

Children's Records must be maintained for at least five (5) years after a child has left the program

Wild Garden of Childhood Camp ENROLLMENT PACKET FACE SHEET

***PHOTO OF CHILD
(*Optional)
PLUS
PHYSICAL
DESCRIPTION**

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes. ENROLLMENT IS NOT COMPLETE UNTIL ALL FORMS AND DOCUMENTATION ARE IN ORDER, AND PAYMENT CLEARED

Eye Color _____
Hair Color _____ Sex _____
Height _____ Weight _____
Other: _____

General Information

Date of Admission (today's date) _____ Age at Admission: _____

Camp Session/s Enrolled for (Circle session/s you would like to register for in 2024)

Session 1: June 17-21	Session 2: June 24-28	Session 3: July 8-12	Session 4: August 5-9	Session 5: August 12-16
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Child's full name _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Nickname _____

Primary Language of Child _____ Primary Language of Parents _____

Allergies/Special Diets _____

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

Home address (if different) _____

Telephone Number: _____

Email Address: _____

Parent(s)/guardian(s) business address/location during Camp:

Parent/Guardian: _____ Parent/Guardian _____

Where: _____ Where: _____

Telephone: _____ Telephone: _____

Cell Phone: _____ Cell Phone: _____

Instructions: _____

Instructions: _____

Emergency Contact/Authorized pick-up persons

In the event of an emergency when I may not be reached, the Educator 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 _____

(2) Name: _____ Address _____

Telephone _____ Cell Phone _____

Child's Name _____

TRANSPORTATION PLAN / AUTHORIZED PICK- UP

My child will arrive to the program by:	My child will depart the program by:
<input type="checkbox"/> Parent Drop-Off	<input type="checkbox"/> Parent Pick Up
<input type="checkbox"/> Supervised Walk	<input type="checkbox"/> Supervised Walk
<input type="checkbox"/> Unsupervised Walk	<input type="checkbox"/> Unsupervised Walk
<input type="checkbox"/> Public/Private Van	<input type="checkbox"/> Public/Private Van
<input type="checkbox"/> Bus	<input type="checkbox"/> Program Bus/Van
<input type="checkbox"/> Private Transportation Provided by Parent	<input type="checkbox"/> Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the Camp premises (please let us know at the beginning of the day if your child will be picked up by one of the authorized individuals)

Name _____ Address _____

Telephone _____ Cell Phone _____

Name _____ Address _____

Telephone _____ Cell Phone _____

If applicable: Name of School Child Attends: _____

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

Notes:

Parental Signatures

Written Acknowledgement of Receipt of Camp Rules

I acknowledge that I have received a copy of the provider's rules.

Parent/Guardian

Date

Parental Visit Notice

I understand that I may visit this camp unannounced at any time during the hours that my child is in care.

Parent/Guardian

Date

Child's Physician or Health Care Professional

Name: _____ Telephone: _____

Address: _____

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

Medical Insurance Information

Subscriber's Name: _____ Policy #: _____

Type of Insurance: _____

[] Please provide (font and back) copy of Insurance Card

SCHOOL AGE ONLY

Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials: _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

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

CHILD'S NAME _____ **DATE OF BIRTH** _____

*Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

NOTEWORTHY DEVELOPMENTAL HISTORY:

HEALTH:

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS :

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

SOCIAL RELATIONSHIPS :

How would you describe your child: _____

Previous experience with camp _____

Reaction to strangers: _____ Able to play alone: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child: _____

What is the method of behavior management/discipline at home: _____

What would you like your child to gain from this child care experience? _____

Is there anything else we should know about your child? _____

Permissions Need to be signed to attend Farm Camp

Permission to touch farm animals:

Parent/Guardian

Signature Date

General Permission (Basic walking Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the child care premises.

I hereby give Wild Garden of Childhood Farm Camp Staff permission to take my child _____ off the premises of the licensed child care facility (at 11 Ormond Drive, Florence, MA 01062) on the following excursions: (1) Farm Camp Location in the Northampton Meadows, (2) walking tours throughout the Northampton Meadows.

Parent/Guardian

Signature Date

Medical Permission (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I hereby give Wild Garden of Childhood Farm Camp Staff permission to administer basic first aid and/or CPR to my child _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian

Signature Date

Topicals Permission (Topical Medication/Ointments)

I hereby give Wild Garden of Childhood Farm Camp Staff permission to apply on my child: _____ topical ointments (examples: sunscreen, itch wash/cream, Neosporin, insect repellent), and recognize that parents provide child's sunscreen.

Notes: _____

Parent/Guardian

Signature Date

Emergency Card Information

REMINDER : This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

_____ Phone: _____

Instructions to Reach Parent or Guardian

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

1. _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Emergency Medical Treatment

I hereby give _____ permission to
(Name of educator/assistant)

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.

Parent/Guardian

Date

Your child is enrolled in a camp associated with a child care center licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one (1) year from the date the child was examined and must be renewed annually thereafter. **HAVE A PHYSICIAN FILL OUT THIS FORM OR**

ATTACH CAMP FORM

Dear Physician: _____
(Child's Name)

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone # _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance:

Has this child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care educator? If so, please detail below:

Physician's Signature: _____ Date: _____

Please return this form and the child's immunization record to:

Wildgardenofchildhood@gmail.com