**Mesa Community College**

**Children’s Center**

**ENROLLMENT INFORMATION**

**DATE OF ENROLLMENT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HOME TELEPHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NICKNAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SEX** [ ]  **M** [ ]  **F**

**HOME ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP** \_\_\_\_\_\_\_\_\_

**FATHER’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  **ENROLLED AT MCC** [ ]  **MCCCD EMPLOYEE**

**MOTHER’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  **ENROLLED AT MCC** [ ]  **MCCCD EMPLOYEE**

**EMAIL ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (kept confidential and not shared or sold to any other agencies)

**ARE YOU ELIGIBLE FOR D.E.S. OR ANY OTHER SUBSIDIES?** [ ]  **YES** [ ]  **NO**

**IF YES, WHICH ONES?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU BEEN AWARDED A PELL GRANT?** **[ ]  YES** **[ ]  NO** **FOR WHICH SEMESTER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU RECEIVING FINANCIAL AID?** **[ ]  YES** **[ ]  NO**

**MARITAL STATUS:** [ ] **Married** [ ] **Separated** [ ] **Divorced** [ ] **Single** [ ] **Remarried**

**NAME(S) OF SIBLINGS AND AGES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER ADULTS LIVING WITHIN THE HOME**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **RELATIONSHIP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAS YOUR CHILD BEEN ENROLLED IN A GROUP CHILD CARE SETTING?** [ ]  **YES** [ ]  **NO**

**IF SO WHERE?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU KNOW WHICH SCHOOL DISTRICT YOU ARE IN?** **[ ]  YES** **[ ]  NO IF YES, PLEASE INDICATE BELOW.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU KNOW IF YOUR CHILD WILL BE ATTENDING:** **[ ]  PUBLIC SCHOOL** **[ ]  PRIVATE SCHOOL**

**[ ] CHARTER SCHOOL** **[ ] HOME SCHOOL** **[ ]  I DON’T KNOW WHAT TYPE OF SCHOOL MY CHILD WILL ATTEND.**

**MOTHER’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FATHER’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### CHILD’S INFORMATION

***Naps are offered between 1:00 pm and 3:00 pm Monday through Friday. You may sign your child up for a nap each day. The sign up list is located next to the clock in computer.***

**[ ]  My Child will nap at MCC ‘s Children’s Center.**

**IF YOUR CHILD WILL BE TAKING A NAP, IS THERE A SPECIAL ROUTINE YOU USE TO GET YOUR CHILD TO SLEEP?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES YOUR CHILD HAVE ANY FEARS?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT STRATEGIES ARE USED AT HOME TO HELP YOUR CHILD COPE WITH THEIR FEARS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW DOES YOUR CHILD COPE WITH ANGER/FRUSTRATION OR NOT GETTING THEIR OWN WAY?**

 [ ]  Hitting [ ]  Kicking [ ]  Biting [ ]  Spitting [ ]  Crying [ ]  Screaming [ ]  Pinching [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT STRATEGIES DO YOU USE AT HOME TO HELP YOUR CHILD COPE WITH ANGER / FRUSTRATION?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT IS YOUR CHILD INTERESTED IN?** (cars, dolls, animals, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU HAVE ANY SPECIFIC GOALS FOR YOUR CHILD?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT IS THE PRIMARY LANGUAGE SPOKEN AT HOME?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAS YOUR CHILD RECEIVED ANY EARLY INTERVENTION SERVICES?** **[ ]  YES** **[ ]  NO**

**IS YOUR CHILD CURRENTLY RECEIVING ANY SERVICES?** **[ ]  YES** **[ ]  NO**

**DOES YOUR CHILD HAVE AN INDIVIDUALIZED EDUCATION PLAN (IEP)?** **[ ]  YES** **[ ]  NO**

**IS IT ON FILE WITH THE CHILDREN’S CENTER?** **[ ]  YES** **[ ]  NO**

**IF YOUR CHILD HAS AN IEP AND IT IS CURRENTLY NOT ON FILE WITH THE CENTER PLEASE SPEAK TO THE DIRECTOR OR YOUR CHILD’S LEAD TEACHER.**

**PARENT INFORMATION**

**PARENT PARTICIPATION**

Iwouldlike to participate in the classroom. Special talent(s) I would like to share are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTOGRAPHS**

I [ ]  **will**  [ ]  **will not** allow my child to be photographed individually and in group activities for use *in the classroom*. \*Photographs taken for use outside of the classroom will require a separate permission slip.

