



**REGISTRATION FORM
UNIVERSAL PRE K**

Date: _____

Name of Child: _____ Male / Female Home Phone #: _____

Address: _____ Date of Birth: _____
street city/state/zip

E-mail address: _____ Second e-mail: _____
.....

Mother's Name: _____ Social Security #: _____

Address: _____ Home Phone #: _____ Cell Phone #: _____

City & Zip: _____ Emp. Tel. #: _____

Employer's Name: _____ Occupation: _____

Employer's Address: _____
.....

Father's Name: _____ Social Security #: _____

Address: _____ Home Phone #: _____ Cell Phone #: _____

City & Zip: _____ Emp. Tel. #: _____

Employer's Name: _____ Occupation: _____

Employer's Address: _____
.....

If the parent/guardian cannot be notified of an illness or emergency, one of the following emergency contact persons will be notified:

Name: _____ Name: _____

Telephone #: _____ Telephone #: _____

Relationship: _____ Relationship: _____
.....

(FOR OFFICE USE ONLY)

Center Attending: Orchard Park	Hamburg	West Seneca	Clarence	CrossPoint
Hertel	French	Maryvale	Williamsville	



AUTHORIZED PERSONS FOR PICK UP

Child's Name: _____

Child's Date of Birth: _____

Center: _____

For safety reasons, EduKids will only release a child to those individuals that have been designated by the child's parent(s) or legal guardian(s) as authorized to pick up the child. Legal counsel has informed us that unless a parent has secured an Order of Protection, both parents have equal rights to pick up the child. If an Order of Protection exists, EduKids must be provided with an original copy of the Order. EduKids must be informed of any individual(s) to whom the child **should not** be released.

The following person(s) are authorized to pick up my child:

RELATIONSHIP	NAME	ADDRESS/PHONE
1. Parent/Guardian	_____	_____
2. Parent/Guardian	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

I understand that my child will only be released to the individuals I have listed above. I also understand that if my circumstances change, it is my responsibility to notify EduKids and update the above list.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date



PARENTAL CONSENT FORM

Field Trips:

I hereby consent to let my child _____ be taken on walking field trips under the direction of EduKids' staff. Field trips will be within a six (6) block radius of the center. My child may also participate in outdoor games and use play equipment under the direction of EduKids staff.

Medical Release:

I also consent my child to be provided any medical/dental and/or surgical treatment needed as a result of an emergency arising while the child is in the care of EduKids and it is impossible to contact the parents in time for the necessary medical procedure. Transportation will be provided by an ambulance.

Photo Release:

I, _____, give permission for EduKids to photograph and/or videotape my child, _____, for use in the center, in our newsletter, on our Connect app, in print, television, social media and educational publications. My child's name may not be used without specific written permission from me.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Questionnaire for Toddler/Pre-K parents

Child's name: _____ Birth date: _____

Who resides with your child in the home, in addition to his/her parents?

Name: _____ Relationship: _____ Birth date: _____

Name: _____ Relationship: _____ Birth date: _____

Name: _____ Relationship: _____ Birth date: _____

Name: _____ Relationship: _____ Birth date: _____

What is the primary language spoken in your home? _____

Special conditions or allergies? _____

Personal History (Check all that apply)

- Crawls
- Walks
- Talks
- Speaks in Sentences

Social History (Please check all that apply)

- Plays well with others?
- Prefers playing alone?
- Naturally friendly?
- Aggressive?
- Shy?

What group contacts has your child had with other children? _____

Has your child ever attended any other child care program? _____

If yes, please explain why you left:

What activities does your child particularly enjoy? _____

Fears: Animals? _____ Dark? _____ Storms? _____ Strangers? _____

Noise? _____ others? _____

How do you comfort your child? _____

What helps when your child is upset? _____

Self Help (Check all that apply)

Toileting habits

- Diapers
- Pull ups
- Training
- Trained
- Adult assistance needed
- Cleans self
- Frequent accidents
- Occasional accidents

Sleeping habits

- Blanket
- Thumb
- Animal
- Pacifier
- Bedtime _____
- AM Wake time _____

Special bathroom words? _____

How does your child sleep best? _____

Favorite foods? _____

Refused foods? _____

Special diet? _____

Does your child have any allergies, asthma, insect allergies, frequent ear infections, eye problems? _____

Does your child dress him/herself? _____ Indoor clothes? _____ Outdoor clothes? _____

Does child have any pets? _____ If so, please give name(s) _____

How is child disciplined at home? _____

Do you have information that would help us better care for your child?

Please describe by approximate time, your child's current daily activities including nap and meal times? _____

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date



NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child: _____	Date of Birth: _____ / /	Date of Examination: _____ / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /
Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /
Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /

Tests

Tuberculin Test Date: ____ / ____ / ____ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ____ / ____ / ____
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

2 years ____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

