Welcome to Hope Street Early Learning Center

What do you need to bring?

For Toddlers:

Diapers and wipes
Complete change of clothes
Small blanket for rest time

For Preschoolers:

Complete change of clothes
Blanket for rest time

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

CCF
Connecting for Children & Families

Please submit the following:

- ✓ Birth certificate
- ✓ Immunization record
- ✓ Physical (within the last year)
- ✓ Updated immunizations
- ✓ $15.00 membership fee (due annually)
- ✓ MEAL FORM (included in packet)

Date _____

Connecting for Children and Families
Hope Street Early Learning 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: _____DOB_____ School: _____
Name: _____ Age: _____DOB_____ School: _____
Name: _____ Age: _____DOB _____School: _____
Name: _____ Age: _____DOB_____ School: _____

Membership fee of $15.00 must be paid **before** child starts the program. Please make checks payable to Connecting for Children & Families.

Early Learning Center
Parent Authorization For Emergency Treatment

In consideration of admittance, I hereby authorize

Hope Street Early Learning Center 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 center or on a field trip. It is understood that a conscientious effort will be made by the 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 ambulance

Signature-Mother/Guardian	**Home Phone**	**Business Phone**
Signature-Father/Guardian	**Home Phone**	**Business Phone**

Health Insurance Plan: _____
Policy Number: _____

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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: _____

Enrollment Date: _____

Connecting for Children and Families
Hope Street Early Learning Center

Child's Name: _____ Social Security #: ___ /___ /___ Birthdate: ___ /___ /___ Ethnicity: _____ Male / Female
Home Address: _____ Home phone #: _____
School: _____ (for school age children only)
Attended a child care center previously. ____ Yes _____ No

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 _____ Home Language _____

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 _____

May we use photos/videos, social media/internet 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: _____

Membership Fee PAID: (if paid in installments, record each payment separately)

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

Toddler Care _____ Preschool Care _____

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	**Vegetables**	**Fruits**
Bagels	Broccoli	Apples/juice
Bread	Carrots	Bananas
Cereal/grits	Corn	Berries
Crackers	French fries	Grapefruit/juice
Muffins	Green beans	Grapes/juice
Noodles/pasta	Green Salad	Melon
Rice	Greens (collard, spinach)	Oranges/juice
Rolls	Peas	Peaches
Tortillas	Tomatoes	Pears
Other grains:	Potatoes	Other fruits/juice:
_____	Other Vegetables:	_____
_____	_____	_____
	_____	

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 videos or playing computer games? YES/NO

10. What concerns or questions do you have about feeding your child? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Any other information to share?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

HOPE STREET EARLY LEARNING 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? _____

Is your child 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: _____