



**BOYS & GIRLS CLUBS
OF HARTFORD**

Full Time Preschool

REGISTRATION FORM



Boys & Girls Clubs of Hartford

EARLY LEARNING CENTER | 170 SIGOURNEY STREET HARTFORD, CT 06105

WWW.BGCHARTFORD.ORG



BOYS & GIRLS CLUBS
OF HARTFORD

EARLY LEARNING CENTER
AT ASYLUM HILL

Child File Checklist

Child's Name: _____

Enrollment Date: _____

	Date forms reviewed	Director Initials Forms reviewed	Parent Initials Forms reviewed
Enrollment Information/Registration Form			
First Aid and Emergency Treatment Release Form <i>(to be taken on Field Trips)</i>			
General Health and Nutrition Questionnaire			
Early Childhood Health Assessment Records with Immunizations <i>(including risk factor for TB screening)</i>			
Authorization for Administration of Medication <i>(including written orders if applicable)</i>			
Authorization for permission for Activities away from Premises <i>(if Applicable)</i>			
Atypical Behavior/ Behavior Management Form <i>(Reviewed and discussed with parent)</i>			
Authorization to Remove Child Form			
Injury/Illness/Accident Reports			
Individual Care Plan <i>(signed by parent and staff)</i>			
Fee Calculation Form			
Financial Disclosure Form			
Family Manual/ Policies and Procedure <i>(reviewed and discussed with Parent)</i>			
Non Prescription Medications			
Home Language Survey			



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REGISTRATION FORM

REGISTRATION DATE: _____

CHILD'S NAME: _____ HOME TELEPHONE: _____

ADDRESS: _____

CHILD RESIDES WITH: BOTH PARENTS MOTHER or FATHER OTHER: _____

GENDER: MALE FEMALE AGE: ____ DATE OF BIRTH: _____

CHILD'S ETHNICITY: _____

LEGAL PARENT/ GAURDIAN: _____

CELL PHONE: _____ HOME PHONE: _____

RESIDENTIAL ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

WORK ADDRESS: _____

LEGAL PARENT/ GAURDIAN: _____

CELL PHONE: _____ HOME PHONE: _____

RESIDENTIAL ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

WORK ADDRESS: _____

MARITAL STATUS OF PARENTS *(Please check one):*

SINGLE MARRIED DIVORCED SEPARATED

WE PROVIDE A FULL TIME, MONDAY – FRIDAY PROGRAM:
LIMITED SPACES ARE AVAILABLE FOR OTHER SERVICES.

INTENDED ARRIVAL TIME: _____ INTENDED DEPARTURE TIME: _____

START DATE: _____ REGISTRATION FEE PAID? PAID BY: _____

PLEASE NOTIFY THE CENTER IF THERE ARE ANY LEAGAL ISSUES AFFECTING VISITATION OF, ACCESS TO OR REMOVAL OF A CHILD FROM THE CENTER. DEPENDING UPON THE CIRCUMSTANCES, DOCUMENTATION MAY BE REQUESTED.

AUTHORIZATION TO REMOVE CHILD

I, _____ (*legal parent/ guardian signature*) give the following people permission to remove my child from the Early Learning Center.

The Center will use photographs provided to help ensure that only authorized persons remove children from our care.

Name:	
Relationship to Child:	
Telephone Number(s):	

Name:	
Relationship to Child:	
Telephone Number(s):	

Name:	
Relationship to Child:	
Telephone Number(s):	

I understand that in the event that a legal parent/ guardian cannot be reached, the people authorized to remove my child from the Center may also be contacted in case of emergency.



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GENERAL HEALTH AND NUTRITION QUESTIONNAIRE

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

CHILD'S PHYSICIAN: _____ **TELEPHONE:** _____

ADDRESS: _____

CHILD'S DENTIST: _____ **TELEPHONE:** _____

ADDRESS: _____

ANY ALLERGIES? IF YES, TO WHAT? _____

DOES YOUR CHILD USE AN EPI – PEN?

IS YOUR CHILD DIABETIC? IF YES, DOES THE CHILD USE INJECTABLE MEDICATION? _____

IS YOUR CHILD ASTHMATIC? IF YES, DOES THE CHILD USE A NEBULIZER OR AN INHALER?

ARE ANY MEDICATIONS GIVEN REGULARLY?

IF YES, WHAT? _____

WHAT COMMUNICABLE DISEASES HAS YOUR CHILD HAD?

MEASLES MUMPS CHICKEN POX OTHER: _____

ANY SERIOUS ILLNESSES OR OPERATIONS? _____

ANY PHYSICAL DISABILITIES? _____

WHAT ARRANGEMENTS CAN YOU MAKE FOR YOUR CHILD'S CARE DURING AN ILLNESS? _____

NUTRITION

HOW WOULD YOU DESCRIBE YOUR CHILD'S APPETITE? *CHECK ONE:*

GOOD

FAIR

POOR

PICKY

HOW MANY MEALS AND SNACKS DOES YOUR CHILD EAT DAILY? _____

ARE THERE FOODS THAT YOUR CHILD CANNOT EAT? _____

WHAT ARE YOUR CHILD'S FAVORITE FOODS? _____

DOES YOUR CHILD, 5 YEARS OLD OR YOUNGER, EAT ANY OF THESE FOODS?

PLEASE CHECK ALL FOODS THAT APPLY IN THE CHART BELOW.

<input type="checkbox"/>	Hot Dogs	<input type="checkbox"/>	Popcorn	<input type="checkbox"/>	Raw celery or carrots
<input type="checkbox"/>	Marshmallows	<input type="checkbox"/>	Pretzels	<input type="checkbox"/>	Round or hard candy
<input type="checkbox"/>	Nuts, Seeds and peanut butter	<input type="checkbox"/>	Raisins	<input type="checkbox"/>	Whole grapes

DOES YOUR CHILD STILL USE A BOTTLE OR SIPPY CUP? _____

DO YOU HAVE ANY CONCERNS ABOUT FEEDING YOU CHILD? _____

IS THERE ANYTHING THAT YOU WOULD LIKE TO RAISE WITH OUR CONSULTANT DIETICIAN?

Legal Parent/Guardian Signature

Date



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PERMISSION SLIP

I, _____ give my child _____
permission to play on the playscape, on the playing field and in the gymnasium at the Boys & Girls Clubs
of Hartford facility at 170 Sigourney Street.

I understand that activities will be age appropriate and that my child will be under the supervision of
Early Learning Center staff at all times.

Legal Parent/Guardian Signature

Date



**EARLY LEARNING CENTER
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ATYPICAL DEVELOPMENT AND CHALLENGING BEHAVIOR

- Atypical development shall be defined as that which does not meet established norms for children of the same age group in any of the domains of development including physical, language, and motor, self-help, cognitive and social/emotional.
- Challenging behaviors shall be defined as aggression: biting, hitting, pushing, kicking, or other potentially dangerous acts toward other children or educators.
- Foul language, inability to follow rules and comply with directives, escaping from the classroom, outbursts and tantrums, disruption of classroom activities or any act which endangers the health and safety of self or damage to others, property or disrupts program quality is also considered challenging.

The 'Individual Plan of Care' (IPC) is a step-by-step process for assessing, referring and accommodating children with atypical development and/or challenging behaviors is as follows:

- The teacher should establish a firm but kind interaction with the child.
- If the child is uncooperative, contact for assistance. Teacher should implement the IPC strategies immediately and remove the child from classroom if necessary until the child has calmed down: staff should make sure that both the child and the group are safe.
- If the child's behavior continues to be out of control, the Administration will be called for consultation, and may make recommendations to call the parent.
- If the parent is called and does not respond or cannot be reached, the child's Emergency Contact person will be called.
- If no one can be reached, a head teacher will make the final decision on how to handle the situation.

In the event the child's development remains a concern, the family will be scheduled to meet with the teacher and Administration to discuss other options for care or services or recommend other services or centers to address your child's needs. These services may include, but are not limited to, any of the following:

- Health Care Specialist
- Public School Early Intervention Team
- Behavioral Specialist
- Connecticut's Birth to Three
- Early Childhood Education Consultant
- Wheeler Clinic

Fees related to these services may become the responsibility of the parent/guardian.

In such cases where little or no progress is made, or in the case of noncompliance with this policy, parents/guardians will have two weeks to make new arrangements unless the child is a danger to himself or others, or disruptive to the program quality in which case dismissal shall be immediate.

