



Date received: _____

Date of first attendance: _____

Attendance confirmed: _____

APPLICATION FOR CHILDREN'S PROGRAM

Child's Name: _____
(Last Name) (First Name)

Date of Birth: _____ Gender: Female _____ Male _____

Home Address: _____ E-mail(s): _____
(Number) (Street)

_____ Home Phone: (____) _____
(City) (State)

Father's Cell Phone: (____) _____ Mother's Cell: (____) _____

Father's Name: _____ Occupation: _____

Employer: _____ Business Address: _____ Phone: (____) _____

Mother's Name: _____ Occupation: _____

Employer: _____ Business Address: _____ Phone: (____) _____

Health and accident insurance group and ID # _____

List names and ages of other children in the family? _____

Child's Background:

Caucasian _____ African-American _____ Native American _____ Korean _____

Japanese _____ Chinese _____ Taiwanese _____ Hispanic _____

Arabic _____ Asian Indian _____ Other (specify) _____

Please specify home country: _____

What language(s) is (are) spoken at home? _____



Individuals Permitted to Pick Up Your Child(ren)

Child(ren)'s Name(s): _____

In an effort to ensure your child(ren)'s safety, please provide the addresses and telephone numbers of individuals permitted to drop-off and pick-up your child(ren) from our school. If someone arrives to pick-up your child(ren) and we have not been introduced and informed about the person, we **CANNOT** allow your child(ren) to leave with them without your permission.

Thanks for your assistance with this important issue.

My child(ren) may be picked up from school by the following adults:

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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I understand that if the ECRC has not been notified by one of my child(ren)'s parents, my child(ren) **will not** be released to the above listed individuals.

Parent's/Guardian's Signature

Date



Food Abstention/Allergy Form

Child's Name: _____

My child has no allergies, sensitivities, ethical or religious reasons to abstain from any food that may be provided by the ECRC.

Parent's/Guardian's Signature Date

Allergies: Please indicate any food or environmental allergen that may effect your child.

My child is allergic to: _____

Symptoms: _____

Treatments/Medicines: _____

Foods/ingredients to which my child may not be exposed: _____

Physician Name: _____

Physician Phone Number: _____

Parent's/Guardian's Signature Date



Parent Letter of Understanding

Child(ren)'s Name(s): _____

Dear Parents:

Please read carefully and sign below: (One copy should be kept for your records.)

I understand that one element of the mission of the Early Childhood Research Center is to engage in child study, the preparation of educational and therapeutic professionals, and related research. These functions are reflected in special activities, which influence the children's services. While priority is given to providing excellent educational services for children, some special activities lead to changes in our routine. Administration and teachers will make every effort to ensure that such activities benefit the children.

I acknowledge that children and services are observed and recorded for educational, research, promotion of the ECRC and professional presentation purposes and I authorize this for my child. Observation occurs directly in the classroom, through one-way mirrors, and through video cameras mounted throughout the Center accessible via the internet. I recognize that such observation is also available for use by ECRC family members.

I acknowledge that research projects are conducted at the Center each semester. Documentation, which identifies their purpose and nature, are maintained at the Center and are available for the parents' examination. Projects classified as research involving human subjects will have obtained written approval from an official University at Buffalo Human Subjects Research Review Committee, which screens proposals for the protection of subjects. These are examined by the Center Director or Assistant Director and discussed with the teaching staff. Research projects collecting data that do not reveal a child's identification by the use of codes are conducted on an on-going basis. All research projects that collect data with identifying information on individual children, involve tasks outside of those typically completed during our educational activities, use photographs or videotape, or involve activities outside the Center's suite require an individual informed consent from the child's parent. You are free to decline participation of your child in these activities. No activity will be permitted which might place the child at risk or compromise their confidentiality.

I understand that students preparing to be educators or other therapeutic professionals complete observations or other activities each semester at the ECRC. Activities are brief and supervised directly by teachers. Such projects will be screened by the Center Director or Assistant Director and discussed with the teaching staff prior to implementation by the student. Documentation is completed verifying the purpose and nature of each of these activities as well. Parents may observe all such projects and are free to withdraw their child from participation in individual or small group activities at any time.

