



Rhode Island Department of Human Services

Licensed Child Care: Child Information Form

| Child Information | | | |
|--|--|--------|---|
| Child's Full Name: | | | |
| Date of Birth (MM/DD/YYYY): | | Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Language: | | | |
| Secondary Language: | | | |
| Primary Address | | | |
| Number and Street: | | | |
| City/Town: | | State: | Zip: |
| School Information (School age, developmental preschool, early intervention, services, etc.) | | | |
| School/Program Name: | | Phone: | () - |
| Number and Street: | | | |
| City/Town: | | State: | Zip: |

| Parent/Guardian 1 Information | | | |
|-------------------------------|---|---|--|
| Parent/Guardian Full Name: | | | |
| Parent/Guardian Role: | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____ | | |
| Contact Information | | | |
| Primary Phone: | () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home | |
| Secondary Phone: | () - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home | |
| Email: | | | |
| Home Address | | | <input type="checkbox"/> Same as Child |
| Number and Street: | | | |
| City/Town: | | State: | Zip: |
| Employer Information | | | |
| Employer Name: | | | |
| Address: | | | |
| City/Town: | | State: | Zip: |
| Typical Schedule | | | |

Child Information Form

Child's Name: _____

| Parent/Guardian 1 Information | | | | | | | |
|-------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Day: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours: | | | | | | | |

| Parent/Guardian 2 Information | | | | | | | |
|----------------------------------|----------|---|---|-----------|------------|--------|--|
| Parent/Guardian Full Name: _____ | | | | | | | |
| Parent/Guardian Role: | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____ | | | | | |
| Contact Information | | | | | | | |
| Primary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home | | | | |
| Secondary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home | | | | |
| Email: | _____ | | | | | | |
| Home Address | | | | | | | <input type="checkbox"/> Same as Child |
| Number and Street: _____ | | | | | | | |
| City/Town: _____ | | | State: _____ | | Zip: _____ | | |
| Employer Information | | | | | | | |
| Employer Name: _____ | | | | | | | |
| Address: _____ | | | | | | | |
| City/Town: _____ | | | State: _____ | | Zip: _____ | | |
| Typical Schedule | | | | | | | |
| Day: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours: | | | | | | | |

| Additional Members of Child's Household | |
|---|---------------------|
| Full Name: _____ | Relationship: _____ |
| Full Name: _____ | Relationship: _____ |
| Full Name: _____ | Relationship: _____ |
| Full Name: _____ | Relationship: _____ |
| Full Name: _____ | Relationship: _____ |

Child Information Form

Child's Name: _____

| Additional Child Information | | | |
|--|--|--|---|
| <i>It is recommended that this form is copied and provided to the child's direct teacher/provider.</i> | | | |
| Social-Emotional | | | |
| Child's Habits: | | | |
| Child's Fears: | | | |
| Favorite Toys/ Activities: | | | |
| Child's Interests: | | | |
| How do you comfort your child? | | | |
| How do you guide your child's behavior? | | | |
| Bathroom Habits | | | |
| Is your child potty trained? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost/Starting | Does your child tell you when they have to use the bathroom? If so, how? | |
| Is your child prone to diaper rash? | <input type="checkbox"/> Yes <input type="checkbox"/> No | What do you use to treat diaper rash? | <input type="checkbox"/> Lotion <input type="checkbox"/> Oil <input type="checkbox"/> Powder <input type="checkbox"/> Other: |
| Sleeping Habits | | | |
| Is your child sleep in a crib? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Typical nap/time and/or nap habits: | |
| Health | | | |
| Special physical conditions and/or disabilities: | <input type="checkbox"/> Yes: If yes, please explain: <input type="checkbox"/> No | | |
| Regular medications: | <input type="checkbox"/> Yes: If yes, please explain: <input type="checkbox"/> No | | |
| Allergies: | <input type="checkbox"/> Yes* - If yes, please complete the Allergy Information Sheet <input type="checkbox"/> No | | |

Child Information Form

Child's Name: _____

| Child Care Schedule | | | | | | | |
|---------------------|---------|---------|---------|-----------|----------|---------|----------|
| Day: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Arrive: | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM |
| Depart: | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM |

Parental Access Restrictions

If there are temporary or permanent restrictions on a person's access to their child, please read and complete this section thoroughly. Please note: If the restricted person(s) are a child's biological parent(s), in order to abide by the permissions stated below, programs MUST have received a copy of any/all court documentations regarding restraining orders, physical/legal custody, joint custody, etc. Without court documentation, programs/providers are unable to withhold a child from their biological parent.