Legal Parent/Guardian Signature

Date



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PRESCHOOL HOME LANGUAGE SURVEY

Child's Name: _____ **Date of Birth:** _____

Enrollment Date: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Please tell us about your child...

What are your child's preference and/or interests? _____

What language did the child learn when he/she first began to talk? _____

What language does the family speak at home most of the time? _____

Please list any preschool program(s) your child attended before coming to our program:

In which language do you wish to receive information from the school? _____

What name do you use for your child (if different from above)? _____

Who lives at home with your child? _____

Parent/Guardian Authorization for the Administration of Non-Prescription Topical Medications by Child Care Personnel

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a child care staff member of the **Boys & Girls Clubs of Hartford Early Learning Center**.

I understand that I must supply the child care program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

- Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
- Medicated powders
- Teething, gum, or lip medications

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ to: _____

Name of Parent/Guardian _____ Date: _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Signature: _____ Relationship to child: _____

Address: _____ Telephone: _____

STAFF TO COMPLETE

Parent authorization form and medication received by: _____
(Signature of staff)

Medication Started: _____ (date and time)

Medication Ended: _____ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.



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FINANCIAL DISCLOSURE FORM

REGISTRATION DATE: _____

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

CHILD'S DATE OF BIRTH: _____

RESPONSIBLE PAYEE: _____

RESPONSIBLE PAYEE'S RELATIONSHIP TO CHILD: _____

PAYEE'S ADDRESS: _____

HOME #: _____ WORK #: _____ CELL #: _____

PERSONS WHO MAY DISCUSS THIS ACCOUNT AND THEIR RELATIONSHIP TO THE RESPONSIBLE PAYEE

NAME: _____

RELATIONSHIP: _____

NAME: _____

RELATIONSHIP: _____

NAME: _____

RELATIONSHIP: _____

Responsible Payee Signature

Date



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FIRST AID AND EMERGENCY TREATMENT

I / We grant permission for the staff of the Boys & Girls Clubs of Hartford Early Learning Center to take whatever steps are necessary to provide or obtain emergency medical aid for my child if warranted.

These steps may include but are not limited to the following:

1. Administer First Aid
2. Attempt to contact a legal parent / guardian
3. Attempt to contact child's physician
4. Attempt to contact the parent through any people listed as emergency contacts

If we cannot contact the parents of the child or the physician, we may do any or all of the following:

1. Call another physician
2. Call an ambulance
3. Have the child taken to an emergency room in the company of a staff person

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

CHOICE OF HOSPITAL: _____

FAMILY DOCTOR: _____ **TELEPHONE NUMBER:** _____

INSURANCE ID#: _____ **TYPE OF INSURANCE:** _____

I understand that the Boys & Girls Clubs of Hartford Early Learning Center will not be held responsible for anything that may arise as a result of false information given at the time of enrollment. It is the parent's responsibility to keep information up to date.

I understand that any expenses incurred will be borne by the child's family.

DATE: _____

SIGNATURE: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____

TELEPHONE NUMBER: _____



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FEE CALCULATION FORM

Registration Deposit: Deposit is due at the time of registration.

Weekly Tuition: \$200.00 per week for a maximum of 10 hours per day

Weekly Half Day Care: \$100.00 per week for a maximum of 5 hours per day

Weekly Before: \$50.00 per week for a maximum of 2 hours per day

Weekly Aftercare: \$100.00 per week for a maximum of 4 hours per day

Legal Parent/Guardian Name: _____

Address: _____

Email: _____

Telephone Number: _____

Child's Name: _____ **Child's age:** _____

Hours of Attendance: _____ **Full-time or Part-time:** _____

Care4Kids **Date Care4Kids Application was submitted:** _____

Fees: _____

Legal Parent/Guardian Signature

Date

TO ALL FAMILIES:

I HAVE READ, UNDERSTAND AND AGREE TO ADHERE TO THE POLICIES AND PROCEDURES OF THE BOYS & GIRLS CLUBS OF HARTFORD EARLY LEARNING CENTER OUTLINED IN THIS MANUAL.

(Child's name)

Legal Parent/Guardian Signature

Date