



# Mesa Community College Children's Center

## ENROLLMENT INFORMATION

DATE OF ENROLLMENT \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX  M  F

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  ENROLLED AT MCC  MCCCDC EMPLOYEE

MOTHER'S NAME \_\_\_\_\_  ENROLLED AT MCC  MCCCDC EMPLOYEE

EMAIL ADDRESS \_\_\_\_\_  
(kept confidential and not shared or sold to any other agencies)

ARE YOU ELIGIBLE FOR D.E.S. OR ANY OTHER SUBSIDIES?  YES  NO

IF YES, WHICH ONES? \_\_\_\_\_

HAVE YOU BEEN AWARDED A PELL GRANT?  YES  NO FOR WHICH SEMESTER? \_\_\_\_\_

ARE YOU RECEIVING FINANCIAL AID?  YES  NO

MARITAL STATUS:  Married  Separated  Divorced  Single  Remarried

NAME(S) OF SIBLINGS AND AGES  
\_\_\_\_\_

OTHER ADULTS LIVING WITHIN THE HOME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

HAS YOUR CHILD BEEN ENROLLED IN A GROUP CHILD CARE SETTING?  YES  NO

IF SO WHERE? \_\_\_\_\_

***NAPS ARE OFFERED BETWEEN 1:00 PM AND 3:00 PM MONDAY THROUGH FRIDAY. YOU MAY SIGN YOUR CHILD UP FOR A NAP EACH DAY. THE SIGN UP LIST IS LOCATED NEXT TO THE CLOCK IN COMPUTER.***

MY CHILD WILL NAP AT MCC 'S CHILDREN'S CENTER.

IF YOUR CHILD WILL BE TAKING A NAP, IS THERE A SPECIAL ROUTINE YOU USE TO GET YOUR CHILD TO SLEEP?

\_\_\_\_\_  
MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CHILD INFORMATION**

DOES YOUR CHILD HAVE ANY FEARS? \_\_\_\_\_

WHAT STRATEGIES ARE USED AT HOME TO HELP YOUR CHILD COPE WITH THEIR FEARS? \_\_\_\_\_

HOW DOES YOUR CHILD COPE WITH ANGER/FRUSTRATION OR NOT GETTING THEIR OWN WAY?

Hitting  Kicking  Biting  Spitting  Crying  Screaming  Pinching  Other \_\_\_\_\_.

WHAT STRATEGIES DO YOU USE AT HOME TO HELP YOUR CHILD COPE WITH ANGER / FRUSTRATION?

WHAT IS YOUR CHILD INTERESTED IN? (cars, dolls, animals, etc...) \_\_\_\_\_

DO YOU HAVE ANY SPECIFIC GOALS FOR YOUR CHILD? \_\_\_\_\_

HAS YOUR CHILD RECEIVED ANY EARLY INTERVENTION SERVICES?  YES  NO

IS YOUR CHILD CURRENTLY RECEIVING ANY SERVICES?  YES  NO

DOES YOUR CHILD HAVE AN INDIVIDUALIZED EDUCATION PLAN (IEP)?  YES  NO

IS IT ON FILE WITH THE CHILDREN'S CENTER?  YES  NO

IF YOUR CHILD HAS AN IEP AND IT IS CURRENTLY NOT ON FILE WITH THE CENTER PLEASE SPEAK TO THE DIRECTOR OR YOUR CHILD'S LEAD TEACHER.

**PARENT INFORMATION**

**PARENT PARTICIPATION**

I would like to participate in the classroom. Special talent(s) I would like to share are: \_\_\_\_\_

**PHOTOGRAPHS**

I  will  will not allow my child to be photographed individually and in group activities for use *in the classroom*. \*Photographs taken for use outside of the classroom will require a separate permission slip.

**CLASSROOM OBSERVATION**

MCC Children's Center staff observe children during classroom and outdoor activities. These observations are used solely for parent-teacher conferences and classroom goal setting.

