



Welcome to Smart-Ed Early Learning Center



11624-11628 Silver Spring MD 20904 Phone: 301 681 5373

Owner: Samina Ali Zai M.Ed, PGCert, Cert-Ed UK, Former Lecturer & Program Leader BA(Hons) Early Childhood Studies, London. UK

INFANT/TODDLER ROOM ENROLLING APPLICATION

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Legal Guardian: _____

Mother's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

Father's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

OTHER PEOPLE RESIDING WITH THE CHILD

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

PEOPLE AUTHORIZED TO REMOVE BABY FROM THE NURSERY

Your baby will not be allowed to go with anyone unless their name appears on this application, or you provide them with an "authorization card," or you make other arrangements with the management. Positive I.D. will be required.

Name: _____ Relationship: _____

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Baby Will Attend: Mon - Tues - Wed - Thur - Fri

Baby Will Be: Full Time or Part Time

Time Child Will Be Dropped Off (Normally): _____

Time Child Will Be Picked Up (Normally): _____

MEDICAL INFORMATION/AUTHORIZATION

Physician's Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Dentist's Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Allergies: _____

I agree and give consent that, in case of accident, injury, or illness of a serious nature, my child will be given medical attention/emergency care. I understand I will be contacted immediately, or as soon as possible if I am away from the numbers listed on this form.

PERMISSION TO LEAVE PREMISES

I hereby give the nursery permission to take my child on neighborhood walks using a (state equipment, e.g., a baby buggy that seats six children & has safety straps).

YES: (INITIAL) _____

NO, I do not give permission at this time: (INITIAL) _____

Parent/Guardian=s Signature: _____

Parent/Guardian=s Signature: _____

Please check/answer the following to complete the enrollment process:

Start Date: -----Full Time: Part Time: S M T W T F S ½

Tuition Fee (Per week)-----

Health form and Immunization records submitted on-----

Read/Agreed/signed and Returned Parent Policy Handbook on _____

Received Parent Guide published by MSDE office of child care-----

Parent Signature-----Date:-----



Welcome to Smart-Ed Early Learning Center



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Owner: Samina Ali Zai M.Ed, PGCert, Cert-Ed UK, Former Lecturer & Program Leader BA(Hons) Early Childhood Studies, London. UK

Introduce Us to Your Infant/Toddler

Date: _____ Last Name: _____ First Name: _____ Middle: _____

Name your child is called at Home: _____

Siblings' Names & Ages:

Favorite Play Materials: _____

Special Interests: _____

Pets: _____

What opportunities does your child have to play with others the same age?

Eating Patterns:

Are there any dietary concerns? _____

Does your child feed himself or herself? _____

Are there any food dislikes? _____

Are there any food allergies? _____

When eating, uses fingers _____ spoon _____ fork _____ needs assistance _____

Sleeping Patterns:

What time is bedtime at home? _____ Arise at? _____

What time is nap time? _____ How long? _____

Does your child have a special toy/blanket to nap with? _____

How is your child prepared for rest (e.g., story time, quiet play, snack)

Eliminating Patterns:

Not potty trained yet? _____ In training? _____

If trained, how long? _____ Independent—doesn't require help _____

Does your child need to be reminded? _____

If yes, at what time _____ intervals? _____ Does your child have certain words to indicate a need to eliminate? _____

Child wears:

Nap time diaper Disposable training pants _____
Cloth underwear Plastic pants over cloth underwear _____

Does your child have any fears? If yes, please indicate

Separation anxiety _____ Dark _____

Animals _____ Stranger anxiety _____ Being alone _____

Other _____

How do you soothe him or her? _____

Stress/Coping Patterns:

Does your child use a pacifier at home? Yes _____ No _____

If yes when _____ Brand _____

When did your child begin: Creeping _____ Crawling _____ Walking _____

Is there any other information we should know in order to help us know your child better?-----

Parent / Guardian completing form



Smart-Ed Early Learning Center



(25–36 Months)

PROGRAM ENROLLING APPLICATION

Child's Full Name: -----Nickname:-----

Date of Birth: -----Gender:----- Home Phone:-----

Address: -----City:----- Zip Code:-----

Legal Guardian:-----

Mother's Name:----- Home Phone:-----

Cell Phone:----- E-Mail:-----

Address:----- City:----- Zip Code:-----

Employer: -----Work Phone:-----

Address:----- City:----- Zip Code:-----

Father's Name:----- Home Phone:-----

Cell Phone: -----E-Mail:-----

Address:-----City:-----Zip Code:-----

Employer: -----Work Phone:-----

IN THE EVENT YOU CANNOT BE REACHED IN AN EMERGENCY, CALL:

Name: Relationship: Phone:

Address: -----City:----- Zip Code:-----

Name:----- Relationship: -----Phone:-----

Address:----- City:----- Zip Code:-----

OTHER PEOPLE RESIDING WITH CHILD

Name: -----Relationship:----- Age:-----

Name: -----Relationship:----- Age:-----

Name: -----Relationship:----- Age:-----

PEOPLE AUTHORIZED TO REMOVE CHILD FROM THE CENTER:

Your child will not be allowed to go with anyone unless their name appears on this application, or you provide them with an "authorization Card," or you make other

arrangements with the management. Positive I.D. will be required.

Name:----- Relationship:-----

Name:----- Relationship:-----

Name:-----Relationship:-----

Child Will Attend: Mon - Tues - Wed - Thur - Fri - Sat – Sun Weekly Tuition Fee_____

Child Will Be: Full Time -----or Part Time-----

Time Child Will Be Dropped Off (Normally):-----

Time Child Will Be Picked Up (Normally):-----

MEDICAL INFORMATION/AUTHORIZATION

Physician’s Name:----- Phone:-----

Address: -----City:----- Zip Code:-----

Dentist’s Name: -----Phone:-----

Address:----- City: -----Zip Code:-----

Allergies:-----

I agree and give consent that, in case of accident, injury, or illness of a serious nature, my child will be given medical attention/emergency care. I understand I will be contacted immediately, or as soon as possible if I am away from the numbers listed on this form.

