

2023-2024

ENROLLMENT INFORMATION

MORLEY EXTENDED DAY CARE, Inc.

77 Bretton Rd. West Hartford CT 06119

Please print in ink and use a separate form for each of your children.

COMPLETE ALL THREE PAGES OF THIS FORM.

Child's Name Date of Birth Home Address Zip Phone Child's age Child's grade '23-'2 SY Classroom Teacher (if unknown leave blank)

Child's Physical limitations/ Allergies/ Health concerns Please remember to inform the MEDC office of any health issues which develop during the school year...

Child's PHYSICIAN Phone Child's DENTIST Phone Child's interests (hobbies, activities, etc.)

Child resides with: () both parents () Mother () Father () Other (specify) Name of Parent/Guardian:

Occupation Employer Home Address (if different from child's) Work

Address

Phone numbers: Home: Work Cell

E-mail address (provide the address where you would like to receive reminders, notice of early dismissal on snow days, news of your child, etc.)

Would you consider serving on the MEDC Board of Directors?

Name of Parent/Guardian:

Occupation Employer Home Address (if different from child's) Work

Address

Phone numbers: Home: Work Cell E-mail address)

Would you consider getting involved and serving on the MEDC Board of Directors? _____

Emergency Contacts/ Pick up Authorizations

Once signed in at MEDC, children are never permitted to leave or walk home without an adult. MEDC will contact the *Emergency Contacts* listed below in the event of an emergency only if a parent or guardian cannot be reached. State licensing regulations require that MEDC have the names and contact information for at least two (adult, over age 18) individuals who would serve as Emergency Contacts. In addition, you may choose to list adult (over age 18) friends, relatives, or neighbors who may be considered 'authorized pick-ups' and may be called by MEDC staff if the parent/guardian does not arrive by closing time and cannot be reached.

***Emergency contacts and individuals authorized to pick up your child should be *LOCAL* friends/neighbors/relatives with whom your child is comfortable and who would be willing to care for your child in an emergency situation and on short notice until parents are available to assume responsibility for the child.

It is understood by MEDC that *both* parents approve the list of Emergency Contacts and Authorized Pick-ups. ***In a two-parent household, or when custody is shared,

In case of emergency, when parents or guardians are not available, notify:

The person who picks up your child must be at least 18 years old and must produce a photo ID.

1) Name _____ H.Phone _____ W. Phone _____

Address _____ Relationship to child _____ 2)

Name _____ H.Phone _____ W. Phone _____

Address _____ Relationship to child _____

Pick-up Authorization (optional)

The MEDC office must be notified directly (by phone, e-mail, or note) when anyone other than a parent or guardian will pick up your child, including the contacts listed below. The person who picks up your ~~child~~ must be at least 18 years old and must produce photo ID.

1) Name _____ H.Phone _____ W. Phone _____

Address _____ Relationship to child _____ 2)

Name _____ H.Phone _____ W. Phone _____

Address _____ Relationship to child _____

AUTHORIZATIONS:

Emergency Medical Authorization: I authorize MEDC's staff who are certified in Child First Aid and CPR, to provide emergency medical care if necessary and to administer first aid treatment for minor injuries.

YES ___ NO ___

In the event of a medical emergency, my child should be transported to

Name of hospital: _____

Children needing hospital treatment will be transported by ambulance and accompanied by the Director, Head Teacher, Assistant Head Teacher, or Senior Group Leader, who will bring the child's complete file to the hospital. Parent(s) or guardian(s) will be notified immediately. If a hospital is not designated or if we are off-site, the child will be transported by ambulance to the closest emergency facility.

Field Trip Permission: My child may go on field trips, either on foot or in an authorized vehicle.

YES ___ NO ___

*** Parents will be alerted to upcoming field trips before they occur. Parents must make alternative child care arrangements during these particular times if their

child will not participate in field trips.

Photograph Authorizations:

I authorize MEDC staff to photograph my child during the course of the program (i.e.: on field trips or other locations where MEDC activities take place) for the sole purpose of displaying the photograph on our bulletin boards at MEDC

YES ___ NO ___

Photographs of my child may be posted on the morleyextendeddaycare.net website and/or Instagram page (NO NAMES WILL BE USED).

YES ___ NO ___

During community service events, the television or newspaper may be contacted. I authorize photos of my child to be used by the media. (NO NAMES WILL BE USED)

YES ___ NO ___

Other Authorizations:

Occasionally, G or PG-rated movies are shown at MEDC; parental permission is required for PG-rated movies. My child may watch PG-rated movies:

YES ___ NO ___

*****In a two-parent household, or when custody is shared, both parents are required to sign**

below.* A parent's or guardian's failure to sign this form will delay your child's enrollment.**

This form, as well as the Health and Immunization Record (for new students and for children entering third grade), and the Behavior Contract forms must be returned to the MEDC office before your child's start date

Your child may not attend MEDC until all paperwork is complete.

parent/guardian signature

_____ *date* _____

parent/guardian signature

_____ *date* _____