



# The Smart Start Preschool and Learning Center



Office Use Only
Date Received: _____
Registration Fee: _____
Initials: _____

## Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male/Female (circle) Date of Enrollment: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Child lives with: \_\_\_\_\_

## Primary Hours of Care:

Place a check next to the number of hours you need care for your child.

\_\_\_\_\_ Full-Time (5 days/week, up to 11 hours a day)

\_\_\_\_\_ Part-Time (2-4 days/week, up to 11 hours a day)

\_\_\_\_\_ Part-Time (2-3 days/week, up to 6 hours a day)

What are your child's drop off and pick up times?

Our hours are from 7:00am to 6:00pm Monday through Friday.

	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

## **Parent/Guardian Information**

Mother/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Which number is best: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Which number is best: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### **Emergency Contact**

List persons who are authorized to pick up your child: (He/She will need to present his/her driver's license at time of pick-up)

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

\_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Which number is best: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

\_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Which number is best: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

\_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Which number is best: \_\_\_\_\_

These people will be called in case of an emergency if parents cannot be reached. Is that okay? Yes or No (circle one)

If No, please list the name of the person who should be contacted in case of an emergency.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

\_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Which number is best: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List Child's Special Needs (allergies, behaviors, speech, feeding, etc.)

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**The following emergency plan has been taken right from the handbook, please review and sign that you understand and agree with the emergency policy.**

### **Medical**

In case of a medical emergency, a qualified staff member will attend to first aid as needed. Another staff member would notify the family of the child. Attempts will be made to consult with the child's physician/dentist. If neither is available, the program's medical consultants will be contacted. For extreme emergencies, 911 will be called. An ambulance will take the child and a staff member to the nearest hospital. The child's emergency permission form will be brought with them. Another staff member will notify the family or alternate pick-up person to meet the child at the emergency room. Additional staff will be called in if necessary to maintain required ratios at the center.

### **Fire**

In the event of a fire, evacuation from the building will be through the closest fire exit. Staff will be responsible for supervising the children under their care and leading them to the fire exit. Ipads (which contain all student information) will be taken on the way out. The group will walk to the yard of the building next door

and the parking lot on the side of the building, safely away from the building and line up for attendance. The staff will immediately take attendance. The Director or person in charge will be responsible for taking the portable first aid kit, cell phone and emergency file with them. Should it not be possible to return to the building, staff will walk children to the building next door. Parents will be notified via the cell phone to pick up their children.

There will be monthly fire drills, as well, so staff and children are prepared if there ever was a real fire emergency.

### **Weather**

On snow days or during hazardous weather emergencies The Smart Start will follow the Hamden Public School closing, delay or early dismissal schedule. Parents will be notified via tadpoles, television announcements, or telephone by program staff to pick up their children due to early closing. Ratios will be maintained at all times and two staff will remain until all children are picked up. In the event conditions require the center to shelter children, we will have additional resources (flashlights, water, radio, food, clothing, etc.) available. In the event of other serious weather emergencies, such as tornadoes or hurricanes, staff and children will remain indoors away from windows and doors. First aid staff will be on hand to administer first aid, as needed, until emergency personnel can arrive. Parents will be notified after the immediate danger has passed.

### **Evacuation**

In the event the facility must evacuate, the children will be driven to the nearest designated evacuation area, Quinnipiac University. Advanced contact has been made with the town's Civil Preparedness Unit, adding the center to their list for emergencies. Notes will be posted to alert parents of the location of the children. Parents will also be notified by cell phone to pick up their children. Ratios will be maintained at all times and two staff will remain with the children until all children are picked up.

*I understand the precautions The Smart Start takes to avoid an emergency, but I understand the steps The Smart Start staff will take in an event of an emergency.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I give my permission to The Smart Start Staff to take my child to a physician in the event of an emergency when I cannot be reached.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I UNDERSTAND THAT I AM RESPONSIBLE TO PAY FOR ALL TIMES FOR WHICH I AM REGISTERED WHETHER OR NOT MY CHILD IS PRESENT AT THE CENTER, COVERING THE ENTIRE TERM FOR WHICH I HAVE ENROLLED.*

*I understand that I must pay a \$50.00 non-refundable registration fee per family at the time of registration. I also understand that a one week tuition payment is due to hold my child's place.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_