

Butler Community College EduCare Center  
Child Enrollment Record

Date of Application \_\_\_\_\_ Weekly Schedule \_\_\_\_\_

Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(First) (Last) (Middle)

Child's Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Race: Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_  
Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

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Mother's Name \_\_\_\_\_  
(First) (Last) (Middle)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (Zip)

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
(Street) (City) (Zip)

Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

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Father's Name \_\_\_\_\_  
(First) (Last) (Middle)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (Zip)

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
(Street) (City) (Zip)

Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Community\_\_\_\_\_ SRS\_\_\_\_\_ Mid-Cap\_\_\_\_\_ CCAMPIS\_\_\_\_\_

Butler Community College Student \_\_\_\_\_ Hours Enrolled \_\_\_\_\_

\*\*Parents who are students must provide a copy of their student schedule each semester to receive student discount\*\*

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### Family Home Situation

Marital Status of Parents: Married\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_ Single\_\_\_\_

Legal Custody of child: Both Parents\_\_\_\_ Father\_\_\_\_ Mother\_\_\_\_ Other\_\_\_\_

Child's Living Arrangement: Both Parents\_\_\_\_ Father\_\_\_\_ Mother\_\_\_\_ Other\_\_\_\_

Custody Schedule (if applicable):\_\_\_\_\_

Court Orders on File (if applicable): Yes\_\_\_\_ No\_\_\_\_

\*\*EduCare can not withhold a child from a legal guardian if court orders are not on file\*\*

List Siblings & Their Ages:

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

Language(s) Spoke in Home:\_\_\_\_\_

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### Individuals Who Can Pick Up Your Child

List persons approved to pick up your child. Your child will only be released to these people.

List the person's in order that you want us to call them. As stated in our handbook, these individual's will need to have a photo id (driver's license) when they pick up your child for the first time. They may be asked the next time if the teacher did not see them for the first time.

Please let the contact person know this before picking up the child.

#### Contact #1

Name: \_\_\_\_\_

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

Work:\_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_

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

Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact #3**

Name: \_\_\_\_\_

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

Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child Information: (2 Weeks-2 ½ Years of Age)**

Child's Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Family Dentist: \_\_\_\_\_ Family Hospital: \_\_\_\_\_

Is this your child's first separations from home? \_\_\_\_\_

Has your child had any type of group experience or out of the home are giving before? (Explain)

\_\_\_\_\_

\_\_\_\_\_

What does your child enjoy playing?

\_\_\_\_\_

\_\_\_\_\_

Feeding Information & Advice:

\_\_\_\_\_

\_\_\_\_\_

Napping Information & Advice:

\_\_\_\_\_

\_\_\_\_\_

Teething Information:

\_\_\_\_\_

\_\_\_\_\_

Potty Training Information, if age appropriate:

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Other Comments and special instructions: (Attach additional page if needed)

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**Child Information: (2 ½ Years of Age- Kindergarten)**

Child's Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Family Dentist: \_\_\_\_\_ Family Hospital: \_\_\_\_\_

Is this your child's first separations from home? \_\_\_\_\_

Has your child had any type of group experience or out of the home care giving before?  
(Explain)

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Does your child make new friends easily? \_\_\_\_\_

Is he/she used to playing alone or with others? \_\_\_\_\_

What are his/her favorite toys are activities at home? \_\_\_\_\_

What special words does the child use to tell you he/she needs to urinate or have a bowel  
movement? \_\_\_\_\_

Does your child need reminded to go to the toilet? \_\_\_\_\_

What time does your child get up in the morning? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

Is he/she used to taking naps? \_\_\_\_\_ Time of Day? \_\_\_\_\_

For how long? \_\_\_\_\_ Does he/she have a special bedtime routine?

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What time does your child usually have the following:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Is he/she used to having snack between meals? \_\_\_\_\_

Does your child need any help feeding himself/herself ? \_\_\_\_\_

Special feeding instructions: (food likes, dislikes, etc.)

\_\_\_\_\_

What fears does your child have? (ex. Storms, animals, etc.) \_\_\_\_\_

How do you hand these fears?

\_\_\_\_\_

What do you do when your child disobeys?

\_\_\_\_\_

In what ways can we help your child and family while enrolled at EduCare?

\_\_\_\_\_

\_\_\_\_\_

Grade Placement: \_\_\_\_\_ School: \_\_\_\_\_

Other Comments and special information:

\_\_\_\_\_

\_\_\_\_\_

**Children: (First Grade-12 years)**

Child's Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Family Dentist: \_\_\_\_\_ Family Hospital: \_\_\_\_\_

Grade Placement: \_\_\_\_\_ School: \_\_\_\_\_

Toys & Activities child enjoys at home:

\_\_\_\_\_

Does your child enjoy playing alone or with others:

\_\_\_\_\_

Hobbies:

\_\_\_\_\_

\_\_\_\_\_

Other comments and advice:

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**Permission for Child to Participate in EduCare Activities**

1. I hereby grant permission for my child to use all play equipment and participate in all activities. Yes \_\_\_\_\_ No \_\_\_\_\_

List Restrictions: \_\_\_\_\_

2. I hereby grant permission for my child to participate in supervised walk and outside play activities involving various college programs: Yes \_\_\_\_\_ No \_\_\_\_\_

3. I hereby grant permission for my child to be included in evaluations/developmental checklists connected with the program: Yes \_\_\_\_\_ No \_\_\_\_\_

4. I hereby grant permission for my child to participate in class filed trips which may involve transportations (parents will always be notified prior to field trip to sign additional permission form): Yes \_\_\_\_\_ No \_\_\_\_\_

5. I hereby grant permission for my child to be included in photographs and video tapings for instructional, publicity, and portfolio purposes. Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby attest that I have read the policies of the parent handbook of the Butler Community College EduCare Center, that I do understand them fully, and that I will adhere to them in good faith. I will provide necessary health records, immunizations, and an emergency release form for my child. I will pay all fees when due.

\_\_\_\_\_  
Signature of Parent                      \*Social Security #                      \_\_\_\_\_  
Date

\*All parents must prepay for services offered. However, we realize payments may be forgotten or payment arrangements will be made with the center. Therefore, since EduCare is offering a credit to parents social security numbers are needed for collection purposes only. If you choose not to submit your SS # then EduCare reserves the right to refuse service to your child for any payments missed or late payments.

**Family Information:**

The following requested information is suggested by National Association for the Education of Young Children. This information will allow the EduCare Center staff to better meet children’s needs and interest. Some of the information may be private information for your family. Please do not feel obligated to answer any questions you do not feel comfortable sharing.

What are some of the values you instill your child?

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How do you define your religion? \_\_\_\_\_

How do your define your culture? \_\_\_\_\_

What religious and culture celebrations/observations does your family participate in?

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Would you be willing to share information with the center about these practices?

Yes \_\_\_\_\_ No \_\_\_\_\_

Which is more important- for a child to form a strong relationship with one individual teacher or for a child to have good relationships with several teachers?

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Which is more important to you-helping children achieve independence or helping them to develop respect for authority? Why?

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What are your values and beliefs about expressing emotions? What is important to you about how children deal with anger? Fear?

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How do your values affect your response to children’s play? For example, how do you react when boys pretend to be baby-tenders, or choose to wear “girls” clothes?

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What is an appropriate response to classroom “misbehavior”?

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How can you resolve conflicts of value or practice in ways that are supportive of family values?

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How do program and teacher values match home and family values, and where do differences exist?

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