PERMISSION TO LEAVE PREMISES

I hereby give the center permission to take my child (name-----) on neighborhood walks.

YES -----(INITIAL)-----NO, I do not give permission at this time:-----

Parent/Guardian’s Signature:-----Name in Print:-----Date:-----

Signature of Director/Owner-----Name in Print:-----Date:-----

Please check/answer the following to complete the enrollment process:

Start Date: -----Full Time: Part Time: S M T W T F S ½

Tuition Fee (Per week)-----

Health form and Immunization records submitted on-----

Read/Agreed/signed and Returned Parent Policy Handbook on_____

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Parent Signature-----Date:-----



Smart-Ed Early Learning Center



Introduce Us to Your Two-Year-Old (25–36 Months)

Date _____

Last Name: ----- First Name: ----- Middle:-----

Name your child is called at home:-----

Siblings: Ages:-----

Favorite Play Materials:-----

Special Interests:-----

What opportunities does your child have to play with others the same age?-----

Eating Patterns:

Are there any dietary concerns? -----

Does your child use a bottle / Sippy cup at home? Yes No

If yes, when?

Does your child feed him/herself?-----

Are there any food dislikes?-----

Are there any food allergies?-----

When eating, uses: fingers----- spoon-----fork-----cup-----

Sleeping Patterns:

What time is bedtime at home? -----Arise at?-----

What time is nap time? -----How long?-----

Does your child have a special toy/blanket to nap with?-----

How is your child prepared for rest (e.g., story time, quiet play, snack)-----

Eliminating Patterns:

Toilet trained yet? Yes----- No-----

If not, when do you anticipate introducing toilet training?-----

In training? -----

If trained, how long?-----

Does your child need to be reminded?-----

Does your child have certain words to indicate a need to eliminate?-----

Child wears:

Nap time diaper----- Disposable training pants-----

Cloth underwear----- Plastic pants over cloth underwear

Does your child have any fears:

Storms-----Separation anxiety-----Dark-----

Animals-----Stranger anxiety-----Being alone-----

Other-----

How do you soothe him or her?-----

Personality Traits: shy/reserved outgoing/curious sensitive/frightens easily

(Circle all that apply) very verbal restless cuddly demonstrative

active cautious warms slowly to new people or situations

How often a day do you assist your child with brushing his or her teeth?-----

Activity Patterns:

When did your child begin: Creeping-----Crawling----- Walking-----

Is there any other information we should know in order to help us know your child better?-

Does your child take an interest in listening to stories?-----

Does he/she know any numbers, letters, songs, rhymes etc? Please provide details.-----

What activities does your child enjoy?

Indoors-----

Outdoors-----

Parent / Guardian completing form



Smart-Ed Early Learning Center



(Children 3 – 5 Years)

PROGRAM ENROLLING APPLICATION

Child's Full Name: -----Nickname:-----

Date of Birth: -----Gender:----- Home Phone:-----

Address: -----City:----- Zip Code:-----

Legal Guardian:-----

Mother's Name:----- Home Phone:-----

Cell Phone:----- E-Mail:-----

Address:----- City:----- Zip Code:-----

Employer: -----Work Phone:-----

Address:----- City:----- Zip Code:-----

Father's Name:----- Home Phone:-----

Cell Phone: -----E-Mail:-----

Address:-----City:-----Zip Code:-----

Employer: -----Work Phone:-----

IN THE EVENT YOU CANNOT BE REACHED IN AN EMERGENCY, CALL:

Name: _____ Relationship: _____ Phone: _____

Address: -----City:----- Zip Code:-----

Name:----- Relationship: -----Phone:-----

Address:----- City:----- Zip Code:-----

PEOPLE AUTHORIZED TO REMOVE CHILD FROM THE CENTER:

Your child will not be allowed to go with anyone unless their name appears on this application, or you provide them with an "authorization Card," or you make other arrangements with the management. Positive I.D. will be required.

Name:----- Relationship:-----

Name:----- Relationship:-----

Name:----- Relationship:-----

Child Will Attend: Mon - Tues - Wed - Thur - Fri - Weekly Tuition Fee _____

Child Will Be: Full Time -----or Part Time-----

Time Child Will Be Dropped Off (Normally):-----

Time Child Will Be Picked Up (Normally):-----

MEDICAL INFORMATION/AUTHORIZATION

Physician's Name:----- Phone:-----

Address: -----City:----- Zip Code:-----

Dentist's Name: -----Phone:-----

Address:----- City: -----Zip Code:-----

Allergies/Special Dietary and/or other requirements:-----

I agree and give consent that, in case of accident, injury, or illness of a serious nature, my child will be given medical attention/emergency care. I understand I will be contacted immediately, or as soon as possible if I am away from the numbers listed on this form and will be responsible for the cost of treatment).

PERMISSION TO LEAVE PREMISES

I hereby give the center permission to take my child (name-----) on neighborhood walks.

YES -----(INITIAL)-----

NO, I do not give permission at this time: (INITIAL)-----

Parent/Guardian's Signature:-----

Name in Print:-----

Parent/Guardian's Signature:-----

Signature of Director/Owner-----Name in Print:-----Date:-----

Please check/answer the following to complete the enrollment process:

Start Date: -----Full Time: Part Time: S M T W T F S ½

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