I understand that developmental information about the children is gathered routinely to monitor progress, plan appropriate educational activities, and for professional preparation and research purposes. Assessments completed for research or professional preparation purposes will not include the child's identifying information. Confidentiality

will be maintained on all documentation that identifies individual children. Information gathered includes, but is not limited to, background information, interviews, classroom observations, and standardized test data.

I understand that photographs and videotapes are taken consistently during classroom activities by ECRC staff, parents, and students. Such situations, which are documented by photos or video, may include party celebrations, learning activities, and documentation or evaluation of the children's progress. Photographs and video are also taken for research, publications, promotion of the program and/or educational preparation. We go to great lengths to prevent unauthorized photography of your child.

I am aware that my child will engage in physical, social, educational and creative activities within the ECRC. I will notify the Center of any condition or situation, which might prevent his/her full participation. My child will be physically able to participate in the active program at the ECRC each day they attend. I will dress my child in attire that is comfortable. They will be prepared to play outside each day, as well as engage in messy activities that may soil their clothing. While we try to keep all art materials washable, and encourage the children to wear smocks, accidents occur.

As their first teacher, I understand that I am an integral part of my child's education. I acknowledge that on-going and open communication with the ECRC staff is essential to ensure the highest quality experience for my child. I am committed to offering my comments consistently.

I authorize my child to participate in the Early Childhood Research Center, acknowledging all issues stated in the Parent Letter of Understanding.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Name (please print)



Photograph/Video Recording Consent and Agreement

Child's Name: _____

I, _____ (please print), give permission for my child to be photographed and/or videotaped at the Early Childhood Research Center. I authorize the ECRC to give web-access and videotapes of ECRC classes including my child to other parents, graduate students and researchers for educational, research, or progress monitoring purposes. Parents will only have the option of viewing video of their child(ren)'s classroom. Copies of digital video images will only be available if provided by the ECRC administration. Photos or videos taken during ECRC programs are the property of the ECRC. I further authorize the ECRC's use of the photos/videos for educational purposes, research, conference presentations, publication of research or professional preparation, promotion of the program and student course work. I give permission for the use of the image in any format or medium now known or hereafter developed. I further agree that photos *taken by me* will be used solely for educational purposes.

Parent's/Guardian's Signature

Date



Consent to Collect Developmental Information

Child's Name: _____

I, _____ (please print), give permission for developmental information to be gathered at the Early Childhood Research Center about my child. I authorize the ECRC to gather information including, but not limited to, background information, interviews, classroom observations, and standardized test data. I further authorize the ECRC's use of the photos/videos for developmental assessment purposes. Confidentiality will be maintained on all documentation that identifies individual children.

Parent's/Guardian's Signature

Date



Sleeping / Napping Arrangements

Must have for ALL children enrolled.

Parent/ Guardian Name: _____

Child(ren) name(s): _____

Days of enrollment: Morning- _____

Afternoon- _____

Children will nap/rest in a quiet area within one of the ECRC classrooms and will have eyes on supervision at all times.

Sleeping arrangements:

Children need to feel safe, relaxed and secure during rest/nap time. A firm, clean cot of age appropriate size and construction, dressed with a washable sheet, blanket and pillowcase must be provided to all children requiring a rest period. Cots will be placed 3 feet apart and children will lay head to toe. Staff is encouraged to rub backs to help children rest.

Daily nappers/resters: Children attending full day program are required to have a rest period every afternoon. Quiet activities such as reading, listening to music, or puzzles are provided for older children who no longer nap. Sheets, blankets and pillows are provided by the ECRC and are stored in children’s cubbies throughout the week. Bedding is washed and dried every Friday afternoon.

Parent/Guardian Signature

Provider Signature

Date



Getting to Know You

Your Child's Name: _____ Date: _____

1. What cultural traditions do you practice at home?

2. What specific holidays would you like us to celebrate?

3. Do you have recommendations for us to meet your child's nutritional needs while at preschool?

4. Is there a song or type of music that your child is particularly fond of?

5. What are a few goals you would like your child to achieve during their preschool experience?

6. What are a few things that impress you about your child's abilities?

Thank you!