# **Registration Billy Dalwin Preschool of Temple Emunah**

□Toddle	er □Preschool	Sta	rt Date: _			
	Fami	ily Information				
Child's Name:		Date of Birth	/	_/ A	ge	( <mark>as of 9/1/25</mark> )
Home Address:						
City:		State:	Zip Cod	e:		
Eye Color:	Skin Color:	Hair Color:		Sex:		
				□Femal		
Allergies:	Height:			Child's P	rimary	/ Language:
	Weight:			Languag	es Spc	ken at Home:
Epi Pen: Y N	weight.					
Identifying Marks:						
	<b>5</b> 1 <b>5</b> 1.					
	mation: Please Print					
Guardian Name 1:		Guardian Nam	Guardian Name 2:			
Relationship to Child:		Relationship to	Relationship to Child:			
Home Address:		Home Address Same□	Home Address:			
Same□ Cell Phone:		Cell Phone:				
Bus. Phone:		Bus. Phone:				
Bus. Name:		Bus. Name:				
E-Mail:			E-Mail:			
Hours at Work:		Hours at Work	Hours at Work:			
I give permission to be included in the family Directory. Yes No		Signature:				
,						
Parent Signature		Registration [	Registration Date/			
				<b>/</b>		
Darent Signature		Start Date 00	<mark>2/01/202</mark>	<u>_</u>		

## First Aid and Emergency Medical Care Consent Form

Child's Name:	Date of Birth	//_	
I authorize staff of Billy Dalwin Preschool of Temple Emunah to administer first aid to my child when appropriate. *Only staff trained and certified in first aid will administer aid. Initials			
I understand that every effort will be made to contact me in for my child. However, if I cannot be reached, I hereby auth medical care facility and/or to treatment for my child.	orize the program to train	nsport my child to the nearest	
Child's Physician/Clinic Name:			
Address:		Phone:	
Health Insurance Coverage:			
Policy #:			
Child's Allergies: Y/N List Allergy:  Describe the reaction:		Anaphylactic? Y/N	
Special Diet:			
Chronic Health Conditions: Y/N If yes, you must completorms are located on our website or requested through	•	an signed by your physician.	
Please describe the condition(s):			
Has your child ever had a seizure? Y/N Please describe:			
Does your child have any physical limitations?			
Parent Signature	Date	_//	

### **Emergency Contacts**

Please inform Emergency Contacts that they may be called if we cannot reach the child's guardian(s)

We will always try to reach the parent or guardian first.

3 Contacts Required			
1. Name:	Relationship to Child:		
Address:	Phone:		
Do you give permission for the child to be released to this person? ☐Yes ☐No			
<b>2.</b> Name:	Relationship to Child:		
Address:	Phone:		
Do you give permission for the child to be released to this person? ☐Yes ☐No			
3. Name:	Relationship to Child:		
Address:	Phone:		
Do you give permission for the child to be released to this person? ☐Yes ☐No			
Parent Signature	/		

#### Consent

Child's Name:	Date of Birth/
Sunscreen: I authorize the staff of Billy Dalwin Preschool of Temple Emunah	to assist my child in the reapplication of his/her sunscreen.
Initials	
First Aid and Medical Care	
I authorize the staff of Billy Dalwin Preschool, who is trained and	certified in the basics of first aid and CPR, to give my child first
aid when appropriate.	Initials
Photo and Multi-Media/Social Media/Film:	
I/we permit the Billy Dalwin Preschool of Temple Emunah toted below.	to take photos and/or video of my child for the purposes
check the box of the activities you permit for Billy Dalwin S	taff to photograph your child.
☐ The Temple Emunah and/or BDPS Websites ☐ The	Temple Emunah & Billy Dalwin Newsletters
□ Local Newspapers □ BDPS marketing materials □ □ ProCare individual photos □ Classroom emails	
SIGNA	ATRURE
Parent Signature	Date/
=	

## **Transportation and Authorization**

Child's Name:	Date of Birth/		
All children arrive and depart under the personal responsibility	of the parent/guardian or other authorized individuals.		
I give permission to the following people to receive my child at the end of the day.			
Every child must have at least one person listed other than the guardian(s).  Signature			
How will your child arrive/leave the program? □Parent Drop Off /Pick UP □ Other Drop Off/ Pick Up			
1. Name:	Relationship to Child:		
Address:	Phone:		
<b>2.</b> Name:	Relationship to Child:		
Address:	Phone:		
3. Name:	Relationship to Child:		
Address:	Phone:		
4. Name:	Relationship to Child:		
Address:	Phone:		
5. Name:	Relationship to Child:		
ddress: Phone:			
6. Name: Relationship to Child:			
Address: Phone:			
*Please inform those listed above a photo ID is required at the time of pick up.			
All other permission-to-pick-up requests must be stated in writing and maintained in the child's file. This permission is valid for one program year from the date of signature			
Parent Signature	Date/		

### **Developmental History and Background Information**

Child's Name:	Date of Birth/	
Any speech difficulties (if yes, please list)?		
Special words to describe needs:		
Health (First-year Students Only).		
Any known complications at birth?		
Serious illnesses and/or hospitalizations:		
Special physical conditions, disabilities:		
Regular medications:		
Eating Habits		
Special characteristics or difficulties:		
Favorite foods:		
Foods refused:		
*Does your child eat with □spoon, □fork, □hands?		
Toilet Habits		
Are disposable □diapers or □pull ups used?		
Is there a frequent occurrence of diaper rash?   Yes   No		
Is there a problem with diarrhea? □Yes □No Constipation? □Yes □No		
Please describe any particular bathroom procedure to be used for your child at the center:		
Is a □potty chair or □special child seat, or □regular seat used at home?		
How does your child indicate bathroom needs (including special words)?		
Is your child ever reluctant to use the bathroom?   Yes   No		
Does your child have accidents? ☐Yes ☐No		
Slooning Habite		
Sleeping Habits		
*Does your child sleep in a $\square$ crib or $\square$ bed?		
Does your child become tired or nap during the day?		
What time does your child go to hed?	What time does your child wake un?	

# **Developmental History and Background Information**

Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in care.

Social Relationships: Please add additional pages if needed.			
How would you describe your child:			
Previous experience with other children/daycare:			
Reaction to strangers:	Able to play alone:		
Favorite toys and activities:	There to play diene.		
Fears (the dark, animals, etc):			
How do you comfort your child:			
What is the method of behavior management/discipline at home:			
What would you like your child to gain from this childcare experience?			
Daily Schedule: Please describe your child's schedule on a typical day.			
Is there anything else we should know about your child?			

Please Attach Your Most Recent Physical Exam INCUDING: IMMUNIZATION, EYE, HEARING AND LEAD TESTS OR FILL OUT THE FORM BELOW			
Dear Physician:	(Child's Name)		
is enrolled at Billy Dalwin Preschool of Temple Emunah a licensed by the Department of Early Education and Care.  The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations, and lead screening under the Department of Public Health's recommended schedules. A prompt response is appreciated.			
Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.			
	I		

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_