



****Page 1 – Enrollment & Child Information Form****

****Humpty Dumpty Childcare****

Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 203-212-2035

****CHILD INFORMATION****

Child's 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: M: __ T: __ W: __ Th: __ F: __



Hours: Arrival: _____ Departure: _____

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: Y / N

Authorized Signatory (if other): Name:

Relationship:

****SIGNATURE****

Parent/Guardian Signature:



Relationship:

Date: _____

****Page 2 – Release Consent & Transportation Form****

****Humpty Dumpty Childcare****

Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 203-212-2035

****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: _____

****Page 3 – Permissions & Medical Authorization Form****

****Humpty Dumpty Childcare****

Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 203-212-2035

****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: _____



****Page 4 – Developmental History & Background Form****

****Humpty Dumpty Childcare****

Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 203-212-2035

****CHILD'S NAME:****

****DATE OF BIRTH:**** _____

****DEVELOPMENTAL MILESTONES****

Sitting: _____ Crawling: _____ Walking:
_____ Talking: _____

Pulls Up: _____ Crawls: _____ Walks with Support:

Uses Pacifier/Thumb: _____ When: _____

History of Colic: _____ Fussy Time: _____

Speech Difficulties: _____ Special Words: _____

Home Language: _____

****HEALTH****

Birth Complications:

Serious Illnesses/Hospitalizations:



Physical Conditions/Disabilities:

Allergies:

Medications:

****EATING HABITS****

Special Formula/Preparation:

Favorite Foods:

Foods Refused:

Fed in Lap/High Chair: _____ Uses Spoon/Fork/Hands:

****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: _____

****Page 5 – Developmental/Family Form (Part 1)****

****Humpty Dumpty Childcare****

Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 203-212-2035

****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:

Family changes:

Extended family:

Emergency support:

How you are doing:



Other info:

****SIGNATURE****

Parent/Guardian Signature:

Date: _____

****Page 6 – Developmental Concerns Checklist****

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****CHECK 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: _____

****Page 7 – Supplemental Medical Form (For Physician)****

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****CHILD:****

****DOB:**** _____ ****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:**** _____

****Page 8 – Medication Authorization Form****

****Humpty Dumpty Childcare****

Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 203-212-2035

****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.

****Page 9 – IEP/Allergy/Food/Toothbrushing Form****

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Provider: Azahir Medani | 25 Louise St. Attleboro, MA 02703 | 203-212-2035

****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: _____

****Page 10 – Parent/Guardian Agreement****

****Humpty Dumpty Childcare****

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****AGREEMENT****

I understand and agree to:

1. Schedule: _____ am to _____ pm. Late fee: \$10 per 10 min.

2. Annual Registration: \$50, non-refundable.



3. Tuition due Friday for next week. Late fee: \$10 after Monday, +\$5/day after Wednesday.
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:****

****Page 11 – Letter of Understanding****

****Humpty Dumpty Childcare****



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****OUR COMMITMENT****

- 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:****
