

Jefferson Avenue Childhood Development Center
793 Jefferson Avenue
Rochester, NY 14611
(585) 436-0454 (tel)
(585) 529-5713 (fax)



NOTICE TO ALL PARENTS

The Jefferson Avenue Childhood development Center accepts DHS, Private Pay, Child Care Dollars and Employer Sponsorships. Your child's enrollment with the Jefferson Avenue Childhood Development Center is contingent upon the completion of the following requirements:

1. Complete admission application
2. Complete registration card/blue card
3. Complete current physical within the last 6 months
4. Complete application for Free or Reduced Meals and Confirmation of Meals, Days, Times and Attendance
5. Complete Infant Questionnaire (if applicable)
6. Complete Infant Feeding and Schedule Agreement Form (if applicable, must be signed)
7. Submit a copy of your child's health insurance card
8. Complete Consent to Release Information Form
9. Complete Consent For Use of Image Form
10. Interview and tour of Center
11. Submit Signed Parent Handbook
12. Complete DHS "Child Care Request" form (if applicable)

Parent Signature _____

Date _____

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ADMISSION APPLICATION

Child Name: _____ Birthdate _____

Parent's Name: _____ Phone # _____

_____ Phone # _____

Address _____ Zip Code _____

Name of Employer/School _____ Phone # _____

Address: _____

Give the name of 2 people that can be contacted in case of emergency and who are at home during the hours your child is in day care. **NOTE - I agree that in case of an accident or injury emergency medical care may be given in the event I or Person(s) designated below cannot be reached.

Name: _____ Phone # _____

Address: _____ Relationship: _____

Name: _____ Phone # _____

Address: _____ Relationship: _____

List the name of those (other than parent, guardian) who you give the Center consent to pick up your child/children. **NOTE - It is your responsibility to call the Director or Teacher first and the child must be picked up from the office. The person(s) must have valid identification.

Name: _____ Phone # _____

Address: _____ Relationship: _____

Name: _____ Phone # _____

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Name: _____ Phone # _____

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MEDICAL INFORMATION

Child's physician: _____ Phone # _____

Address: _____

Date of last ***complete physical***: _____ Where? _____

Date of last dental appointment: _____

Check-up or dental work? _____

Is your child current with his/her immunization schedule? ___ Yes ___ No

Type of medical coverage: (submit a copy of your child's health insurance card)

Blue Cross & Blue Shield # _____

Preferred Care # _____

Medicaid # _____

Other # _____

Does your child have any ***ongoing health conditions that limit his/her activities***? ___ Yes ___ No

If yes, please explain: _____

Does your child take ***any prescription medications*** now? ___ Yes ___ No

If yes, please list all and explain: 1) _____ 2) _____

(You must sign along with your child's doctor a medication administration form)

Is your child allergic to any medications? ___ Yes ___ No If so, please list: _____

During the past 12 months has your child had any illnesses or problems that required treatment or hospitalization? ___ Yes ___ No If so, please explain: _____

Please check if your child has ever had any of the following:

___ Asthma ___ Wears glasses ___ Sickle cell ___ High lead level

___ Six or more ear infections ___ Hyperactivity ___ Counseling

Can your child follow directions from others, without repeating the direction? ___ Yes ___ No

If no, please explain why _____

FEEDING INFORMATION

Does your child have any known allergies to food? ___ Yes ___ No

If yes, please explain _____

What reactions do they have? _____

Any dislikes for certain foods? ___ Yes ___ No What? _____

Can your child feed his/her self? ___ Yes ___ No

Is your child still on the bottle? ___ Yes ___ No What kind of milk? _____

BIRTH INFORMATION

Was there any trouble with labor and or delivery? _____

Did your child have any problems in the hospital after birth? _____

During pregnancy did the mother smoke or drink alcohol? ___ Yes ___ No

Was your child breast-fed? ___ Yes ___ No

How much did your child weigh at birth? _____

DEVELOPMENT INFORMATION

Please check the following if your child can:

___ Tie his/her shoe ___ Button clothes ___ Cut with scissors ___ Interact well w peers

___ Recognize his/her name and things ___ Wait to take a turn ___ Follow your rules

___ Easily adjust to a change in routine ___ Get upset easily ___ Ask questions

___ Knows the colors red, blue, yellow ___ Balance on one foot ___ Run/Jump/Hop

___ Sit up ___ Crawl ___ Walk without assistance ___ Feed self ___ Potty trained

___ Sit for more than 15 minutes ___ Write their name ___ Can work independently

Does your child need extra help with his/her behavior, social or emotional functioning?

___ Yes ___ No If so, please explain: _____

Does your child have a set bedtime? ___ Yes ___ No Time:_____ What time do they awake? _____

How much television does your child watch per day? (morning/evenings) _____

How often do you read to your child? _____

Does your child have brothers or sisters? If so how many and their ages: _____

Is this your child's first experience with childcare in a center? ___ Yes ___ No

Who cared for your child before they came to this Center? _____

Is your child left or right handed? _____

What is your child's reaction when you leave? _____

How does your child display anger? _____

Is your child toilet trained? If so at what age? ___ Yes ___ No _____

Is your child prone to skin rashes? ___ Yes ___ No

Has your child had any problems with hearing or speech? ___ Yes ___ No

So that we may provide your child the necessary support to succeed in our programs we need the following information.

Language

What language is spoken at home? () English () Other _____

What language does your child understand? () English () Other _____

What language can your child read and or write? () English () Other _____

() Does not read () Does not write

Holiday Celebration

So that we are culturally sensitive and respect your families religious belief please list holidays you celebrate.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

OTHER INFORMATION

Would you be interested in participating in our parent's group? Yes No

Would you be willing to volunteer at the Center? Yes No (escort a field trip, "Annual Kids Day", holiday celebrations, share a talent or skill)

Do you consent to any hearing, speech, behavioral or emotional assessments and testing for your child? Yes No If yes you will need to complete a form.

***NOTE - The Center can provide services to you and your family with the support of outside agencies (Rochester Hearing and Speech, Visiting Nurse Services, Rochester City School District and others)**

Is there any other information you wish to share with us? _____

We Have A Open Door Policy