



Welcome to Hope Street Child Care!



What do you need to bring?

For Toddlers:

- Diapers, wipes, and ointments
- Toothbrush
- Complete change of clothes
- Blanket for rest time

For Preschoolers:

- Complete change of clothes
- Toothbrush
- Blanket for rest time

Family Membership fee of \$15.00 due upon enrollment in the program

Please submit the following:

- Birth certificate
- Immunization record
- Physical (within the last year)
- \$15.00 membership fee (due annually)
- Meal form
- Record of income

Date _____

Connecting for Children and Families
Hope Street Child Care Center
46 Hope Street
Woonsocket RI 02895

Membership application

Parent/Guardian's Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email Address: _____

Names of household members:

Adult(s): _____

Children:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Family Membership fee (\$15) _____

Membership fee must be paid **before** child starts the program.
Please make checks payable to Connecting for Children & Families.

Day Care Center
Parent Authorization For Emergency Treatment
In consideration of admittance, I hereby authorize

Hope Street Child Care at Connecting for Children and Families

To arrange for medical examination and/or treatment of my child,

(Name of child)

Should an emergency arise at the day care center or on a field trip. It is understood that a conscientious effort will be made by the day care center to contact me at the emergency number I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises:

(Name of Hospital)

I understand that choice of hospital may be limited by service of local rescue squad.

Signature-Mother/Guardian

Home Phone

Business Phone

Signature-Father/Guardian

Home Phone

Business Phone

Health Insurance Plan: _____

Policy Number: _____

Relatives or other persons to be contacted in an emergency:

Name: _____ Address: _____

Phone number: _____ Relationship to child: _____

Name: _____ Address: _____

Phone number: _____ Relationship to child: _____

Date: _____

Connecting for Children and Families

Enrollment Date: _____

Hope Street Childcare Center

Child's Name: _____ Social Security #: ___ / ___ / ___ Birthdate: ___ / ___ / ___ Ethnicity: _____ Male / Female
Home Address: _____ Home phone #: _____
School: _____ (for school age children only)

Mother/Guardian Name: _____ Social Security #: ___ / ___ / ___ Ethnicity: _____
Home Address: _____
Employer/School Name & Address: _____ Work/School Hours: _____
Health Coverage/Policy #: _____ Home phone #: _____ Work phone #: _____ Cell phone #: _____
Marital Status: _____

Father/Guardian Name: _____ Social Security #: ___ / ___ / ___ Ethnicity: _____
Home Address: _____
Employer/School Name & Address: _____ Work/School Hours: _____
Health Coverage/Policy #: _____ Home phone #: _____ Work phone #: _____ Cell phone #: _____
Marital Status: _____

Family Annual Income: _____ Family size _____

CHILD RELEASE INFORMATION

(All information is kept confidential)

My child may be released to the following people:

Name: _____ Phone #: _____ Cell #: _____ Relationship to child: _____
Name: _____ Phone #: _____ Cell #: _____ Relationship to child: _____
Name: _____ Phone #: _____ Cell #: _____ Relationship to child: _____
Name: _____ Phone #: _____ Cell #: _____ Relationship to child: _____

Does your child have any allergies? NO/YES If yes, please list _____

Is your child currently taking any medications? NO/YES If yes, please list _____

Does your child have any limitations that staff should be made aware of? NO/YES If yes, please list _____

At your child's school, are they eligible for free lunch? YES/NO Reduced lunch? YES/NO

May we use photos of your child in promotional materials for Connecting for Children & Families? YES/NO

Parent Signature: _____

FIELD TRIPS

I give permission for my child/children to accompany CCF on field trips. I understand that I will be informed as to the location of the trip and the time my child/children will be returning. I give permission for my child/children to accompany CCF on local trips around the areas, such as a walk to Costa Park or a trip to friendly Nursing Home.

