



DREAM MAKERS ENROLLMENT PACKET

QUICK REFERENCE

Child's Full Name	_____	DOB	_____
Home Address	_____	Parent 1 Name	_____
	_____	Parent 2 Name	_____
Parent 1 Email	_____	Parent 1 Cell	_____
Parent 2 Email	_____	Parent 2 Cell	_____

IN CASE OF EMERGENCY

	Name	Phone	Email
CALL FIRST	_____	_____	_____
CALL SECOND	_____	_____	_____
CALL THIRD	_____	_____	_____

EMERGENCY CONTACTS

Please contact the following individuals if child's parents/guardians cannot be reached:

Name	Address	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES

I authorize Dream Makers staff to make an emergency medical decision to seek help for my child. YES NO

My child may be transported by ambulance or vehicle to the following nearby hospital: _____

Or to the following nearby urgent care facility (name/address): _____

Signature _____ Date _____

DREAM MAKERS ENROLLMENT PACKET

CHILD'S INFORMATION

Child's Full Name _____ Nickname _____
DOB _____ M/F/Non-binary _____
Home Address _____ Preferred Pronouns _____
Language(s) Spoken _____
at Home _____

PARENT/GUARDIAN 1

Name _____ Cell _____
Home Address _____ DOB _____
Occupation _____
Employer & Address _____ Work Phone _____
Work Hours _____
BEST WAY TO REACH YOU _____

PARENT/GUARDIAN 2

Name _____ Cell _____
Home Address _____ DOB _____
Occupation _____
Employer & Address _____ Work Phone _____
Work Hours _____
BEST WAY TO REACH YOU _____

Child's Name _____

MEDICAL/PHYSICIAN/INSURANCE

Child's Physician Name _____ Physician Phone _____

Physician Address _____ Hospital Preference, Address & Phone _____

1st Medical Insurance Provider _____ ID# _____

2nd Medical Insurance Provider _____ ID# _____

Child's ALLERGIES _____

Child's Dentist & Address _____ Dentist Phone _____

Dental Insurance Provider _____ ID# _____

CHILD'S CHRONIC MEDICAL PROBLEMS _____

Please attach proof of a medical examination your child has had within the past year, and an up to date immunization record.

DEVELOPMENT IN EARLY CHILDHOOD

What age did child walk? _____ What age did child talk? _____

Is your child adopted? _____ Do they know it? _____

Is your child toilet trained? _____ Child's Terminology _____

Describe any special toileting needs, or health problems related to toileting: _____ Does your child need help or reminding about using the toilet? _____

Does your child nap? _____ At what time? _____

Child's Name _____

PLAY AND SOCIAL EXPERIENCE

Has your child participated in any group experiences?
(Please describe.) _____

Where? _____ # of Children _____
Was it enjoyable to your child? _____

Does your child prefer to play alone? _____

Is there anything your child is afraid of? _____

What are your child's favorite songs? _____

CHILD'S TEMPERMENT

Describe your child's temperment _____

How do you handle conflict between you and your child? _____

EATING HABITS

What foods does your child like? _____

What foods does your child dislike? _____

Is your child on a special diet? _____

Any foods child does not eat for _____

Child's Name _____

OTHER CHILDREN IN HOUSEHOLD(S)

Child Name _____ Age _____
DOB _____ M/F/Non-Binary _____

Child Name _____ Age _____
DOB _____ M/F/Non-Binary _____

ENROLLMENT DETAILS

How did you hear _____
Please circle the days you wish child _____
M Tu W Th F Pre-K (1-315pm) Tu Th

TRANSPORTATION FROM SCHOOL

I authorize the following people to pick up child from school:

Name	Address	Phone Number

If someone other than myself or those listed will be picking my child up from school, I will send a note or phone Dream Makers.

Signature _____

Date _____

Child's Name _____

PERMISSIONS

While your child is enrolled at Dream Makers, they will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything that is unclear to you. You have the option of withdrawing permission at any time.

Please circle your choice:

I DO DO NOT give my permission for my child to go on walks with the teacher and class in the nearby neighborhood.

From time to time photographs of children at Dream Makers will be taken for educational purposes and publicity. These pictures will be representative of the enriching experiences offered to your child.

I DO DO NOT give permission for my child to be photographed for this purpose.

On a continuing basis, photographs will be taken of your child at play at Dream Makers. These photographs will be displayed IN OUR SCHOOL ONLY.

I DO DO NOT give permission for my child to be photographed for this purpose.

We, at Dream Makers, ask that you apply sunscreen to your child at least 30 minutes before arriving at school each day. We will assist with applying sunscreen to bare surfaces including the face, tops of ears, and bare shoulders, arms, legs, and feet, 15-30 minutes before outdoor activities should the need arise. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school. Brand: Kids Rocky Mountain Sunscreen SPF 50 Fragrance Free sunscreen provided by the school.

I do not want my child to use any other sunscreen other than the one he or she brings. (Label with child's name, give to a teacher to keep at school)

I do not want my child using any sunscreen and will send sun protective clothing.

None of the above. I will provide a Doctors note stating sun protection is not required.

I have read and agree to all the policies of Dream Makers Parent Handbook.

Signature _____

Date _____