

# Hidden Hills Early Learning Center



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## Application

Child's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's email address: \_\_\_\_\_

If either parent/guardian attends school please list where and include the street address and phone number:

\_\_\_\_\_

Please indicate if there are legal restrictions prohibiting a biological parent from picking up your child: Yes/No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\*Please note we are required to obtain a copy of any custody order or restraining order. Documents are required to be updated annually and as changes occur.

## Please indicate your child's schedule

Full day 7:00a.m. - 5:30p.m. \_\_\_\_\_

Extended care (over 9 hours) \_\_\_\_\_

Half-day 9:00a.m. - 1:00p.m. \_\_\_\_\_

Before and After Kindergarten \_\_\_\_\_

School District \_\_\_\_\_

Summer Camp (full or half day) \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Please make any scheduling notes here: \_\_\_\_\_

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Please tell us about your little one

How would you describe your child's play habits? \_\_\_\_\_  
\_\_\_\_\_

Please list your child's likes. \_\_\_\_\_

Dislikes? \_\_\_\_\_

How would you describe your child's eating habits? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's sleep habits? Does your child typically nap? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears (i.e. dogs, loud noises, etc)? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Please use the space below to describe your child and provide Hidden Hills with any additional information you feel will help with the adjustment to school and the care of your child. Please include any family medical/social history that you feel we should be aware of.

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

**Siblings**

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

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

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

# Emergency Information

## **Emergency Contacts:**

\*Authorized to pick up your child if you cannot be reached. Please include at least two contacts.

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

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

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

Relationship: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_

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

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

Hospital: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Hidden Hills Early Learning Center Enrollment Contract

Upon enrolling \_\_\_\_\_ at Hidden Hills I understand that there is an initial \$50.00 nonrefundable registration fee and a \$35.00 re-registration fee, due annually, to ensure a position for my child. I agree to pay the sum of \_\_\_\_\_ each week for the duration of my child's enrollment. I understand that holidays, sick days, personal days, and closings due to inclement weather are NOT deducted from tuition payments. The first week's tuition payment is due prior to my child attending Hidden Hills. Subsequent payments are due no later than Friday for the following week. I understand that there will be a \$20.00 late fee for payments made after Friday.

Tuition payments may be made monthly or bi-monthly with approval from Hidden Hills.

You are entitled to one week of tuition free vacation time for each school year (September-June) and one week for each summer (June-through August). Kindly provide written notice for vacation time two weeks in advance.

A two-week notice MUST be given if a child is withdrawing for any reason. Parents are responsible for the tuition during these two weeks.

We are looking forward to meeting you and your child and to a year of fun and learning.

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hidden Hills Early Learning Center

## Parent Authorization for Emergency Treatment

In consideration of admittance, I hereby authorize Hidden Hills to arrange for medical examination and/or treatment for my child, \_\_\_\_\_ should and emergency arise at the daycare center or on a field trip. It is understood that a conscientious effort will be made by the daycare center to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer my child be taken to the following hospital in the need arises:

**Hospital:** \_\_\_\_\_

I understand that the choice of hospital may be limited by service of local rescue squad.

Mother's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

### Relatives or persons to be contacted in an emergency if parents cannot be reached.

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\*Please list any medical allergies your child may have: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hidden Hills Permission to Photograph

I, \_\_\_\_\_, give permission for the  
(parent's/guardian's name)  
teacher(s) at Hidden Hills to photograph my child, \_\_\_\_\_,  
(child's name)  
for the following purposes:

Display in the classroom in photo albums, on bulletin boards, etc. to show to current or prospective families.

Accept

Decline

Include in promotional materials (i.e. brochures & flyers).

Accept

Decline

Include on our website; names will never be used.

Accept

Decline

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Rhode Island Department of Health  
Immunization Program

Pre-screen form for pre-school/daycare and kindergarten records

Please complete the following and attach to the child's record:

1. Child's Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Gender            \_\_M            \_\_F
4. Ethnicity        \_\_Hispanic    \_\_Non-Hispanic
5. Race             \_\_White        \_\_Black/African American    \_\_Asian  
                      \_\_American Indian/ Alaskan Native  
                      \_\_Other (Specify) \_\_\_\_\_
6. Place of Birth    USA: \_\_Yes \_\_No            Rhode Island: \_\_Yes \_\_No
7. Lead screening        \_\_Yes            \_\_No
8. Date of last physical \_\_\_\_\_
9. Height \_\_\_\_\_            Date taken if different than #8 \_\_\_\_\_
10. Weight \_\_\_\_\_           Date taken if different than #8 \_\_\_\_\_

All information is confidential and is reported only in aggregate, with no  
identifying information about any individual child.