In the even that emergency medical care is needed that parent/guardian will be responsible for the fee charged by the emergency service

Parent Signature: _____

FOR OFFICE USE ONLY

DATE CHILD REGISTERED FOR PROGRAM: _____ **(Activity fee must be paid in full no later than one month after registration)**

ACTIVITIES FEES PAID: (if paid in installments, record each payment separately)

DATE: _____ AMT. PD.: _____ INITIALS: _____ | DATE: _____ AMT. PD.: _____ INITIALS: _____ | DATE: _____ AMT. PD.: _____ INITIALS: _____ |

_____ Before School _____ After School _____ Toddler Care _____ Preschool Care _____ Summer School Age _____

Child Care Certificate Number _____

Nutrition Questionnaire for Children

This nutrition questionnaire is a tool for parents to complete before meeting with child care staff (e.g., health or education professionals, family day care providers). The questionnaire provides a useful starting point for identifying areas of nutrition concern and the need for additional screening. It may be adapted with the names of foods consumed by a specific cultural group. Note: This questionnaire is not all-inclusive, and should be adapted as necessary to meet the specific needs of individual programs.

1. How would you describe your child's appetite? (Circle one.)

Good

Fair

Poor

Picky

2. How many days per week does your family usually eat meals together? _____

3. How would you describe mealtimes with your child? (Circle one.)

Always pleasant Usually pleasant Sometimes pleasant Never pleasant

4. How many meals does your child usually eat per day? _____

5. How many snacks does your child usually eat per day? _____

6. Which of these foods did your child eat or drink last week? (Circle all that apply)

Grains

Bagels
Bread
Cereal/grits
Crackers
Muffins
Noodles/pasta
Rice
Rolls
Tortillas

Other grains:

Vegetables

Broccoli
Carrots
Corn
French fries
Green beans
Green Salad
Greens (collard, spinach)
Peas
Tomatoes
Potatoes

Other Vegetables:

Fruits

Apples/juice
Bananas
Berries
Grapefruit/juice
Grapes/juice
Melon
Oranges/juice
Peaches
Pears

Other fruits/juice:

7. Do you have a working stove, oven and refrigerator where you live? YES/NO
8. Were there any days last month when your family didn't have enough food to eat or enough money to buy food? YES/NO
9. Does your child spend more than 2 hours a day watching television and videotapes or playing computer games? YES/NO

HOPE STREET CHILDCARE CENTER
PARENT QUESTIONNAIRE

Child's History

Name: _____

Date of birth: ____/____/____ Birthplace: _____

Birth weight: _____ Complications at birth: _____

Age began sitting: _____ Crawling: _____ Walking: _____ Talking: _____

Is the child/s speech understood by others? _____

Any speech difficulties? _____

Have you ever been involved with Early Intervention or Child Outreach services? _____

If so, what services did your child require? _____

Your child/s way of communication needs to parents (gestures, sounds, words) _____

Do you think your child is right or left handed? _____

Health

Serious illnesses or hospitalizations: _____

Allergies: _____

Medications: _____

Eating Habits

Favorite foods: _____

Foods refused: _____

Child eats with: Hands _____ Spoon _____ Fork _____

Toileting

How does your child indicate toileting needs? _____

Does your child have accidents? _____ How often? _____

Sleeping

Does your child become tired or nap during the day? When and how long? _____

What time does your child go to bed at night? _____

What time does your child wake up in the morning? _____

Who else shares the bedroom? _____

Dressing

Does your child dress themselves? _____

Areas where help is needed: _____

Social Relationships

How would you describe your child's personality? _____

Previous experience with other children/childcare? _____

Reaction to strangers? _____

Plays alone _____ Plays with other children _____

Favorite toys and activities: _____

Fears (The dark, animals, etc.) _____

How does your child react to frustration? _____

How do you comfort your child? _____

How would you describe your child's energy level? _____

Any stressful situations that are affecting your child? _____

What would you like your child to gain from this childcare experience? _____

List the names of people residing in your home: _____

Describe your family's tradition and cultural heritage: _____

Describe the values that are most important to you as a family: _____

What are some things you enjoy doing? _____

Is there a talent you would like to share with the children? _____

Parent/Guardian Signature: _____



Each child care center must have an enrollment form for each child in care. This form **must be signed by a parent or guardian** and **must be updated annually**. The **enrollment data must include information on each child's days and hours in care as well as meals expected to be received while in attendance.**

Name of child: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Normal hours in care:					
Please check off the meals your child should receive each day while at childcare					
Breakfast					
AM Snack					
Lunch					
PM Snack					

Signature of Parent/Guardian: _____

Date: _____