



REGISTRATION FORM

Child's Full Name _____ Nickname _____

Child's Date of Birth _____ Gender _____ Male _____ Female

Child's Address _____

Parent/Guardian #1 Name _____ Social Security No. _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ E-mail address _____

Parent/Guardian #2 Name _____ Social Security No. _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ E-mail address _____

Physician's Name _____ Physician's Phone _____

In the event that the parent/guardian cannot be reached TWO LOCAL emergency contact persons must be listed and authorized to pickup.

Emergency Contact Person #1 Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Person #2 Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please list persons authorized to pick child up from HoneyTree (other than parent/guardian):

Name	Address	Home Phone	Cell/Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

List name(s) of any particular person(s) **who may NOT pick your child** up from HoneyTree:

Name (Relationship to Child)

Name (Relationship to Child)

Please list previous Child Care:

Name of Center: _____ City, State: _____

Name of Center: _____ City, State: _____

Will your child be attending HoneyTree _____ Full Time _____ Part Time _____ Drop In Care

What time will you usually **arrive** at the Center? _____ What time will you usually **pick-up** your child? _____

Do you have more than one child attending HoneyTree? _____ Yes _____ No

If so, please list their name(s) _____/_____

Do you authorize the center to allow your child to participate on duly authorized field trips? _____ Yes _____ No

Do you authorize use of publicity photographs and/or video recording taken without compensation that shows your child participating in HoneyTree's programs and activities? (on-site and during field trips) _____ Yes _____ No

If child is of school age, PLEASE COMPLETE:

Name of Child's School _____ Grade _____

MEDICAL INFORMATION

A physical exam is required for your child upon enrollment at HoneyTree. Immunization records are to be submitted immediately, when new immunizations occur, or at the request of HoneyTree.

Does your child suffer from allergies? _____ Yes _____ No

If so, please specify allergy: _____

If your child is exposed to the allergen (eats the food, etc.) what problems will he/she have?

What should we do to minimize the reaction?

Is there anything about your child's physical needs, or development that we need to know, in order to care for your child?

The center agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick the child up thereafter, as soon as possible. The parent/guardian authorizes the child care center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

Name of person who has custody of child _____

Date of Enrollment: _____ Date of Withdrawal _____ Center: _____

Signature of Parent/Guardian Date

Signature of HoneyTree Director or authorized person Date



INFORMATION SHEET

For Infants, Toddlers, Twos

Child's Full Name _____

Birth date _____

Sibling(s) _____

Age(s) _____

1. Feedings

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? Y / N

If so, at what time? _____ If not will you send expressed breast milk? _____

What temperature water do you use to prepare a bottle? _____ What kind of formula do you use? _____

How much do you prepare at one time? _____ How much does your baby drink at one time? _____

Does your baby drink water during the day Y / N If so, how much _____

What is your child's specific feeding schedule? _____

Is your baby eating solid foods? Y / N

If so, which ones? _____ How often? _____

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Are there any foods that you don't want your child to eat? _____

How do you prepare your baby's solid food? _____

How much does your baby eat at one time? _____

2. Sleeping Habits

How will we know that your child is tired and needs to sleep? _____

When does your child usually sleep and for how long does he/she usually sleep? _____

What helps your child to fall asleep? _____

We put babies to sleep on their backs. Is your baby used to sleeping on his or her back? Y / N

How does your child wake up? Does he or she wake up quickly or slowly? Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held? _____

3. Toileting Habits

What size diapers does your child wear? _____

Is your child toilet trained? Y / N

Or in the process of being trained? Explain: _____

4. Development

Physical: ___ Sits alone ___ Crawling ___ Pulling-up ___ Walking

Verbal: ___ Babbles ___ Talking ___ Words ___ Sentences: What is the primary language? _____

Emotional: Tell us about your child's personality.

Does he exhibit any separation or stranger anxiety? Y / N

How does your child show his feelings? _____

What fears does your child have and what comforts him? _____

5. Health History

Birth: ___ Normal ___ Premature

Any physical disabilities? _____

Any allergies? (i.e. drugs, food, hay fever) _____



INFORMATION SHEET

Child's Full Name _____

Birth date _____

Sibling(s) _____

Age(s) _____

Pets _____

1. What has been your child's experience in a group child care setting and how do you feel your child will adjust to HoneyTree?
2. What areas of development do you feel are most important? And what would you like your child to gain from his/her experience at HoneyTree?
3. What discipline techniques do you use with your child?
4. Does your child have any habits or items for security? How would you like us to handle them while at HoneyTree? (i.e. thumb sucking, nail biting, and blankets.)
5. Is there anything happening at home that HoneyTree should know about in order to better understand your child's behavior? (i.e. death in the family, new baby, or divorce)
6. Tell us about your child's eating habits. What is his/her favorite and least favorite foods?

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any food that you don't want your child to eat?
7. Does your child have any particular fears? What might help to comfort them?
8. What are your child's toileting habits? What words does your child use for bathroom time?
9. What are your child's favorite activities? Tell us about his/her personality?



ENROLLMENT AGREEMENTS

HoneyTree Early Learning Centers agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.

