



REACH

Early Learning at Fletcher Place Community Center

REACH Early Learning

1637 Prospect St.

(317)636-3466

Welcome! Thank you for choosing REACH Early Learning as your child's resource for education, development and kindergarten readiness!

Start Date _____

Class Assigned _____

(For Office Use Only)



Enrollment Form

Child's Legal Name _____ Name Used _____

Date of Birth _____ Age _____ Sex _____ Race _____

Child's Address _____ Zip code _____

Child's Family Information

Father/Guardian Name _____ Mother/Guardian Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Cell Phone Carrier _____ Cell Phone Carrier _____

Employer _____ Employer _____

Employer Phone _____ Employer Phone _____

Email Address _____ Email Address _____

If parents live apart, who is the primary caregiver? _____

Are there specific custody agreements that we should be aware of? _____

What is the primary language spoken in the home? _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Authorized Pick Up: Identification May Be Required

Contact Person 1 _____

Address _____

Phone _____ Cell _____

Contact in case of emergency: Yes _____ No _____

Relationship to Child _____

Contact Person 2 _____

Address _____

Phone _____ Cell _____

Contact in case of emergency: Yes _____ No _____

Relationship to Child _____

Contact Person 3 _____

Address _____

Phone _____ Cell _____

Contact in case of emergency: Yes _____ No _____

Relationship to Child _____

Contact Person _____

Address _____

Phone _____ Cell _____

Contact in case of emergency: Yes _____ No _____

Relationship to Child _____

PLEASE LIST ANY ADDITIONAL AUTHORIZED CONTACTS ON SEPARATE SHEET OF PAPER

Medications (Please note, a physician's health form and physical is required for enrollment-all medications and allergies should be listed on that form)

Prescription Medication (and dosage)

Known Allergies (must be documented by a physician)

REACH Early Learning has my permission to apply preventive products such as sunscreen and insect repellent on my child.

Please do not apply the following creams: _____

Parent Signature: _____

Date: _____



Family Information

In order to serve the needs of your child to the best of our ability, it is imperative that we know as much about them as we can. Please take the time to fill out this form as completely as you can. Please add ANY pertinent information to you believe might be helpful in serving your family.

Child's Name: _____ Gender: M ___ F ___
 Address: _____
 Date of Birth: _____ Place of Birth: _____

Your Child's Family:

Parent or Guardians

Name: _____ Birth Date: _____
 Education (highest grade completed and degrees): _____
 Occupation: _____

Name: _____ Birth Date: _____
 Education (highest grade completed and degrees): _____
 Occupation: _____

Please list the names and relationship of others who live in your home:

Name	Relationship	Birth Date	Grade (if in school)

What is your child's primary spoken language? _____

Are there other languages being used with your child? _____

If so, what is the language? _____

What is your family's country of origin? _____

Are there holidays that your family celebrates specific to your country or origin if it is outside of the United States? _____

Is there anything regarding your family, extended family or child that you would like to share with us?

Have any of your children attended REACH Early Learning in the past? _____

Do you have any other relatives that have attended REACH Early Learning? _____

How did you hear about us? _____

Your Child's Development

Do you have any concerns about your child's development? Yes _____ No _____

Hearing ____ Vision ____ Language ____ Gross Motor ____ Fine Motor ____ Social ____ Other ____

Toileting

Does your child have bladder control? _____ Child's terminology _____

Does your child have bowel control? _____ Child's terminology _____

Is your child potty trained? Yes ____ No ____ Pull ups _____ Brand Name _____

Please Note: Your child must be potty trained/training and using underwear or pull ups with side tabs at a minimum to attend Preschool. We do not have the capability, tools or training to service children in diapers or in the changing of pull ups. All children will be **assisted** in changing their pull up if needed. The goal is to help families in the process of potty training; however, each family will be strongly encouraged to have their child FULLY potty trained (with the exception of occasion accidents) before their child's start date. Pull ups and/or underwear must be supplied by the family.

How does your child let you know that it's time "to go"?

Does your child need regular reminders to use the bathroom? Yes _____ No _____

Sleeping

Does your child nap? _____ How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy, or other important item? _____

Please Note: In an attempt to minimize the transportation of germs, REACH Early Learning does not allow any outside toys, dolls, etc. from home. A "bedtime buddy" will be provided to your child if needed for naptime for use while at school.

