

Little Explorers of Newtown  
(owned by Kids Explorers, LLC.)

For Office Use Only \_\_\_\_\_  
Form Received \_\_\_\_\_  
Enrollment Date \_\_\_\_\_  
Registration Fee pd \_\_\_\_\_  
Tuition Deposit \_\_\_\_\_

## REGISTRATION FORM

### Section A: Child's Information

Last Name	First Name	Middle Name	Nickname
Street Address	City	State	Zip Code
Birthdate	Sex	Phone	
Physician		Phone	

### Section B: Family Information

Mother's Information	Last Name	First Name	Home Phone	Cell Phone/pager
Street Address	City	State	Zip Code	
Employers Name	Work Phone	(Direct & Main Number)	Email	
Work Address	City	State	Zip Code	
Father's Information	Last Name	First Name	Home Phone	Cell Phone/pager
Street Address	City	State	Zip Code	
Employers Name	Work Phone	(Direct & Main Number)	Email	
Work Address	City	State	Zip Code	

Little Explorers of Newtown

## ***PARENT ALTERNATE RELEASE***

We \_\_\_\_\_, the parent(s) of \_\_\_\_\_ do hereby give permission to the following person(s) to pick up our child from Little Explorers of Newtown if we are unable to do so or if the staff is unable to reach us. Only persons allowed in the Center are those listed on alternate release form or if accompanied by parent or legal guardian.

\_\_\_\_\_  
Parent's Signature

1. \_\_\_\_\_  
Individual's Name Relationship

\_\_\_\_\_  
Phone

2. \_\_\_\_\_  
Individual's Name Relationship

\_\_\_\_\_  
Phone

3. \_\_\_\_\_  
Individual's Name Relationship

\_\_\_\_\_  
Phone

Little Explorers of Newtown

## *PARENTAL AGREEMENT*

I, \_\_\_\_\_, have carefully read and fully understand all the policies and procedures in the Little Explorers of Newtown Parent Handbook which includes:

1. Illness Guidelines
2. Payment Obligations
3. Vacation and Closing Procedures
4. Daily Operating Procedures

I also understand that Little Explorer's reserves the right to change any of these policies or change tuition rates with a 30 day written notification.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## ***EMERGENCY RELEASE FORM***

In cases of emergency, Little Explorer of Newtown uses one or more of the following procedures.

1. Administer immediate first aid and/or CPR
2. Contact 911.
3. Contact our nurse consultant.
4. Contact the parent or authorized relation.
5. Contact the child's physician.
6. A staff member accompanies the child to the hospital and stays with the child until the parent arrives.

Before we may perform any of these procedures, we are required to have written authorization from the parents. Please complete the following.

- A. We here by authorize staff members of Little Explorer s of Newtown to perform any of the above emergency procedures they deem necessary.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

- B. Medication Authorization: Little Explorer of Newtown may administer medications (both prescribed and over the counter) when absolutely necessary.

\_\_\_\_\_Yes

\_\_\_\_\_No

Please Note : All medication must be brought to our administrative office with the child's name, name of the drug, directions, and doctor's name. A "Medication Authorization" form must be properly completed and accompany all medication.

- C. If necessary, the child will be taken by ambulance to Danbury Hospital unless otherwise indicated below.

\_\_\_\_\_  
Hospital preference

**Section B. Family Information Continued**

Status of Parents (check) Living together \_\_\_\_\_ Living apart \_\_\_\_\_

Other Children in Family

Name	Sex	Birthdate	What grade if in school

Have you moved frequently? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

Medical card number \_\_\_\_\_(parent)

Child's card number \_\_\_\_\_

**Section C Development in Early Childhood**

Comment on the health of the mother during pregnancy

\_\_\_\_\_

Comment of the health of your child during delivery and infancy

\_\_\_\_\_

When did your child walk? \_\_\_\_\_ When did your child talk? \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ Does he/she know it? \_\_\_\_\_

Does your child have bladder control? \_\_\_\_\_ Child's terminology \_\_\_\_\_

Does your child have bowel control? \_\_\_\_\_ Child's terminology \_\_\_\_\_

Does your child need help when going to the bathroom? \_\_\_\_\_

Does your child need reminding about going to the bathroom? \_\_\_\_\_

Does your child usually take a nap? \_\_\_\_\_ At what time? \_\_\_\_\_

Describe any special needs, handicaps, or health problems.

\_\_\_\_\_

Does your child have any difficulty saying what he/she wants or do you have any trouble understanding his/her speech? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

**Section D Eating Habits**

What is your child's general attitude toward eating? \_\_\_\_\_

What foods does your child especially like? \_\_\_\_\_

For which meal is your child most hungry? \_\_\_\_\_

Does the child feed himself/herself entirely? \_\_\_\_\_

Does your child dislike any food in particular? \_\_\_\_\_

Is your child on special diet? \_\_\_\_\_

Does your child take a bottle? \_\_\_\_\_

Does your child eat or chew things that are not food? Explain \_\_\_\_\_

Do you have any concerns about your child's eating habits? Explain \_\_\_\_\_

Is there any food your child should not eat for medical, religious or personal reasons? \_\_\_\_\_

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**Section E Play and Social Experiences**

Has your child participated in any group experiences? \_\_\_\_\_

Where? \_\_\_\_\_

Did your child enjoy it? \_\_\_\_\_

Do other playmates visit the child? \_\_\_\_\_

Does your child visit other playmates in their homes? \_\_\_\_\_

How does your child relate to other children? \_\_\_\_\_

Does your child prefer to play alone? \_\_\_\_\_ With other children? \_\_\_\_\_

Does your child worry a lot or is he/she very afraid of anything? \_\_\_\_\_

What causes worry or fear? \_\_\_\_\_

Does your child have any imaginary playmates? \_\_\_\_\_ Explain \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_

What are your child's favorite toys and/or activities? \_\_\_\_\_

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What is your child's favorite TV program?

How long does your child watch TV each day?

What are your child's favorite books?

How many times a week is your child read to?

Is there anything else about your child's play or playmates which the school should know?

**Section F Discipline**

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? \_\_\_\_\_

What concerns do you presently have about your child?

How are these concerns dealt with?

**Section G Parent's Impression and Attitudes**

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of family members, divorce)?

How would you describe your child at the present time? What changes have you seen in your child during the past year?

Does your child have any behavior characteristics which you hope will change?

In what ways would you like to see your child develop during the school year?

My child will be attending the center

Full time \_\_\_\_\_ Hour of drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Part time \_\_\_\_\_ Days of Week \_\_\_\_\_

Hours required \_\_\_\_\_

**PLEASE FILL OUT AND RETURN**

**PARENT INVOLVEMENT QUESTIONNAIRE**

Parent's Name \_\_\_\_\_

Please check off any of the ways you would like to be involved with our class.

Come and read your favorite story to our class. \_\_\_\_\_

Share a special talent. ( musical, artistic, cooking, etc.) \_\_\_\_\_

Share information about your profession. (3 years and older only) \_\_\_\_\_

Chaperone field trips ( 3 years old and older only) \_\_\_\_\_

We understand that for working parents it can be difficult to come to our class during the day. Here are a couple of ideas that would allow your to be involved with our class without taking time off from work.

Put your favorite story on tape. \_\_\_\_\_

We can use these special stories in our listening centers.

Create a special activity or game to send to school with your child. \_\_\_\_\_

(art, cooking, a childhood game you enjoyed when you were young, etc.)

We can make these special activities choices during our "Learning Centers" time.

Create a music tape for us to listen to during the day. \_\_\_\_\_

(You can sing, play an instrument, etc.)

What holidays do you celebrate in your family?

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Can you share some of the traditions with your child's class? \_\_\_\_\_

Do you have any other ideas?

Please explain below.

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