



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 |
|-------|---------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ALL 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): _____

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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

Work Phone

Work Hours

Preferred Contact Method

PARENT/GUARDIAN 2

Name

Cell

Home Address

DOB

Occupation

Employer

Work Phone

Work Hours

Preferred Contact Method

Child's Name _____

MEDICAL/PHYSICIAN/INSURANCE

Child's Physician Name _____ Physician Phone _____

Physician Address _____ Hospital Preference _____

1st Medical Insurance Provider _____ ID# _____

2nd Medical Insurance Provider _____ ID# _____

Child's Dentist _____ Dentist Phone _____

Dental Insurance Provider _____ ID# _____

Child's Chronic Medical Conditions _____

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

Foods your child likes

Foods your child dislikes

Is your child on a special diet?

Any foods your child does not eat for medical or religious reasons?

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 about Dream Makers?

Please circle the days you wish your child to attend.
(9am - 1pm) M Tu W Th F Pre-K (1-315pm) Tu Th

TRANSPORTATION FROM SCHOOL

I authorize the following people to pick up my 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

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 while playing at Dream Makers. These photographs will be displayed IN OUR SCHOOL ONLY, or shared to parents of currently enrolled children.

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. It may contain: Avobenzone, Homosalate, Octisalate and Oxybenzone. We will continue to monitor for Sunscreen recalls and expiration dates.

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

Signature _____

Date _____