

WEST HAVEN COMMUNITY HOUSE CYS INTAKE INFORMATION

Child's First Name: _____ Last Name: _____ Middle Int: _____

Date of Birth: _____ Age: _____ Sex: _____ Enrollment Date: _____

Race: Check all that apply: Black Hispanic White Asian Other

Street Address: _____ Apt/Unit: _____

Home Phone #: _____ Child Resides with: _____ Free/Reduced Lunch: _____

Primary Language: _____ School: _____ Grade: _____

Mother or Guardian Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Employer's Address: _____

Occupation: _____ Work Hours (ex. 9am-5pm): _____

Work Phone #: _____ Ext _____ E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Father or Guardian Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Employer's Address: _____

Occupation: _____ Work Hours (ex. 9am-5pm): _____

Work Phone #: _____ Ext _____ E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

List Names of Siblings or other children living at home:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Child's Name: _____

PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY

(Two (2) contacts mandatory other than the parents/guardian)

Name _____ Address _____ Phone# _____ Relationship _____

Name _____ Address _____ Phone# _____ Relationship _____

Name _____ Address _____ Phone# _____ Relationship _____

ADULT PERSONS AUTHORIZED TO TAKE CHILD FROM THE PROGRAM

(Staff will only release child to those listed below with proper ID)

Please include minimum of 2 names other than parents/guardian

Name _____ Address _____ Phone# _____ Relationship _____

Name _____ Address _____ Phone# _____ Relationship _____

Name _____ Address _____ Phone# _____ Relationship _____

Name _____ Address _____ Phone# _____ Relationship _____

Who cannot pick-up your child? (Restraining order or proper documentation must be supplied)

Name _____ Relationship _____

Name _____ Relationship _____

INFORMATION

1. Has your child ever been in a child care situation before? If so, what sort of program and how did your child respond?

2. Has there been any event of significant impact on the child such as: Death, Divorce, Hospitalization, Birth of Sibling, etc., in the past year? Describe:

3. Special needs of your child:

4. If parents are divorced/separated, what is the child's relationship with the non-custodial parent?

MEDICAL/HEALTH

1. Does your child have any medical problems which would effect or limit his/her participation?

2. Check below anything that applies to your child.

ADD/ADHD

Speech Delayed

Seizures/Blackouts

Asthma

Allergies

Autism Spectrum Disorder

Hemophilia

Diabetes

Tubes in ears

Nervous/Emotional Problems

Cerebral Palsy

Other

Wears Glasses

Developmentally Delayed

Hearing Impaired

Special

Education

Services

If other please explain

3. Is your child allergic to any foods? Yes No If yes please explain

4. Please list any other known allergies:

5. What medicines does he/she take regularly?

6. Are there any other problems you feel we should know about? Please explain:

DEVELOPMENTAL ASSESSMENT

1. Does your child tend to play with children who are? Older Younger Same Age

2. Does your child tend to be a: Leader Follower Loner

3. Please comment on how your child solves problems with other children:

4. Under stress does your child: Withdraw Act Out Other Please explain

Child's Name: _____

5. What are your child's fears?

6. What makes your child angry or upset?

7. Types of home discipline used by Parent/Guardian:

8. Please describe your child's personality:

9. Any additional information that would be helpful for us in getting acquainted with your child. Such as favorite activities, interests etc. that staff may use to help engage your child:

10. We encourage parent participation in the program. If you have any skill or hobbies you would like to share with the children or staff please list below:

Parent's/Guardian's Signature _____ Date _____

**WEST HAVEN COMMUNITY HOUSE
CYS PROGRAM
REGISTRATION FORM**

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Address: _____

Home Phone #: _____ Cell #: _____ Work #: _____

E-Mail Address: _____

School: _____ Site: _____ Weekly Fee: _____ Program: _____

Please initial the following:

Payment Due Dates

I agree that the above fee will be paid by me. Payment is due on the dates listed on the payment schedule. A late payment fee will be charged immediately if payment is not received on the specified date. My child will be suspended from the program if payment is not met per the policy stated in the parent Handbook. _____

Late Pickup

I understand that I will be charged a late fee of \$10.00 for every 10 minutes that my child remains in the program after the contracted pick-up time, as stated in the Parent Handbook. _____

Withdrawal

Should I wish to withdraw my child from the program, I agree to give two (2) weeks written notice prior to the last day of care. Notice must be submitted to the Director at 227 Elm Street, West Haven, CT 06516. If notice is not received as stated above, payment for care will be expected. _____

