



## Enrollment & Child Information Form

Humpty Dumpty Childcare | Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 508-954-3753

### CHILD INFORMATION

Child's Full Name:

Start Date:

Age:

Gender:

Male

Female

Address:

City:

ZIP:

Phone:

DOB:

Birthplace:

Eye Color:

Hair Color:

Height:

Weight:

Identifying Marks:

Primary Language:

Other:

Ethnicity/Race:

African American

Asian

Caucasian

Latino

Native American

Pacific Islander

Other:

Allergies / Special Diets:

Special Limitations / Concerns:

### SCHEDULE & TUITION

Days Attending:

M

T

W

Th

F

Arrival Time:

Departure Time:

Tuition Rate: \$

per week



## PARENT / GUARDIAN INFORMATION

### Parent 1:

Name:

DOB:

Employer / College:

Occupation:

Work Address:

ZIP:

Work Phone:

Cell:

Email:

### Parent 2:

Name:

DOB:

Employer / College:

Occupation:

Work Address:

ZIP:

Work Phone:

Cell:

Email:

## HOUSEHOLD MEMBERS

Name:

Relationship:

DOB:

Gender: M F

Name:

Relationship:

DOB:

Gender: M F

## LEGAL CUSTODY

Person with Legal Custody:

Court Mandated: Yes No

Authorized Signatory (if other) — Name:

Relationship:

## SIGNATURE

Parent/Guardian Signature:

Relationship:

Date:



# Release Consent & Transportation Form

Humpty Dumpty Childcare | Provider: Azahir Medani

## RELEASE CONSENT

I authorize Humpty Dumpty Childcare to release my child to the following persons (other than parents):

1. Name:

Address:

City:

Relationship:

Phone (Home/Cell/Work):

2. Name:

Address:

City:

Relationship:

Phone (Home/Cell/Work):

3. Name:

Address:

City:

Relationship:

Phone (Home/Cell/Work):

### NOTES

- Staff will contact parents first, then emergency contacts if needed.
- After scheduled pick-up time, child may be cared for up to 30 minutes. After that, DCF may be contacted.
- Consistent late pick-up may result in reduced hours or termination.

## TRANSPORTATION

I understand I am responsible for transporting my child to/from childcare.

Regular Drop-off/Pick-up by:

*Occasional pick-up by authorized persons is allowed with prior notice.*

## SIGNATURE

**Parent/Guardian Signature:**

Relationship:

Date:



# Permissions & Medical Authorization Form

Humpty Dumpty Childcare | Provider: Azahir Medani

## MEDICAL AUTHORIZATION

I authorize Humpty Dumpty Childcare staff to:

- Access my child's medical file as needed.
- Contact 911 and seek emergency medical treatment if I cannot be reached.
- Administer First Aid/CPR as needed.
- Obtain basic health information from my child's physician when medically necessary.

## PHYSICIAN INFORMATION

Child's Physician / Clinic:

Address:

Phone:

Participating Hospital:

Health Insurance:

Policy #:

## SPECIAL INSTRUCTIONS

## CERTIFICATION

I certify that physical exam, immunization, and lead screening records will be provided before the first day of care, per EEC regulations.

## SIGNATURE

Parent/Guardian Signature:

Relationship:

Date:





## Developmental History & Background Form (continued)

### TOILET HABITS

Diaper Type:

Diaper Rash Frequency:

Products Used:

Bowel Movements:

Diarrhea/Constipation:

Toilet Training Attempted:

Procedure at Home:

How Child Indicates Need:

Accidents:

### SLEEPING HABITS

Sleeps in Crib/Bed:

Naps:

Bedtime:

Wake-up:

Sleep Aids:

*Note: Back sleeping reduces SIDS risk.*

### SOCIAL RELATIONSHIPS

Child's Temperament:

Previous Childcare:

Reaction to Strangers:

Plays Alone:

Favorite Toys:

Fears:

Comfort Methods:

Discipline at Home:

### DAILY SCHEDULE & ADDITIONAL NOTES

### SIGNATURE

Parent/Guardian Signature:

Date:



## Developmental / Family Form

Humpty Dumpty Childcare | Provider: Azahir Medani

CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### FAMILY QUESTIONS

Describe your child:

Child's Strengths:

What you like most:

Most challenging:

Recent activities:

Favorite activities:

What upsets child:

### PREVIOUS CARE

Cared for by before:

Cared for at home by:

Other caregivers:

Special medical/physical/emotional needs:

### QUESTIONS / CONCERNS

Child needs help with:

How we can help:

### FAMILY ROUTINE & CULTURE

Typical family day:

Family activities:

Sibling relationships:

Important values/goals:

Cultural background:

Holidays celebrated:

Other info:

### SIGNATURE

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Developmental Concerns Checklist

Humpty Dumpty Childcare | Provider: Azahir Medani

## CHECK ANY CONCERNS

- |                    |                  |                |
|--------------------|------------------|----------------|
| Health             | Growth           | Eating         |
| Bowel/Bladder      | Sleep            | Aches/Pains    |
| Low Energy         | Vision Issues    | Hearing Issues |
| Attention          | Speech Delay     | Speech Clarity |
| Social Play        | Clumsy Walking   | Clumsy Hands   |
| Immature Behavior  | Dependent/Clingy | Passive        |
| Disobedient        | Tantrums         | Aggressive     |
| Hyperactive        | Fearful/Anxious  | Unhappy        |
| Slow Understanding |                  |                |

Other:

## EXPLAIN CHECKED ITEMS

## SIGNATURE

Parent/Guardian Signature:

Date:



## Supplemental Medical Form (For Physician)

Humpty Dumpty Childcare | Provider: Azahir Medani

CHILD:

DOB:

Child's ADDRESS:

### PHYSICAL EXAM & SCREENINGS

Date of Physical:

Date of Lead Screening:

If not done, explain:

Eye Exam:

Ear Exam:

Dental Check-up:

If not done, explain:

### MEDICAL HISTORY

General Health Opinion:

Childhood Illnesses / Allergies:

Disabilities / Chronic Conditions:

Minor Allergies & Procedures:

**SEVERE ALLERGY NOTE: Children with severe allergies require an additional care plan.**

### PHYSICIAN CERTIFICATION

I certify that exam, immunizations, and lead screening meet MA public health requirements.

