

For Office Use

Date of Admission: _____

Age at Admission: _____

FACT SHEET AND ENROLLMENT FORM: 2025-2026

The Department of Early Education and Care requires this information. Please ensure that your child's enrollment forms always reflect current information.

CHILD INFORMATION:

Name: _____ Nickname: _____

Date of Birth: _____ Place of Birth: _____

Primary Language: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Gender: _____ Weight: _____ Height: _____

Identifying Marks: _____

Food Allergies: _____

(please circle) **Epi Pen: YES NO Chronic Asthma: YES NO**

Health Care Provider: _____ Address: _____

Phone Number: _____

PARENT/GUARDIAN INFORMATION:

Parent _____ Parent _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address: _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Work Hours _____ Work Hours _____

Is there a custody issue concerning this child? (please circle one) Yes No
(If yes, a copy of the legal paperwork must be in the child's school file)

ADDITIONAL INFORMATION:

Names and ages of child's siblings: _____

Please list any person other than the parents and child's siblings who reside with the child and briefly describe that person's relationship to the child (e.g. Grandmother) _____

X _____ / _____
Signature of Parent Date

AUTHORIZATION AND CONSENT FORMS

SECTION ONE: (Parents/Guardian) Consent for Child Release

I hereby authorize Purpose School to release my child _____

to _____ and _____

Parent's Name

Parent's Name

_____ and _____

Day Time Phone Number

Day Time Phone Number

My child will arrive/depart from Purpose School by _____ Car _____ Walking.

Below is a list of people who may pick up and drop off my child from school. *Parents are asked to inform the Staff if anyone other than a parent is picking up the child at any dismissal time.*

SECTION TWO: Consent for Emergency Contact/Authorized People to pick up Child

I hereby authorize Purpose School to release my child to the following people when the above parents/guardians are not available to pick up. If those listed below will be regularly picking up on specific days of the week, write which day or days beside the name.

1. _____ Relationship _____

Phone Number: (_____) _____ Cell Phone: _____

Days to pick up: _____

2. _____ Relationship _____

Phone Number: (_____) _____ Cell Phone: _____

Days to pick up: _____

3. _____ Relationship _____

Phone Number: (_____) _____ Cell Phone: _____

Days to pick up: _____

SECTION THREE: Consent for Emergency Medical Treatment

In the case of a major accident, injury or illness requiring immediate medical care, I authorize the Director and staff members of Purpose School to contact 911 or ambulance service to transport my child to _____ hospital (or nearest hospital) and to secure for my child any necessary medical treatment. I understand that simultaneously to calling 911 or the ambulance service, the staff will make every effort to call me. The director or attending staff member will accompany the child to the hospital and will remain with the child until a parent or authorized individual arrives.

X _____ / _____
Signature of Parent **Date**

SECTION FOUR: *Consent for First Aid*

I understand that all staff at the Purpose School are trained in the basics of first aid, and I authorize the Director of the Purpose School or such staff as the Director may designate, to perform simple first aid procedures in the event of injury or illness of my child.

X _____ / _____
Signature of Parent Date

SECTION FIVE: *Consent to Leave the Premises*

I give permission for my child to leave the premises of the Purpose School for outdoor exercise and educational purposes (fieldtrips: fire, police, post office, bank, DPW, library etc.), with the understanding that my child will be accompanied by qualified staff of the Purpose School at all times. I understand that outdoor exercise includes the Stoneham Town Playground (climbing structures and grass area only) and taking walks around the Purpose School neighborhood. Parents should apply sunscreen as need at home before school each day.

X _____ / _____
Signature of Parent Date

SECTION SIX: *Photography Consent*

I give permission for my child to be photographed by staff of the Purpose School for educational/curriculum purposes. I understand that parents of other enrolled children may take pictures of center activities that may include my child without my expressed consent. The school might take pictures of special events for our bulletin boards or articles in the local papers (no names used). In the fall we have a professional photographer come in and take individual and class pictures that parents have the option of purchasing.

X _____ / _____
Signature of Parent Date

SECTION SEVEN: *Name Release Consent*

I give my permission to have my child's name, phone number, email, and home address on the class roster to be distributed to parents of children in the class and to staff. Room Parents and parent group will use this list to help the classroom plan special events in that classroom or for all school events.

X _____ / _____
Signature of Parent Date

ALLERGY FORM

Child's Name: _____

_____ My child has NO known allergies _____ My child HAS allergies

 My child will have an Epi Pen at school

If your child has allergies, please describe them below.