I  give  do not give my permission for MCC Children's Center to allow MCC students to observe my child for course assignments. I understand that my child's name will be protected by anonymity.

**GENERAL POLICY STATEMENT**

I / WE have received and read the MCC Children's Center Family Handbook.

I / WE understand the policies regarding:

***(Parent, please initial in space provided)***

Snacks _____	Cold lunch policy _____	Illness Policy _____
Late Pick Up _____	Payment due date _____	Absence / billing _____
Signing in and out _____	Computer log in/out _____	Overtime policy _____
Dress for play _____	Parent Conferences _____	Names in clothes _____

and agree to abide by them.

\_\_\_\_\_  
Initials of person who explained above policies Date

## HEALTH INFORMATION

HAS YOUR CHILD HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS, OR IS SUSCEPTIBLE TO ANY OF THE FOLLOWING MEDICAL PROBLEMS?

- |  |  |
|--|--|
| <input type="checkbox"/> ANEMIA                    | <input type="checkbox"/> EAR INFECTIONS            |
| <input type="checkbox"/> ASTHMA                    | <input type="checkbox"/> NOSE INFECTIONS           |
| <input type="checkbox"/> CONVULSIVE DISORDER       | <input type="checkbox"/> HEART CONDITIONS          |
| <input type="checkbox"/> DIABETES                  | <input type="checkbox"/> STREP INFECTION           |
| <input type="checkbox"/> EYE INFECTIONS            | <input type="checkbox"/> TUBERCULOSIS OR CONTACT   |
| <input type="checkbox"/> SURGERIES (SPECIFY) _____ | <input type="checkbox"/> OTHER (BE SPECIFIC) _____ |

LIST ANY SPECIAL INFORMATION FOR STAFF IF YOU HAVE CHECKED ANY OF THE ABOVE MEDICAL PROBLEMS.

LIST ANY AND ALL FOODS YOUR CHILD IS ALLERGIC TO, AS WELL AS OTHER ALLERGIES I.E. DOGS, CATS, GRASS, TYPES OF CHEMICALS SUCH AS PERFUME, SOAPS, SUN, ETC:

LIST ANY SPECIAL INSTRUCTIONS FOR STAFF TO FOLLOW REGARDING ALLERGIES: (if child were to come in contact, symptoms, etc...)

LIST ALL MEDICATIONS PRESENTLY USED BY YOUR CHILD AND FOR WHICH CONDITIONS:

LIST ALL SIDE AFFECTS FOR MEDICATIONS:

***IF YOUR CHILD TAKES PRESCRIPTION MEDICATION THAT MUST BE ADMINISTERED WHILE AT SCHOOL, PLEASE SEE THE DIRECTOR.***

**DESCRIBE ANY UNIQUE FACTORS THAT MAY AFFECT YOUR CHILD'S DEVELOPMENT.** (Examples: long illness, NICU / premature birth, loss of parent, counseling, learning difficulties, diagnosed disabilities, etc...) This information will enable teachers to be sensitive to your child's specific needs. Please be specific.

ARE THERE ANY DEVELOPMENTAL CONCERNS YOU HAVE ABOUT YOUR CHILD?

DO YOU OR OTHER ADULTS HAVE A HARD TIME UNDERSTANDING YOUR CHILD'S SPEECH?

- YES       NO      IF YES PLEASE EXPLAIN

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If you would like information about this, please see the Director. There are many resources to assist you.

**HAS YOUR CHILD UNDERGONE HEARING SCREENING AND IF SO, PLEASE LIST DATE AND RESULTS:**

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**HAS YOUR CHILD HAD ANY VISION SCREENING AND IF SO, PLEASE GIVE THE DATE AND RESULTS:**

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**HAS YOUR CHILD HAD A RECENT PHYSICAL EXAM?  YES  NO**

**PLEASE EXPLAIN DOCTOR'S RECOMMENDATIONS.**

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