



# Open Arms Christian Preschool

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## CHILD ENROLLMENT FORM

### CHILD INFORMATION:

Child's Name: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

### Child's Identifying Information:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home # _____	Home # _____
Cell Phone # _____	Cell Phone # _____
Email Address: _____	Email Address: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Phone #: _____	Business Phone #: _____
Hours at Work: _____	Hours at Work: _____

### ADDITIONAL INFORMATION:

Do you have any custody agreements, courts and restraining orders pertaining to the child?  
If yes, please attach: \_\_\_\_\_

Siblings: (names and ages): \_\_\_\_\_ / \_\_\_\_\_

### **Please check the program option(s) you are choosing for your child's enrollment:**

Half Day Program: 9:00am-12:00pm

Preschool 3's—2 Days \_\_\_\_\_ Preschool 3 & 4's—3 Days \_\_\_\_\_ Preschool 4 & 5's—4 or 5 days \_\_\_\_\_

Full Day Program: 9:00am-2:00pm 3 days \_\_\_\_\_ 4 days \_\_\_\_\_ 5 days \_\_\_\_\_

Early Drop Off: 8:00am or 8:30am is available, if needed: YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a registered member of the Lutheran Church of the Savior? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you active military? Yes \_\_\_\_\_ No \_\_\_\_\_

**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care:

**DEVELOPMENTAL HISTORY**

Any speech difficulties? \_\_\_\_\_ Delays? \_\_\_\_\_  
Special words to describe needs \_\_\_\_\_  
Language(s) spoken at home \_\_\_\_\_

**HEALTH**

Any known complications at birth \_\_\_\_\_  
Serious illnesses and/or hospitalization \_\_\_\_\_  
Special physical conditions, disabilities \_\_\_\_\_  
Individual Health Plan for child with a chronic health condition? If yes, Please attach: \_\_\_\_\_

**EATING HABITS**

Special Diet Requirements \_\_\_\_\_  
Special characteristics or difficulties \_\_\_\_\_  
Foods Refused \_\_\_\_\_

**TOILET HABITS**

How does your child indicate bathroom needs (include special words) \_\_\_\_\_  
\_\_\_\_\_  
Is your child potty trained? \_\_\_\_\_ If No. Diapers? \_\_\_\_\_ Pull-ups? \_\_\_\_\_  
Is your child ever reluctant to use the bathroom? \_\_\_\_\_  
Does your child have any accidents? \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child \_\_\_\_\_  
\_\_\_\_\_  
Previous experiences with other children/daycare \_\_\_\_\_  
\_\_\_\_\_  
Reaction to strangers \_\_\_\_\_ Able to play alone \_\_\_\_\_  
Favorite toys and activities \_\_\_\_\_  
Fears (the dark, animals etc.) \_\_\_\_\_  
How do you comfort your child? \_\_\_\_\_  
What is the method of discipline used at home? \_\_\_\_\_  
\_\_\_\_\_

What would you like your child to gain from this preschool experience? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program that is trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contacts (In order to be contacted)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

\_\_\_\_\_  
Date (valid for one year)

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS  
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**EMERGENCY CARD INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. \_\_\_\_\_  
(Name, Address, Phone #)
2. \_\_\_\_\_  
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. \_\_\_\_\_  
(Doctor's Name, Address, Phone#)

EMERGENCY CONTACT PERSON(S)

1. \_\_\_\_\_  
(Name, Address, Phone #)
2. \_\_\_\_\_  
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give \_\_\_\_\_  
(Name of program)  
permission to administer basic first aid and/or CPR to my child \_\_\_\_\_  
(Name)  
and/or take my child \_\_\_\_\_, to a hospital for medical treatment  
(Name)  
when I cannot be reached or when delay would be dangerous to my child's health.

INSURANCE INFORMATION (OPTIONAL) Company

Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

\_\_\_\_\_  
Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

## OFF SITE CONSENT

In the event of an emergency situation at Open Arms Christian Preschool that would require us to remove the children from the property in staff cars without the use of seat belts (The Department of Early Education and Care has approved this plan), I release Open Arms Christian Preschool, the preschool staff, and The Lutheran Church of the Savior from any liability in the event of an accident or other incident while transporting the children to a safe place at one of the designated evacuation sites.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## TRANSPORTATION PLAN

Child's Name \_\_\_\_\_

**Please check off all that will apply. If other, please specify.**

**How my child will arrive at Open Arms:**

- Parent Drop Off
- Supervised Walk
- Nanny/AuPair/Sitter
- Carpool w/ another family  
Family Name \_\_\_\_\_
- Public/Private Van
- Private Trans. Arranged by Parent
- Other \_\_\_\_\_

**How my child will be picked up:**

- Parent Pick Up
- Supervised Walk
- Nanny/AuPair/Sitter
- Carpool w/ another family  
Family Name \_\_\_\_\_
- Public/Private Van
- Private Trans. Arranged by Parent
- Other \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PERMISSION SLIP FOR PHOTOS

**Please check off and sign this permission slip concerning pictures taken of your child during the school year.**

I give my permission for my child \_\_\_\_\_ to be photographed at Open Arms Christian Preschool to be used:

- \_\_\_ in the local newspaper or marketing materials                      \_\_\_ for Open Arms use in the school
- \_\_\_ by a professional photographer for class photos                      \_\_\_ on the Open Arms Facebook Page
- \_\_\_ in photos or videos taken by Open Arms parents at school events

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## AUTHORIZATION FOR PICK UP

In the event that I am not able to pick up my child \_\_\_\_\_ during an emergency closing or evacuation, I authorize the following **family or families of children currently attending Open Arms Christian Preschool to pick up my child.**

Please be sure you have listed ONLY families that are currently attending Open Arms.

Name(s) of family/families (please print):

\_\_\_\_\_  
\_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_