

# **Mother's Day Out 3 Child Enrollment Form**

A unique preschool program for 3-year-old children

**Date of Application:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Birthdate: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_ PARENT: \_\_\_\_\_

SIBLINGS NAMES & AGES: \_\_\_\_\_

PARENT'S PLACE OF BUSINESS \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S PLACE OF BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF LAST PHYSICAL: \_\_\_\_\_

CONCERNS? COMMENTS ABOUT PERSONALITY OR BEHAVIOR? (might help with class placement): \_\_\_\_\_

PREVIOUS GROUP EXPERIENCES: \_\_\_\_\_

WHAT LANGUAGE DO YOU SPEAK AT HOME? \_\_\_\_\_

*Our program meets Tuesdays, Thursdays and Fridays from 9:15a.m. to 1:45p.m.  
Which days are you requesting?*

**Weekly Care Schedule: (please include the Persons permitted to remove your child from MDO on behalf of parent. (Use back for additional names.)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

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## **Medical Information**

Known Allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

**Child's Physician:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child's Dentist:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Emergency Authorization**

I give my consent for the First Aid and CPR certified staff of Mother’s Day Out to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: \_\_\_\_\_  
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**Behavior Management and Parent Handouts**

I acknowledge that I have read the parent handouts and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility (below) have been reviewed with me. If my child is 32 to 36 months old in September, I still authorize them to participate in this 3 year old program.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Please submit a (non-refundable) \$100 registration fee (\$150 for 2 days and \$175 for 3 days) with this application to confirm enrollment.

**Please review our Mother’s Day Out Discipline Policy**

Our philosophy of discipline is simple. We believe the most effective discipline for this age group is to talk with a child individually (in the hall if necessary) in a quiet but firm voice. Be consistent. Do not embarrass the child in front of the other children. Try always to use a positive approach. Instead of constantly saying “no” or “don’t,” redirect their activity. We take the child or children to another area and interest them in another activity. Our staff will encourage and model positive behavior, positive reinforcement, the use of peer support and clearly defined rules.

**TIME OUT CHAIR:** If a child seems to be out of control or has hurt another child or has not followed the repeated instruction from the teacher, he may need to spend a short time (couple of minutes) on a “time out” chair (any nearby chair). We do not overdo this or it will be ineffective.

We are careful to be considerate of the child’s feelings. We want to convey the idea that we are unhappy with the action and not with the child. We, the Mother’s Day Out staff, agree with and support the State of Connecticut discipline guidelines which are:

1. Staff shall not use abusive, neglectful, corporal, humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or others.
2. Removal of a child from the group for disciplinary or health reasons shall be to a location where visual supervision by staff shall be maintained.
3. There shall be a written policy of accepted and prohibited disciplinary measures which shall be shared with parents, followed by all staff persons and reviewed annually.

This policy has been reviewed with me and I accept the procedures outlined above.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_