Are there specific bedtime routines at home?

Where does your child sleep at home?

Eating

Is your child on any special diet?

____ Vegetarian ____ Lactose free ____ Vegan ____ Other _____

Does your child have any food allergies? _____

If yes, please describe _____

What does your child use to drink?

___ Sippy cup ___ Regular cup ___ Other: _____

How often does your child eat? _____

Social and Emotional Development

Has your child participated in any group experiences? _____

Where? _____ Was this a positive experience for your child? _____

Has your child been in childcare before? _____

When you are away, who typically cares for your child? _____

Is your child comfortable in group situations? Yes _____ No _____

What is your child's regular routine when at home? _____

What kinds of activities does your child enjoy? _____

Are there activities your child avoids? _____

How would you describe your child's temperament and personality? _____

What soothes your child? _____

What frightens your child? _____

Does your child have any favorite songs or games that comforts them? _____

Does your child have a favorite book? _____

Does your child have a favorite television program? _____

How long does your child watch television each day? _____

Does your child have opportunities to use technology? _____

Does your child have computer games he/she enjoys playing? _____

How long do they play computer games each day? _____

Does your family have any pets? _____

Is there anything we should know about your child's play with other children or by themselves?

Please list any concerns. _____

Discipline

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? _____

What concerns do you presently have about your child? _____

How are these concerns dealt with? _____

Parent's Impression and Attitudes

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of family members, divorce)? _____

How do you describe your child at the present time? What changes have you seen in your child during the past year? _____

Does your child have any behavior characteristics which you hope will change? Please describe.

What are your expectations or hopes for your child at our care facility? _____

What are your expectations for REACH Early Learning and its staff members? _____

Signature(s) of person(s) completing this registration form:

Date: _____

Please Note: Portions of registration forms must be updated immediately if there are changes in important information such as a phone number, address, allergy, etc.



Discipline Policy

REACH Early Learning
1637 Prospect St. Indianapolis, IN 46203

It is very important that a child's development is nurtured through caring, patience and understanding. Children, as you know, may not always get along with each other. They may not agree to follow our classroom and safety rules or may have unfavorable behaviors. We may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these misbehaviors, your child's teacher will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, your child's teacher will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary. Toddler children will be moved away from the group and allowed to return on their own.

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other childcare arrangements. Please review our behavior policy.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name: _____ Date of Birth: _____

Parent or Guardian Signature: _____ Date: _____

Additional techniques to be used with my child:



Medical Authorization

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Child's Name: _____ Birthdate: _____

The undersigned, who are the parents or guardians having legal custody of the above –named minor, hereby authorize the above-named school, into whose care the above-named minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorizes the above-named school to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when said parents or guardians cannot be or are unavailable to be contacted.

Date: _____ Parent or Legal Guardian _____

Parent or Legal Guardian _____



Consent for Preschool Program Activities

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When your child is enrolled in this program, he/she 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, of course, have the option of withdrawing permission at any time.

I, _____, parent or guardian of _____, understand that my child will participate in activities that may take them off school property. I give them my permission to walk to the Fletcher Place Community Garden, located across the street from REACH Early Learning. I also give my permission for my child to participate in supervised walks with their classroom to the Fountain Square, Indianapolis Public Library. I also give my permission for my child to participate in all previously advertised field trips.

_____ Parent initial

I also understand pictures and video will be taken of my child while in attendance at Fletcher Place Preschool during classroom activities. I realize that at times community organizations and news agencies will participate in programs at REACH Early Learning and Fletcher Place Community Center and will take pictures and video as well. I authorize and release the pictures to be used for classroom decorations, in projects for further study, and for advertisement for REACH Early Learning. I also authorize and release any pictures or video in conjunction with Fletcher Place Community Center and REACH Early Learning.

_____ Parent initial

I also understand that REACH Early Learning may screen children for vision, hearing and other educational and developmental needs. I understand I will be notified as testing is being done and in all cases, the confidentiality of my child's records will be maintained.

_____ Parent initial

I understand that my child may travel to the second floor of the community center to eat meals or attend special programming within the dining hall.

_____ Parent initial

Parents Signature: _____

Date: _____