

Mother's Day Out 3 Child Enrollment Form

A unique preschool for 3-year-old children

Date of Application: _____

Date of Enrollment: _____

CHILD'S NAME: _____ NICKNAME: _____ GENDER: _____

ADDRESS: _____ BIRTHDATE: _____

TOWN/STATE _____ HOME PHONE: _____

SIBLINGS NAMES & AGES: _____

(1) PARENT NAME: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

PARENT PLACE OF BUSINESS: _____ PHONE: _____

ADDRESS: _____

(2) PARENT NAME: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

PARENT PLACE OF BUSINESS: _____ PHONE: _____

ADDRESS: _____

CONCERNS? COMMENTS ABOUT PERSONALITY OR BEHAVIOR? (helpful information for staff): _____

PREVIOUS GROUP EXPERIENCES: _____

WHAT LANGUAGE DO YOU SPEAK AT HOME? _____

Our program meets Tuesdays, Wednesdays, Thursdays, and Fridays from 9:15am to 1:45pm.

WHICH DAY/S ARE YOU REQUESTING? _____

Additional Persons permitted to remove your child from MDO on behalf of you, the parent.

(Use back for additional names.)

Name: _____ Address: _____

Phone#: _____ Relationship: _____

Name: _____ Address: _____

Phone#: _____ Relationship: _____

Name: _____ Address: _____

Phone#: _____ Relationship: _____

MEDICAL INFORMATION

KNOWN ALLERGIES: _____

Insurance Carrier: _____ Insurance ID: _____

CHILD'S PHYSICIAN NAME _____ **PHONE#** _____

Address: _____ City: _____ State: _____ Zip: _____

CHILD'S DENTIST NAME _____ **PHONE#** _____

Address: _____ City: _____ State: _____ Zip: _____

DATE OF LAST PHYSICAL: _____

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: _____

Behavior Management and Parent Handouts

I acknowledge that I have read the parent handouts and agree to abide by the policies contained in them and that the techniques used to manage child behaviors in the facility (below) have been reviewed with me.

Signature of Parent or Guardian: _____ Date: _____

****Please submit a (non-refundable) \$100 registration fee (\$150 for 2 days, \$175 for 3 or 4 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", redirecting 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, and the use of peer support and clearly defined roles.

Timeout 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 (a couple of minutes) on a "timeout" 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: _____