Physician Signature:

DATE:

ADDRESS:

PHONE:



# Medication Authorization Form

Humpty Dumpty Childcare | Provider: Azahir Medani

CHILD:

DATE:

## PRESCRIPTION MEDICATION

Medication:

Weight:

Dosage:

Reason/Symptoms:

Duration:

Storage:

Side Effects:

## NON-PRESCRIPTION MEDICATION

Medication:

Weight:

Dosage:

Reason/Symptoms:

Duration:

Side Effects:

## TOPICALS

Diaper Cream:

Criteria:

Sunscreen:

Criteria:

Other Creams:

Criteria:

## AUTHORIZATION

Parent Signature:

Date:

Physician Signature:

Date:

*Valid for one year unless updated or canceled.*



# IEP / Allergy / Food / Toothbrushing Form

Humpty Dumpty Childcare | Provider: Azahir Medani

CHILD:

DATE:

## IEP/IFSP

No IEP/IFSP

Yes, copy provided. Condition:

## ALLERGIES / CONDITIONS

No known allergies/conditions

Yes, attached care plan & doctor authorization.

I give permission to post child's name on allergy list.

## FOOD RESTRICTIONS

No restrictions

Yes, attached list/modifications.

Religious restrictions

## TOOTHBRUSHING

Yes, will provide brush/toothpaste

No, do not participate

## SIGNATURE

Parent Signature:

Date:



# Parent / Guardian Agreement

Humpty Dumpty Childcare | Provider: Azahir Medani

## AGREEMENT — I understand and agree to:

1. Schedule: \_\_\_\_\_ am to \_\_\_\_\_ pm. Late fee: \$10 per 10 min.
2. Annual Registration: \$75, non-refundable.
3. Tuition due Friday for next week. Late fee: \$15 after 6PM Friday, +\$5/day after.
4. No tuition deductions for holidays, closures, illness, or vacation.
5. No tuition-free weeks. Unpaid absence may lead to termination.
6. Two weeks' notice required for withdrawal/schedule changes.
7. Keep records current; provide updated physical/immunization forms.
8. Authorize First Aid in emergencies.
9. Provide all child supplies; reimburse if center provides.
10. Records are confidential but accessible to EEC/DCF as required.
11. Photos/videos used for documentation and compliance.
12. Consultants may observe; separate authorization may be needed.
13. I will abide by policies and updates.
14. Center may terminate with two weeks' notice for listed reasons.
15. I am responsible for transportation.
16. Handbook provided and reviewed.

CHILD:

DATE:

PARENT SIGNATURE:



## Letter of Understanding

Humpty Dumpty Childcare | Provider: Azahir Medani

### OUR COMMITMENT TO YOU

- Handbook provided at registration.
- Monthly curriculum & daily updates shared.
- Assessments via Lifecubby every 3–4 months.
- Parent events, workshops, and open-door policy.
- Annual survey for feedback.

### YOUR RESPONSIBILITIES

1. Set loving, firm boundaries.
2. Escort child in/out, sign in/out, check cubby.
3. Dress child appropriately (sneakers, no flip-flops).
4. Keep sick child home; fever-free 24 hours before return.
5. Limit toys from home (no weapons, balloons, coins).
6. Attend scheduled days; no substitute days.
7. Participate in curriculum feedback.
8. Provide sheet/blanket for nap; take home weekly to wash.
9. No smoking on premises.
10. Follow parking/drop-off safety rules.
11. Understand suspension/termination procedures.

CHILD:

DATE:

PARENT SIGNATURE:



## Annual Update Form

Humpty Dumpty Childcare | Provider: Azahir Medani

### ANNUAL UPDATE

Please review the information contained in this record and make any corrections. By signing this form, you are stating that you give the educator(s) permission to:

1. Transport your child to a medical facility and receive emergency medical treatment.
2. Administer basic first aid and/or CPR on your child.
3. Take your child off the premises of the family childcare home for the specified excursions.
4. Apply the topical medications listed on the applicable permission form.
5. Use the on-site swimming pool (if applicable).

The actual permission forms on the Emergency Card/Form that the provider must take when she leaves the premises must be signed again.

**Parent's/Guardian's Signature:**

Date:

**Child's Name:**

**Date of Review:**



## Special Excursion (Field Trip) Permission Form

Humpty Dumpty Childcare | Provider: Azahir Medani

### SPECIAL EXCURSION PERMISSION SLIP

This form is for any trip off the family child care premises not listed on the general permission form.

Azahir Medani and/or [Assistant Name, if applicable] has permission to transport my child:

Child's Name:

Type of Transportation:

Destination:

Date:

Time of Departure:

Time of Return:

**Parent's/Guardian's Signature:**

Date:

### Parental Permission for Medication

Humpty Dumpty Childcare | Provider: Azahir Medani

I, \_\_\_\_\_, give my permission to Azahir Medani to administer medication to:

Child's Name:

Beginning on:

Ending on:

Name of Medication:

Dosage & Instructions:

My child has taken this medication before.

My child had NOT taken this medication before I gave it on:

at

**Parent's/Guardian's Signature:**

Date: