

Almost Home

35 Copps Hill Road
Ridgefield, CT 06877
Almosthomecc.com
203 438-6118

Enrollment Form

Child's Name: _____ Date: _____

Date of Birth: _____ Sex: _____

Address: _____

Mother's Name: _____ Hm Phone: _____

Mother's Home Address: _____

Employer (name & address): _____

Wk Phone: _____ Cell phone: _____

E-mail Address: _____

Social Security #: _____

Father's Name: _____ Hm Phone: _____

Father's Home Address: _____

Employer (name & address): _____

Wk Phone: _____ Cell phone: _____

E-mail Address: _____

Social Security #: _____

Marital Status: _____ Siblings in family: _____

School Age Children only:

Public School Attending: _____ Grade: _____

Child's Physician: _____ Ph. #: _____

Physician's Address: _____

Child's Dentist: _____ Ph. #: _____

Dentist's Address: _____

Emergency Contacts: Please list two people who live in the area and have permission to remove your child from the center or make decisions in emergency situations in which you cannot be reached.

Name: _____ Hm. Phone: _____

Wk Phone: _____ Cell Phone: _____

Address: _____

Name: _____ Hm. Phone: _____

Wk Phone: _____ Cell Phone: _____

Address: _____

Health Development:

Does your child have any allergies, hearing or speech difficulties, frequent sore throats, colds, ear infections, convulsions or any other medical problems of which Almost Home should be aware? (Please indicate below).

Does your child have any allergies? _____ If so, please describe and complete additional Allergy Action Plan Form:

Is there any other significant information about your child that you would like to add?

Please check off which program you are registering for:

Infant: _____
Toddler: _____
Preschool 3: _____
Preschool 4: _____
Kindergarten Enrichment: _____
Transitional Kindergarten: _____
Before School: _____
Lunch Bunch: _____
After School: _____
Summer Camp: _____

Please indicate the following: (Infants, Toddlers, Preschool)

Full Year Registration: _____
School Year Registration: _____
Summer Registration: _____

Days & Hours (Infants, Toddlers, Preschool)

Monday: _____ to _____
Tuesday: _____ to _____
Wednesday: _____ to _____
Thursday: _____ to _____
Friday: _____ to _____

For School Age Children Only:

Full Plan Schedule: _____
School Plan Schedule: _____
Summer Camp: _____
(Schedule is on an additional form)

School Age Programs

Please indicate the Programs you are registering for and the days of attendance:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

We occasionally take photographs of the children at play. Please indicate if you give permission for photographs of your child to appear on our website.

Yes _____, I give permission for photographs of my child to appear on the Almost Home website.

No _____, I do not want my child's photograph to appear on the Almost Home website.

I hereby give my permission to the people in charge at Almost Home to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of Almost Home. In case of medical emergency, I give my permission for my child to receive emergency first aid by the staff of Almost Home and understand that if it is necessary my child will be transported to an appropriate medical facility by the local emergency unit for treatment. The child will be transported at the expense of the parents' insurance. Every effort will be made to contact the parent immediately. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, the child's physician, and/or the other adult acting on the child's behalf.

I _____ have read and fully understand the policies of Almost Home. I have discussed the discipline policy with the center director, and agree to adhere to the rules and regulations set forth. I understand the policies regarding the enrollment fee, tuition deposit and agree to all forms, fee policies, vacation policies, sick days, rules, and regulations of Almost Home.

Enrollment for my child will begin: _____

Signature of Parent/Guardian: _____

Date: _____