



Once the following checklist is complete your child will be ready to start!

- Completed Enrollment Packet**
- Signed Contract**
- Registration Fee, Deposit, and First Week's Tuition Paid**
- Completed & Signed NYS Medical Form**
- Recorded Four Digit Code/Given Fab for Door, if applicable (Code: _____)**
- Received First Day Checklist (Last page of parent policies)**
- Received Menu**
- Introduced Child to Classroom & Teacher**

ENROLLMENT PACKET

Welcome, we're glad you've chosen our center and assure you that you've made the right decision in child care! To help us deliver what we promise please fill out the forms completely. If a question does not apply to your child, write N/A (not applicable). These forms must be submitted to the director prior to your child's first day. If at any time this information changes please notify Imagination Station immediately. Thank you & we look forward to watching your child grow with us!

General Information

Child's full name _____ **Date of Birth** _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Nickname _____

Name of Parent(s)/Guardian(s) _____

Home Phone Number: _____

Parent(s)/guardian(s) business address/location during child care:

Parent/Guardian: _____ **Parent/Guardian:** _____

Where: _____ Where: _____

Telephone: _____ Telephone: _____

Cell Phone: _____ Cell Phone: _____

Cell Carrier: _____ Cell Carrier: _____

Email: _____ Email: _____

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, then Imagination Station may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: _____ Address _____

Telephone _____ Cell Phone _____ Relationship _____

(2) Name: _____ Address _____

Telephone _____ Cell Phone _____ Relationship _____

Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes: _____

Child's Physician or Health Care Professional

Name: _____ Telephone: _____

Address: _____

Information on seasonal allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

ALLERGIES/SPECIAL INSTRUCTIONS

Known Allergies: yes or no (circle one)

If yes, please explain (food allergy, bee sting, medication, etc.) _____

Regular medications: _____

EATING HABITS

Favorite foods: _____

Foods refused: _____

TOILET HABITS

*Has toilet training been attempted? _____

What is used at home? potty chair? _____ special child seat? _____ regular seat? _____

How does your child indicate bathroom needs (include special words): _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

How do you comfort your child: _____

ADDITIONAL INFORMATION

Is there any additional information we should know about your child in order to give the best care possible? _____

RELEASES & PERMISSIONS:

TOPICAL OINTMENT RELEASE

- I give Imagination Station permission to apply over the counter topical ointments such as; diaper cream, sunscreen, and first aid cream.
- I do **not** give Imagination Station permission to apply any over the counter topical ointments.

PHOTOGRAPHY RELEASE

We will have opportunities to photograph or video your child as they participate in the program. These photographs and video clips may be used for bulletin boards, classroom crafts, group pictures, special activities, press releases, and/or promotion of the program.

- I give permission for my child to be photographed by Imagination Station personnel.
- I do **not** give permission for my child to be photographed by Imagination Station personnel.

PERMISSION TO PARTICIPATE IN WATER ACTIVITIES

Child's Name _____ Child's Date of Birth _____

- I give my child permission to participate in Water Play days at Imagination Station during the months of June, July and August.
- I do **not** give my child permission to participate in Water Play days.

PERMISSION FOR A BLANKET IN CRIB (Infant Parents Only)

- I give Imagination Station permission to have a blanket in my child's crib once my child is 12 months and older.
- I do **not** give Imagination Station permission to have a blanket in my child's crib.

PERMISSION FOR IMAGINATION STATION TO PREPARE MY CHILD'S BOTTLE (Infant Parents Only)

- I give Imagination Station permission to prepare my child's bottle should I provide infant formula.
- I do **not** give Imagination Station permission to prepare my child's bottle.

PERMISSION FOR MY CHILD TO PARTICIPATE IN INTERGENERATIONAL ACTIVITIES (Lancaster Families Only)

- I give my child permission to participate in the intergenerational activities between the center and GreenFields Continuing Care. I understand if there is a time I don't want my child to participate, I must give written notification to the director in advance of the activity.

PERMISSION/AGREEMENT TO NAPPING POLICY

- I agree with the napping policy in the parent handbook and understand that naptime will take place daily. I have been given the opportunity to provide additional arrangements for my child below, by leaving the area blank I understand that Imagination Station will follow their napping guidelines which I agree to.

Additional Arrangements or Requests: _____

Parent/Guardian Signature: _____

Written Acknowledgement of Receipt of Parent Handbook

I understand that in the event of an emergency Imagination Station Child Care and Preschool will make all medical care decisions for my child during my absence. I also understand that I am liable for all medical bills and transportation costs associated with the emergency. I also acknowledge that I have received a copy of Imagination Station Child Care and Preschool's Parent Handbook and understand the policies and procedures within it. I also understand that the most up-to-date handbook is available at www.istationccp.com that I can review when changes are made.

Parent/Guardian Signature: _____ Date: _____