I

Registration Billy Dalwin Preschool of Temple Emunah

☐Toddler ☐Preschool	**Start Date:** ____/_____/___

Family Information

Child's Name:		Date of Birth _____/_____/_____ Age____(as of 9/1/24)	
Home Address:			
City:		State:	Zip Code:
Eye Color:	Skin Color:	Hair Color:	Sex: ☐Female ☐Male ☐ Other
Allergies: Epi Pen: Y☐N☐	Height: Weight:		Child's Primary Language: Languages Spoken at Home:
Identifying Marks:			

***Required Information: Please Print**

Guardian Name 1:	**Guardian Name 2:**
Relationship to Child:	Relationship to Child:
Home Address: Same□	Home Address: Same□
Cell Phone:	Cell Phone:
Bus. Phone:	Bus. Phone:
Bus. Name:	Bus. Name:
E-Mail:	E-Mail:
Hours at Work:	Hours at Work:
I give permission to be included in the family Directory. Yes☐ No☐	Signature:

Parent Signature _____ Registration Date _____/_____/_____

Parent Signature _____ Start Date 09/01/2024

First Aid and Emergency Medical Care Consent Form

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

I authorize staff of Billy Dalwin Preschool of Temple Emunah to administer first aid to my child when appropriate. **Only staff trained and certified in first aid will administer aid.* Initials _____

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. Signature_____

Child's Physician/Clinic Name:	
Address:	Phone:
Health Insurance Coverage:	
Policy #:	

Child's Allergies: Y/N ◯ **List Allergy:** **Anaphylactic? Y/N** ◯

Describe the reaction:

Special Diet: _____

Does your child have a medical alert bracelet/necklace? Y/N ◯

If your child has an anaphylactic allergy, they must have a medical alert bracelet on, when attending Billy Dalwin Preschool.

Chronic Health Conditions: Y/N If yes, you must complete an *IHCP medical plan* signed by your physician. Forms are located on our website or requested through the BDPS Office.

Please describe the condition(s):

Has your child ever had a seizure? Y/N Please describe:

Does your child have any physical limitations?

Parent Signature _____ Date _____/_____/_____

Emergency Contacts

Please inform Emergency Contacts that they may be called if we cannot reach the child's guardian(s)
We will always try to reach the parent or guardian first.

3 Contacts Required

1. Name:	Relationship to Child:
Address:	Phone:
Do you give permission for the child to be released to this person? ☐Yes ☐No	

2. Name:	Relationship to Child:
Address:	Phone:
Do you give permission for the child to be released to this person? ☐Yes ☐No	

3. Name:	Relationship to Child:
Address:	Phone:
Do you give permission for the child to be released to this person? ☐Yes ☐No	

Parent Signature _____ Date _____/_____/_____

Consent

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

Sunscreen:
I authorize the staff of Billy Dalwin Preschool of Temple Emunah to assist my child in the reapplication of his/her sunscreen.
Initials _____

First Aid and Medical Care
I authorize the staff of Billy Dalwin Preschool, who is trained and certified in the basics of first aid and CPR, to give my child first aid when appropriate.

Initials _____

Photo and Multi-Media/Social Media/Film:

I/we permit the Billy Dalwin Preschool of Temple Emunah to take photos and/or video of my child for the purposes noted below.

check the box of the activities you permit for Billy Dalwin Staff to photograph your child.

☐The Temple Emunah and/or BDPS Websites ☐The Temple Emunah & Billy Dalwin Newsletters
☐Local Newspapers ☐BDPS marketing materials ☐Facebook& Instagram page
☐ ProCare individual photos ☐Classroom emails

SIGNATRURE_____

Parent Signature _____ Date _____/_____/_____

Transportation and Authorization

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

All children arrive and depart under the personal responsibility of the parent/guardian or other authorized individuals.

I give permission to the following people to receive my child at the end of the day.

Every child must have at least one person listed other than the guardian(s).
Signature_____

How will your child arrive/leave the program? □Parent Drop Off /Pick UP □ Other Drop Off/ Pick Up

1. Name:	Relationship to Child:
Address:	Phone:

2. Name:	Relationship to Child:
Address:	Phone:

3. Name:	Relationship to Child:
Address:	Phone:

4. Name:	Relationship to Child:
Address:	Phone:

5. Name:	Relationship to Child:
Address:	Phone:

6. Name:	Relationship to Child:
Address:	Phone:

***Please inform those listed above a photo ID is required at the time of pick up.**

All other permission-to-pick-up requests must be stated in writing and maintained in the child's file.
This permission is valid for one program year from the date of signature

Parent Signature _____ Date _____/_____/_____

Developmental History and Background Information

Child's Name:	Date of Birth _____/_____/_____
Any speech difficulties (if yes, please list)?	
Special words to describe needs:	

Health (First-year Students Only).

Any known complications at birth?
Serious illnesses and/or hospitalizations:
Special physical conditions, disabilities:
Regular medications:

Eating Habits

Special characteristics or difficulties:
Favorite foods:
Foods refused:
*Does your child eat with ☐spoon, ☐fork, ☐hands?

Toilet Habits

Are disposable ☐diapers or ☐pull ups used?	
Is there a frequent occurrence of diaper rash? ☐Yes ☐No	
Is there a problem with diarrhea? ☐Yes ☐No	Constipation? ☐Yes ☐No
Please describe any particular bathroom procedure to be used for your child at the center:	
Is a ☐potty chair or ☐special child seat, or ☐regular seat used at home?	
How does your child indicate bathroom needs (including special words)?	
Is your child ever reluctant to use the bathroom? ☐Yes ☐No	
Does your child have accidents? ☐Yes ☐No	

Sleeping Habits

*Does your child sleep in a ☐crib or ☐bed?	
Does your child become tired or nap during the day?	
What time does your child go to bed?	What time does your child wake up?

Developmental History and Background Information

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

Social Relationships: Please add additional pages if needed.

How would you describe your child:	
Previous experience 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 behavior management/discipline at home: _____ _____	
What would you like your child to gain from this childcare experience? _____ _____	

Daily Schedule: Please describe your child's schedule on a typical day.

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

Parent Signature _____ Date _____/_____/_____

Please Attach Your Most Recent Physical Exam

INCUDING: IMMUNIZATION, EYE, HEARING AND LEAD TESTS OR FILL OUT THE FORM BELOW

Dear Physician: _____ (Child's Name)

is enrolled at Billy Dalwin Preschool of Temple Emunah a 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 under the Department of Public Health's recommended schedules.** A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.