The parent(s)/guardian(s) authorize HoneyTree Early Learning Centers to obtain immediate medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking Emergency medical care, a statement should be obtained from the parents/guardian that states their objection and the reason for their objection.

The parent(s)/guardian(s) agree to inform the Center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

The parent(s)/guardian(s) will familiarize themselves with the Medication Policy that is outlined in the Parent Handbook and will adhere to the policy that all medication administered on a daily basis will be taken home each evening. The parent(s)/guardian(s) will provide HoneyTree Early Learning Center with an updated Immunization Record anytime the child receives new immunizations/booster shots by his Physician/Health Department and/or if requested by HoneyTree ELC.

I agree to provide HoneyTree Early Learning Centers a two-week written notice before withdrawing my child(ren) from HoneyTree and I understand that my account will be billed the equivalent cost of 2 weeks of childcare should a notice not be provided or not be possible. I understand that enrollment specials and promotions exclude my two week notice.

The parent(s)/guardian(s) is required to update any information in their child's file as the need occurs. At a minimum, once a year, your Center Director will review your child's file with you. At that time, you will have the opportunity to update information or confirm that the information in the child's file is current and correct.

During your semi-annual parent-teacher conference, you will have the opportunity to schedule a parent conference with the Center Director. These conferences are an excellent opportunity for you to provide your Center Director with vital feedback that can help us provide the quality of care we strive to achieve. However, please keep in mind that HoneyTree Early Learning Center has an Open Door Policy and you are welcome to stop in at anytime.

I authorize HoneyTree Early Learning Centers to share information regarding my child/family when required: For example, sharing information with the Health Department, the Division of Licensing, the Accreditation Agency, etc.

I parent/guardian of _____ have read the HoneyTree Early Learning Centers Parent Handbook and agree to abide by the policies in it as well as those outlined above.

(Parent / Guardian Signature)

(Director / Administrator Signature)

This file was reviewed with the parent on: _____

**-Director's Use Only-
IDENTITY VERIFICATION**

Place of Birth _____

Birth Date _____

Birth Certificate Number _____

Date Issued _____

Other Form of Proof _____

Name of Verifier _____

Date Verified _____

Permission is granted for...

Child's Name: _____

Center: _____

Sunscreen/Water Play/Swimming

Your permission is required for your child's teacher to apply sunscreen and for them to participate in water play and/or swimming. If you want your child to wear sunscreen while at HoneyTree, please provide us with sunscreen. **The bottle must be clearly labeled with your child's full name.**

___ I give permission for HoneyTree staff to apply the sunscreen that I have supplied for my child.

Name of Sunscreen: _____ Please list any adverse reaction your child might have or has ever had to sunscreen: _____

___ I give permission for my child to participate in water play while at HoneyTree.

___ I give permission for my child to participate in swimming while at HoneyTree.

Please indicate your child's swimming ability: non-swimmer ___ beginner ___ advanced ___

Insect Repellent

If you would like to have insect repellent applied to your child while at HoneyTree, please provide us with a bottle of the repellent you would like applies. **The bottle must be clearly labeled with your child's full name.**

___ I give permission for HoneyTree staff to apply the Insect Repellent that I have provided.

Name of Insect Repellent: _____ Please list any adverse reaction your child might have or has ever had to insect repellent: _____

Lip Balms/Ointments

If you would like your child to receive application of Lip Balm during the day while at HoneyTree, please provide us with a tube of the Lip Balm/Ointment. **The tube must be clearly labeled with your child's full name.**

___ I give permission for HoneyTree staff to apply the Lip Balm/Ointment that I have provided.

Name of Lip Balm/Ointment: _____ Please list any adverse reaction your child might have or has ever had to Lip Balm/Ointment: _____

Topical Lotions

If you would like your child to receive application of a topical lotion/cream during the day at HoneyTree, please provide us with the lotion/cream to be applied. **The lotion must be clearly labeled with your child's full name.**

___ I give permission for HoneyTree staff to apply the Lotion/Cream that I have provided.

Name of Lotion/Cream: _____ Please list any adverse reaction your child might have or has ever had to Lotion/Cream: _____

**ALL PRODUCTS WILL BE KEPT IN A SEPARATE CONTAINER THAT IS OUT OF THE REACH OF CHILDREN.
IN ORDER TO GIVE PERMISSION TO APPLY THE ITEMS YOU'VE INDICATED ABOVE, PLEASE SIGN BELOW:**

Parent's Signature _____

Date _____



HoneyTree
EARLY LEARNING CENTERS

Child's Name: _____

Center: _____

Parent/Guardian: _____

Phone # _____

Parent/Guardian: _____

Phone # _____

My child has the following allergy/allergies:

Possible reaction and symptoms you might see or those we have seen in the past include:

By signing below, I acknowledge that HoneyTree Early Learning Centers has permission to post allergy information regarding my child in a location that is visible to all staff that work with my child.

Does your child have an Epi Pen at HoneyTree __ Yes __ No

Does the epi-pen need to be on a HoneyTree vehicle during after school transportation? __ Yes __ No

Comments: _____

Parent's Signature: _____

Date: _____