



ENROLLMENT APPLICATION

CHILD INFORMATION

Child's Name _____

Date of Birth _____

Age _____

Sex _____

PARENT INFORMATION

Parent/Guardian Name _____

Address _____

(Please check off preferred first contact number)

Home Phone _____

Cell Phone _____

Business Phone # _____

Place of Employment _____

Parent/Guardian Name _____

Address _____

(Please check off preferred first contact number)

Home Phone _____

Cell Phone _____

Business Phone # _____

Place of Employment _____

EMERGENCY CONTACTS/ AUTHORIZED PICK UPS

Name _____

Phone Number _____

Relationship to Child _____

Authorized Pick Up

Emergency Contact

Name _____

Phone Number _____

Relationship to Child _____

Authorized Pick Up

Emergency Contact

Name _____

Phone Number _____

Relationship to Child _____

Authorized Pick Up

Emergency Contact

Name _____

Phone Number _____

Relationship to Child _____

Authorized Pick Up

Emergency Contact

Please Initial Here _____

MIDDLE ISLAND CARING FOR KIDS NAPPING AGREEMENT

I _____ parent of _____ understand that during nap/quiet time, my child will be on a cot with a sheet and blanket. My child will always sleep in age appropriate classroom, either toddler classroom (18 months – 3) or preschool/pre- k classroom (ages 3-5) and will have supervision by a Staff Member, in accordance with requirements of section 418-1.8

-The resting/napping places must:

- be located in approved day care space;
- be located in safe areas of the program;
- be located in a draft-free area;
- be where children will not be stepped on;
- be in a location where safe egress is not blocked;
- allow a person to move freely and safely within the napping area in order to check on or meet the needs of children; and
- be at least two feet apart from each other.
- Individual clean bed coverings must be available, as needed, for each child requiring a rest period.

-Bedding, which is the removable and washable portion of the sleeping environment, must not be shared between children.

-Sleeping surfaces, including bedding, which is the removable and washable portion of the sleeping environment, must not come in contact with the sleeping surfaces of another child's rest equipment during storage. Mats and cots must be stored so that the sleeping surfaces do not touch when stacked.

-No crib, cot, bed or mat may be occupied by more than one child, nor by a child and any adult.

MEALS

Middle Island caring for kids can provide breakfast, lunch and snack for your child.

Please indicate what days and hours your child will attend our programs so that we can make the necessary preparations for your child's meal plan.

Circle days that apply

Monday Tuesday Wednesday Thursday Friday

hours of enrollment from _____:_____ to _____:_____

- Breakfast
- Lunch
- Snack

POLICIES AND PROCEDURES

Child's Name _____ Parent/Guardian Name _____

1. I have read and reviewed Middle Island Caring for Kids policies and procedures, allergy and anaphylaxis, discipline, napping policies and the Middle Island Caring for kids health care plan.
 - Yes
 - No
2. I give permission for Middle Island Caring for Kids to apply over the counter topical ointments as needed. (sunscreen, diaper ointments, ect.) Name of ointment _____
 - Yes
 - No
3. In case of injury, I authorize any and all medical, dental and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for proper health and well-being of my child.
 - Yes
 - No
4. I have provided information on my child's special needs to the provider, as may assist the facility in properly caring for my child in case of an emergency.
 - Yes
 - No

Please Initial Here _____

PARENT CONSENT AND RELEASE FORM

On various occasion, your child may be photographed while attending Middle Island Caring for Kids. These photographs may be used by MICK and/ or affiliated companies, in the program planning and/ or public events. They may also be used for various types of adverting and electronic or digital communication. For that reason, we ask that all Parents/Guardians fill out the below release form.

I hereby, give, or do not give MICK and its agents, the absolute right and permission to copyright and or publish, or use photographic portraits or pictures of my child. These pictures may be used in conjunction with his/her own or fictitious name.

- No, I do not grant full permission
- Yes, I grant full permission
- Yes, I grant full permission for internal use only *(for example: Class Dojo)*

TRANSPORTATION

I consent to the transportation of my child, by Middle Island Caring for Kids

- No, I do not grant full permission *(Not provided by M.I.C.K.)*
- Yes, I grant full permission

SCHOOL BUS TRANSPORTATION

I, _____, give permission for my child _____ to be released to the bus driver of _____, bus number _____. I am including this bus as an authorized pick up for my child.

AFTER HOURS

If in the event of an emergency, a parent cannot get to the center by 5:30 pm closing time, the parent or emergency person must notify the center by telephone as to when they will arrive. If the parent is repeatedly late, the child will not be allowed to attend the center. In the event that the parent or emergency person does not notify the center by 5:30 pm of a delay, the Director or person in charge will call the parent's home and/or work place and the emergency contact person.

If no one responds to pick up the child, Middle Island Caring for Kids will call the Police Protective Services

PARENT SIGNATURE _____