



**TODDLER PLAYSCHOOL
CHILD APPLICATION/INFORMATION FORM**

Day Enrolled _____

Child's Information:

Child's Full Name: _____

Address: _____

Birth Date: _____ Gender: Male _____ Female _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Parent/Guardian Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Emergency Contact Information:

Emergency Contact Name: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Child's Health Information:

*Please provide a current copy of your child's immunization record. (all children attending OTM are required to follow the CDC's recommended vaccination schedule.)

Does your child have any health conditions (e.g. Asthma, Diabetes): _____

Please specify: _____

Does your child have any food/other allergies _____

Please specify: _____

Does your child take any medication regularly? _____

If yes: What type: _____ Dosage: _____

Physician/Pediatrician : _____

Phone Number: _____

Dentist: _____

Phone Number: _____

Child's Medical Treatment Authorization and Consent:

I, _____, authorize Over The Moon Parenting, to treat, seek, obtain and consent to emergency medical care and treat for _____ as deemed necessary. If child needs to be transported by ambulance, child will be transported to South Shore Hospital, Weymouth, MA and accompanied by a staff member of Over The Moon Parenting. This authorization is for the time period when my child is in the care of Over The Moon Parenting.

Restroom Habits:

Is your child toilet trained: Yes _____ No _____

Does your child use the restroom by themselves: Yes _____ No _____

Will they tell an adult when they need to go: Yes _____ No _____

Needs reminding: Yes _____ No _____

Any special words your child uses to indicate they need to go: No _____

Yes _____ (Please specify) _____

Diapering/Pull Ups/Potty Training:

Does your child wear diapers or Pull Ups: Yes _____ No _____

Do you give permission for Over The Moon staff to change your child:

Yes _____ No _____

*If no, a parent will need to be contacted and asked to return for such changes.

Sippy Cups/Pacifier/Lunches:

Does your child use a sippy cup: Yes _____ No _____

Is your child allowed to have snack (pretzels, Goldfish, animal crackers)

Yes _____ No _____

Does your child use a pacifier or special toy for comfort: _____

*Please initial that you understand we are a NUT FREE facility. _____

Photographs:

I grant Over The Moon Parenting, its representatives and employees the right to take photographs of my child, _____ and photographs may be used for publicity, illustration, advertising or for use in the classroom.

Signature: _____

Print Name: _____

Other

What other information would help us care for your child better:

Do you have any concerns about your child that we should be aware of:

This program is an introductory drop off, enrichment program created to allow the child social interaction with other children of the same age. Our toddler enrichment program serves as a great introduction to preschool, helping young children transition into more structured learning environments, while fostering independence. Our daily schedule incorporates a variety of developmentally enriching activities including: music, art, dramatic play and creative movement classes, to stimulate creativity in your child in a fun and learning environment.

***Please arrive on time so your little one can take a moment to adapt.**

****Please do not bring your child to school if your child has had a fever, diarrhea or vomiting within the last 24 hours.**

***No Make Up or refunds for missed classes.**

I hereby authorize Over The Moon teachers or qualified personal, to administer basic first aid deemed best under the circumstances and I consent for my child to receive such treatment. I understand that Over The Moon will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if they are unable to notify me, they will call 911 and they will have my child treated by a duly qualified physician at the nearest hospital or emergency center.

We take every precaution to ensure the safety of your child, however, accidents happen. Therefore, the undersigned does hereby agree to hold harmless and indemnify, Over The Moon Parenting and further release from any liability or responsibility, for accident, damage, injury, or illness to (child's name) _____ or to any family member or spectator accompanying the child on the premises.

The above information on your child is true and valid and will be kept confidential. All necessary information for the safety of your child has been addressed.

Signature of Parent/Guardian:

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Copy of driver's license taken: _____ (Staff initials)

Over The Moon Parenting's Toddler Playschool, is an independent, privately owned program. We are not licensed by the MA Department of Early Education & Care however, our Playschool teachers are all Early Education & Care Certified.