FOOD:_____

MEDICATION: _____

OTHER: _____

INSTRUCTIONS for responding to allergic reactions:

IF YOUR CHILD NEEDS ANY MEDICATION, A MEDICINE FORM AND AN ALLERGY ACTION PLAN FORM IS REQUIRED.

X _____ / _____
Signature of Parent Date

ENROLLMENT AGREEMENT

This agreement is between Purpose School, One Church Street, Stoneham, MA, 02180

and _____

Name of Parent(s)

of _____

(Street, Town, Zip Code)

1. The Parent will abide by the rules and policies set forth in the Purpose School Parent Handbook. The Parent hereby acknowledges that s/he has received, read and understands the Parent Handbook. Purpose School reserves the right to make changes to the Parent Handbook at any time. All changes will be posted at the school.

2. The Parent will pay Purpose School for the Child's care at the monthly tuition rate set forth at the beginning of the year. Tuition is due the first week of each month. Payment is to be done through ACH or a check handed to your child's teacher at drop off or pick up. **A late fee of \$15.00 will be added to any payment that is more than two weeks past due.** Enrolling in the Tuition Payment Plan to pay tuition via ACH will eliminate the possibility of late payments.

3. The Parent is responsible for monthly tuition regardless of the child's absence for any reason including school closings due to holidays, inclement weather or child's illness. A schedule of the school's closings is distributed annually. Yearly tuition is broken down into nine equal payments that are due at the beginning of each month.

4. Continual failure to pay tuition may result in the suspension of the child's enrollment until tuition is caught up or a payment plan has been agreed upon by the Parent and School Director. In the event that a check is returned for insufficient funds, Purpose School will request a second check along with a **\$25.00 bank fee**. If the second check does not clear, the Parent will be asked to pay the amount with cash or a money order.

4. The Parent will give the Director of Purpose School a 30-day written notice before withdrawing or reducing the number of school days a child attends. The Parent will pay tuition for school until the end of the 30- day notice period.

5. The Parent agrees to **drop-off and pick up** the child within the set school hours. Chronic late pick up may result in termination of the child's enrollment or a late fee.

6. **The Parent will immediately notify the Director in writing of any change in home and email address, phone numbers, employer, or persons authorized to pick up the child.**

X _____ / _____

Signature of Parent

Date

Developmental History and Background Information

Child's Name: _____ Date of Birth: _____

Health:

Does your child have any serious physical conditions or disabilities? Please describe.

Has your child had any serious illness or hospitalization? Please describe.

Does your child have Chronic Asthma? _____

Any medications given regularly at home? _____

Will medicine need to be given while at school? _____

If yes, a medicine form and asthma action plan form must be filled out by a Doctor.

Eating:

Is your child usually hungry at mealtime? _____ Between meals? _____

Any eating problems? _____

Does your child eat with a: Spoon? _____ Fork? _____ Hands? _____

Are there any dietary restrictions (kosher, etc.)?

Toileting:

Is your child toilet trained?

How does your child indicate bathroom needs?

Date of toilet training? _____

(It is our goal to have every student toilet trained ASAP)

Sleeping:

Does your child take naps? _____ When? _____ How long? _____

When does your child go to bed? _____

Wakes up in the morning? _____

Language:

Does your child speak in sentences? _____

Special words and their meanings? _____

Primary language used at home? _____

Other language used at home? _____

Any speech difficulties? _____

Has your child ever been tested for any speech related delays or any developmental issues? _____

Do you have any concerns about your child's: _____ fine motor, _____ gross motor, _____ speech,
_____ social/emotional, _____ cognitive development? _____

Favorite activities: _____

Favorite toys: _____

Has your child had experience playing with other children or attended a school before?

If yes, please check off those terms that apply to him/her.

Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

Happy _____ Cooperative _____ Playful _____ Talkative _____

With whom does she/he prefer to play? Younger children? _____ Older children? _____

Same age? _____ Adults? _____ Play alone? _____

How does your child relate to strangers? _____

How does she/he show feelings? _____

Show anger? _____

Is s/he frightened by: Animals? _____ Dark? _____ Storms? _____ Loud noises? _____

What discipline method is used at home? _____

Who handles most of the disciplining? _____

What is the best way of handling your child? _____

How do you comfort your child? _____

Please describe your child's schedule on a typical day.

Comments:

Please list any special interests of your child.

[illegible]

Please list any special holidays or celebrations that you celebrate at home.

[illegible]

What else should we know about your child?

[illegible]

What would you like your child to gain from this preschool experience?

[illegible]

X

Signature of Parent

Date _____