**CLASSROOM OBSERVATION**

MCC Children’s Center staff observe children during classroom and outdoor activities. These observations are used solely for parent-teacher conferences and classroom goal setting.

I [ ]  **give** [ ]  **do not give** my permission for MCC Children’s Center to allow MCC students to observe my child for course assignments. I understand that my child’s name will be protected by anonymity.

**GENERAL POLICY STATEMENT**

I / WE have received and read the MCC Children’s Center Family Handbook.

I / WE understand the policies regarding:

***(Parent, please initial in space provided)***

# Snacks \_\_\_\_\_\_\_\_ Cold lunch policy \_\_\_\_\_\_\_\_ Illness Policy \_\_\_\_\_\_\_\_

**Late Pick Up \_\_\_\_\_\_\_\_ Payment due date \_\_\_\_\_\_\_\_ Absence / billing \_\_\_\_\_\_\_\_**

**Signing in and out \_\_\_\_\_\_\_\_ Computer log in/out \_\_\_\_\_\_\_\_ Overtime policy \_\_\_\_\_\_\_\_**

**Dress for play \_\_\_\_\_\_\_\_ Parent Conferences \_\_\_\_\_\_\_\_ Names in clothes \_\_\_\_\_\_\_\_**

 /**Kindergarten Transition**

and agree to abide by them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of person who explained above policies Date

**HEALTH INFORMATION**

HAS YOUR CHILD HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS, OR IS SUSCEPTIBLE TO ANY OF THE FOLLOWING MEDICAL PROBLEMS?

[ ]  ANEMIA [ ]  EAR INFECTIONS

 [ ]  ASTHMA [ ]  NOSE INFECTIONS

 [ ]  CONVULSIVE DISORDER [ ]  HEART CONDITIONS

 [ ]  DIABETES [ ]  STREP INFECTION

 [ ]  EYE INFECTIONS [ ]  TUBERCULOSIS OR CONTACT

 [ ]  SURGERIES (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  OTHER (BE SPECIFIC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ANY SPECIAL INFORMATION FOR STAFF IF YOUR HAVE CHECKED ANY OF THE ABOVE MEDICAL PROBLEMS**.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ANY AND ALL FOODS YOUR CHILD IS ALLERGIC TO, AS WELL AS OTHER ALLERGIES I.E. DOGS, CATS, GRASS, TYPES OF CHEMICALS SUCH AS PERFUME, SOAPS, SUN, ETC:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ANY SPECIAL INSTRUCTIONS FOR STAFF TO FOLLOW REGARDING ALLERGIES:** (if child were to come in contact, symptoms, etc…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ALL MEDICATIONS PRESENTLY USED BY YOUR CHILD AND FOR WHICH CONDITIONS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ALL SIDE AFFECTS FOR MEDICATIONS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IF YOUR CHILD TAKES PRESCRIPTION MEDICATION THAT MUST BE ADMINISTERED WHILE AT SCHOOL, PLEASE SEE THE DIRECTOR.***

**DESCRIBE ANY UNIQUE FACTORS THAT MAY AFFECT YOUR CHILD’S DEVELOPMENT**. (Examples: long illness, NICU / premature birth, loss of parent, counseling, learning difficulties, diagnosed disabilities, etc…) This information will enable teachers to be sensitive to your child’s specific needs. Please be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_

**ARE THERE ANY DEVELOPMENTAL CONCERNS YOU HAVE ABOUT YOUR CHILD?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU OR OTHER ADULTS HAVE A HARD TIME UNDERSTANDING YOUR CHILD’S SPEECH?**

 [ ]  YES [ ]  NO IF YES PLEASE EXPLAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you would like information about this, please see the Director. There are many resources to assist you.

**HAS YOUR CHILD UNDERGONE HEARING SCREENING?** **[ ]  YES** **[ ]  NO AND IF SO, PLEASE LIST DATE AND RESULTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAS YOUR CHILD HAD ANY VISION SCREENING?** **[ ]  YES** **[ ]  NO AND IF SO, PLEASE GIVE THE DATE AND RESULTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAS YOUR CHILD HAD A RECENT PHYSICAL EXAM?** [ ]  **YES** [ ]  **NO**

**PLEASE EXPLAIN DOCTOR’S RECOMMENDATIONS.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_