| | | | | | | |
|--|--------|--------------------|-----------|----------|--------|----------|
| Restricted Person's Name: | | Relation to Child: | | | | |
| The above stated person has permission to see the child on the following days: | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | | |

| | | | | | | |
|--|--------|--------------------|-----------|----------|--------|----------|
| Restricted Person's Name: | | Relation to Child: | | | | |
| The above stated person has permission to see the child on the following days: | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | | |

| | | | | | | |
|--|--------|--------------------|-----------|----------|--------|----------|
| Restricted Person's Name: | | Relation to Child: | | | | |
| The above stated person has permission to see the child on the following days: | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | | |

Acknowledgment

By signing this form, I acknowledge that the information contained in this document is true and accurate. I understand that it is my responsibility to update the program/provider in the event of any changes or updates to the information in this form.

| | |
|------------------------------|-------------------|
| | |
| Parent/Guardian Name (Print) | Relation to Child |
| | |
| Parent/Guardian Signature | Date |

KinderArt Preschool and Daycare

Inspiring Confident Enthusiastic Learners!

Enrollment Details:

Days Desired M,W,F T,Th M-F Start Date: _____

Extended Day (pick up after 3:00)? Y/N

Early Morning Care? Y/N

Getting to know your child:

Does your child play well alone? No Yes

Does your child play well in groups? No Yes

Are there neighborhood playmates or peers your child plays with? No Yes

Please circle words below that describe your child:

| | | | |
|--------------|---------------|-----------|-------------|
| Happy | Aggressive | Friendly | Moody |
| Dependent | Stubborn | Impulsive | Fearful |
| Good-natured | Even-tempered | Attentive | Sympathetic |
| Clumsy | Quiet | Shy | Sleepy |
| Other: _____ | | | |

Has your child gone to preschool or daycare before? No Yes

If so, where? _____

Please describe previous experience: _____

Has your child learned to:

| | | | |
|---------------------------------------|----|-----|----------------|
| 1. Say nursery rhymes? | No | Yes | |
| 2. Sing songs? | No | Yes | |
| 3. Listen to stories? | No | Yes | |
| 4. Say his or her name? | No | Yes | |
| 5. State his or her age? | No | Yes | |
| 6. Recognize and name common objects? | No | Yes | |
| 7. Follow simple directions? | No | Yes | |
| 8. Count? | No | Yes | How far? _____ |
| 9. Balance on one foot? | No | Yes | |
| 10. Throw and catch a ball? | No | Yes | |
| 11. Ride a tricycle? | No | Yes | |
| 12. Draw a person? | No | Yes | |
| 13. Identify colors? | No | Yes | |

- | | | | |
|-----|------------------------|----|-----|
| 14. | Identify any letters? | No | Yes |
| 15. | Identify any shapes? | No | Yes |
| 16. | Write his or her name? | No | Yes |

What do you hope will be included in your child's preschool program?

Are there any other special medical, physical, emotional needs of your child that you feel it would be important for the staff or school to be aware of?

How did you hear about KinderArt?

| | | |
|--|--|--|
| <input type="checkbox"/> road-side banner | <input type="checkbox"/> friend/family member | <input type="checkbox"/> Facebook/social media |
| <input type="checkbox"/> internet/blog | <input type="checkbox"/> Newport Life Magazine | <input type="checkbox"/> Newport Daily News |
| <input type="checkbox"/> Newport This Week | <input type="checkbox"/> Navy publication | <input type="checkbox"/> other |



Rhode Island Department of Human Services

Group/Family Child Care Home: Parent Authorization for Emergency Treatment

Updated 03/20/2020

| Authorization Statement | |
|--|-------------------------------------|
| Child Care Provider/Program Name: <input type="text"/> | |
| Child's Name: <input type="text"/> | Date of Birth: <input type="text"/> |
| <p>In consideration of admittance, I hereby authorize <input type="text"/></p> <p style="text-align: right;"><i>Child Care Provider/Program Name</i></p> <p>located at <input type="text"/> <input type="text"/> RI <input type="text"/></p> <p style="text-align: center;"><i>Number and Street City/Town Zip</i></p> <p>to arrange for medical examination and/or treatment of my child <input type="text"/></p> <p style="text-align: right;"><i>Child's Full Name</i></p> <p>should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.</p> | |

| Preferred Hospital | | | |
|--|-----------------------------|---------------------------|--|
| I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue. | | | |
| Name of Hospital: <input type="text"/> | | | |
| Number and Street: <input type="text"/> | State: <input type="text"/> | Zip: <input type="text"/> | |

| Physician and Insurance Information | |
|--|-------------------------------------|
| I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue. | |
| Name of Doctor: <input type="text"/> | Phone: <input type="text"/> |
| Health Insurance Carrier: <input type="text"/> | Policy Number: <input type="text"/> |

| Emergency Contact Information |
|--|
| <p>In the event of an emergency, the child's parent/guardian(s) will be contacted first. In the event the parent/guardian cannot be reached, emergency contact and authorized persons must be listed.</p> <p>Authorized Person: An authorized person can pick up a child from care with no confirmation from a parent/guardian. An authorized person may also be contacted if the program cannot get ahold of the parent.</p> <p>Emergency Contact: An emergency contact can pick up a child from care ONLY if there is written and/or verbal communication from the parent. An emergency contact may also be contacted if the program cannot get ahold of the parent.</p> <p>Please complete the following form listing the authorized and/or emergency contact persons in the order you wish them to be contacted (For example: The first contact listed is the first person that will be called if a parent/guardian cannot be reached).</p> |