I understand that the first thirty (30) days my child is in the program is probationary. I may withdraw my child during that period without two weeks notice, or the West Haven Community House CYS Program may request that I remove my child if adjustment is not satisfactory. _____

Registration Fee

I understand that my registration fee is non-refundable. _____

Absence

I understand that I am responsible for tuition payment regardless of my child's absence from the program for any reason. I understand that payment must be made even when the program is canceled due to weather conditions, or if my child is absent, etc. Should the school year be extended for any reason, I will be responsible for any additional fees for care provided. _____

REGISTRATION AMOUNT: _____ DEPOSIT AMOUNT: _____ TOTAL: _____

PAYMENT OPTION: Weekly: _____ Bi-weekly: _____ Monthly (Credit Card Only): _____

First Day in Care: _____

Signature of Financially Responsible Person: _____ Date: _____

Enrolled By: _____ Date: _____

**WEST HAVEN COMMUNITY HOUSE
EMERGENCY TREATMENT PERMISSION**

Child's First Name: _____ Last Name: _____ Middle Init: _____

Date of Birth: _____ Medical Insurance Coverage: _____

I hereby give permission to the West Haven Community House certified and authorized staff to render First Aid for minor ailments to the person named above. In the event I cannot be reached in an emergency, I hereby give my permission to hospitalize and/or otherwise secure proper medical treatment for the person named above. I understand that transportation will be provided via ambulance to the appropriate facility.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Preferred Hospital: _____

Doctors Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Daily Medications:

Known Allergies:

Chronic Health Problems or Handicapping Conditions:

Emergency Contact other than Parent:

Name: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Name: _____

Home Phone #: _____ Cell #: _____ Work #: _____

**WEST HAVEN COMMUNITY HOUSE
CYS PROGRAM AGREEMENT FORM**

Childs Name: _____ Site: _____

Parent/Guardian Name: _____

PLEASE INITIAL EACH AGREEMENT

I AGREE:

1. That my child _____, may participate in all the scheduled activities of the CYS Program. I understand that a monthly activity calendar will be posted at the sites. _____
2. I agree to abide by the West Haven Community House CYS Program Discipline Policy. I will help my child to understand and follow this policy. _____
3. I agree to abide by the West Haven Community House CYS Program Transportation Policy. I will help my child to understand and follow this policy. I understand that my child will be suspended from the bus for any unsafe behaviors. _____
4. That in case of emergency, I give my permission to the CYS staff to secure the needed emergency medical care, if parent/guardian cannot be immediately contacted. _____
5. That any picture taken of my child may be used in newspapers, displays, bulletin boards or other types of educational publications. _____
6. That my child may accompany his/her class on all walking field trips. I understand that I will be notified of any trip requiring the use of van/bus. _____
7. I understand that I'm required to contact the WHCH at 227 Elm Street (203-934-5221) prior to 8:00 a.m. if my child will be absent from the program. _____
8. I agree to notify the WHCH CYS Program immediately in writing of all changes, including but not limited to new address, phone numbers, authorized pickups, hours of care, etc. _____
9. I understand the Late Pick-Up policy. My child will be dropped off and picked up at the contracted times. _____
10. I agree to arrange for my child to be picked up from the program if he/she becomes ill. I agree to keep my sick child home until his/her physical condition is safe and appropriate for the program in keeping with the guidelines in the Parent Handbook. _____
11. I agree to pay CYS fees even when the program is closed due to inclement weather, or if my child has been absent, etc. _____
12. I agree that financial information may be shared when more than one person is responsible for child care payments. _____
13. I understand that my child will be suspended from the program if payment is not received. _____

Parent/Guardian Signature _____ Date _____

**WEST HAVEN COMMUNITY HOUSE
CYS PROGRAM
TRANSPORTATION FORM**

I give authorization for my child _____
grade _____, to be transported to _____ School.

**I assume full responsibility for this transportation arrangement
and will immediately notify WHCH of any changes. I will notify
my child's school concerning this transportation agreement.**

Parent/Guardian Signature _____ Date: _____

I give authorization for my child _____
grade _____, to be picked up from _____ School
and transported to the CYS Program at _____

**I assume full responsibility for this transportation arrangement
and will immediately notify WHCH of any changes. I will notify
my child's school concerning this transportation agreement.**

Parent/Guardian Signature _____ Date: _____