed by a student teacher, while supervised by the staff at Mother Goose.

_____ I do not give permission for my child _____ to participate and be observed by a student teacher, while supervised by the staff at Mother Goose.

Parent's Signature: _____ Date: _____

Pest Control Agreement

I, _____, have read and understand the pest management program provided by Smithereens Pest Managements Services. This service is used by Mother Goose Children's Academy, Inc. to protect the center from outside pests.

Parent's Signature: _____ Date: _____

Preventive Guidance and Discipline Practices

Our discipline policy is designed to guide children's appropriate behavioral development while building personal confidence and self-esteem. It is our policy to model behavioral expectations, positively reinforce desired behavior, and apply developmentally appropriate consequences for challenging behaviors. These policies and procedures are clearly communicated with all administrators, teachers, teacher aides, and other staff to assure consistency in their implementation. As young children discover their own personalities, and independence, they will do so within our positive school climate proactively focused on acceptance and prevention through the development of strong, supportive, nurturing relationships.

- **Preventive Guidance**
  - **Environmental**
    Class size, Student/Teacher Ratios, and our Engaging Classroom Designs all come together to prepare children to excel in an atmosphere where certain conflicts can be avoided.
  - **Redirection**
    Teachers work to redirect challenging behaviors and possible confrontations with positive behavior interventions and supports.
  - **Language Encouragement**
    As age can determine children's vocabulary, teachers may step in to provide appropriate words to help solve a conflict and give children a few minutes to compose themselves.

AT NO TIME WILL TEACHERS USE PHYSICAL PUNISHMENT, SHAMING, OR WITHHOLDING OF FOOD OR BATHROOM PRIVILEGES!

- **Discipline Practices:**
  - **Cozy Corner**
    The Cozy Corner is a designated classroom area used to support young children's social, emotional, and behavioral development. It has comfortable seating for taking a break and sensory calming objects. All children are introduced to the Cozy Corner as an area to relax, calm down, collect thoughts, and reflect as they learn to manage their emotions and behaviors… As children learn to make choices and manage feelings, their teacher may guide or invite a student to spend time in the Cozy Corner. The goal is for students to learn to use the Cozy Corner independently as a place for self-regulation when they feel they need it. This practice leads to fewer conflicts and behavioral disruptions.
  - **You Can Help**
    Parents/Guardians may be asked to speak to their child over the phone or to come to the Center and discuss age appropriate ways to address a challenging behavioral development. We are partners and we will take all possible steps to ensure your child's academic and social success, including consulting with specialists to obtain additional services as appropriate. We will not expel a child from our center due to behavior, yet we may have to identify alternative placement when additional supports are needed. Should this become necessary, know that we will be here every step of the way to assist in a smooth and seamless transition.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____