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Group/Family Child Care Home: Parent Authorization for Emergency Treatment

Updated 03/20/2020

| Emergency Contact Information | | | |
|-------------------------------|-----------|--|---|
| Full Name: | | | |
| Relationship: | | <input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact | |
| Primary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Secondary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |

| | | | |
|------------------|-----------|--|---|
| Full Name: | | | |
| Relationship: | | <input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact | |
| Primary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Secondary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |

| | | | |
|------------------|-----------|--|---|
| Full Name: | | | |
| Relationship: | | <input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact | |
| Primary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Secondary Phone: | () | - | <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |

Parent/Guardian Name (Print)

Relation to Child

Parent/Guardian Signature

Date

Notary

Subscribed and sworn to before me on this

day of

Date

Month

Year

Notary Public (Print)

Notary Public (Signature)

Commission Expiration

KinderArt Preschool and Daycare

Inspiring Confident Enthusiastic Learners!

Handbook Sign-off

I have read the KinderArt handbook and agree to follow KinderArt policies which include but are not limited to the following:

initial

- _____ My tuition is payable on the 15th of each month, beginning with September and ending in June, whether or not a bill is received. I understand there is a 10% late fee assessed to my bill for any payments received after the 20th, and that services may be suspended if payment is not received by the last day of the month.
- _____ My child will be kept home from school if they are experiencing fever, vomiting or diarrhea, and will remain at home for a full 24 hours after they are symptom free without medication. They will also be kept home for the first 24 hours after beginning an antibiotic. *Sick Policy regarding COVID-19 will change as the state policies change, be on the look out for updates.
- _____ KinderArt does not allow peanut or tree nut products on the premises. I agree to refrain from sending such products to school with my child.
- _____ KinderArt does not allow the substitution of non-scheduled days for scheduled days. If I need to send my child on an unscheduled day, I understand there will be a charge for the added day. If I keep my child home for any reason, I understand there will be no deduction for the missed day.
- _____ KinderArt's preschool program ends at 3:00pm, after school care ends at 5:00pm. I understand that I must have my child picked up and out of the building by the appropriate time. I understand there is a charge of \$2.50 per minute which will be assessed to my bill in the event that my child is picked up late.
- _____ KinderArt requires a 2 week written notice if I wish to withdraw my child from their program, I understand I will be responsible for payment through my child's last day and/or the end of the 2 weeks.
- _____ I understand that KinderArt staff are prohibited from babysitting KinderArt students and/or their siblings, and agree not to request such services.
- _____ I am aware that KinderArt will send bills and correspondence via mail, handouts, and electronically. I understand that I am responsible for information received via mail, handouts, and email.

Signature

Date

KinderArt Preschool and Daycare

Inspiring Confident Enthusiastic Learners!

Permission Slip

At KinderArt, field trips are a part of our activities. We will go on various field trips, walking or driving, throughout the year. Parents will be notified ahead of time and will need to fill out an activity consent form prior to the field trip. There will also be a signup sheet when drivers are needed. The trips may be to local parks, libraries, museums, farms, etc. A small additional fee may be charged depending upon the field trip.

At KinderArt, we take lots and lots and lots of photos. Some of these are used for projects, some for KinderArt's website, Facebook page, and some just for fun!

I give KinderArt permission to photograph my child and display these photographs in the following manner: (Place a check for all that apply)
in classroom displays _____ for publicity purposes _____
in the slideshow _____ on Facebook _____ on the website _____

No matter what the use, children will not be identified in the photos.

Child's Name: _____ Class: _____

Parent's Signature: _____ Date: _____

KinderArt Preschool and Daycare

Inspiring Confident Enthusiastic Learners!

Preadmissions Record

Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Parent/Guardian: _____

(H) _____ (H) _____

(W) _____ (W) _____

(OTHER) _____ (OTHER) _____

- ☐ Child Information Forms
- ☐ Handbook Sign Off
- ☐ Permission Slip
- ☐ Physical Form with Immunizations
- ☐ Parent Authorization Forms
- ☐ Copy of Birth Certificate
- ☐ \$75.00 Registration Fee

.....
(for office use only)

Class: _____ Start Date: _____

Days Enrolled: M T W Th F

Extended Care? Yes No Early Morning Care? Yes No

Deposit Amount: _____ Discount (if any): _____

Date: _____ Monthly Tuition Rate: _____

Admin Signature: _____

AUTOMATIC PAYMENT AUTHORIZATION

[illegible]