

**CARRIAGE HOUSE DAY CARE CENTER, INC**  
**REGISTRATION FORM / EMERGENCY MEDICAL FORM**  
**2026 - 2027**

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM**

**CHILD INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender \_\_\_\_\_  
Home Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of Birth \_\_\_\_\_  
Race (optional) \_\_\_\_\_ Child's nickname, if any? \_\_\_\_\_  
Child Lives With:  Both Parents  Mother Only  Father Only  Other (please describe) \_\_\_\_\_  
If enrolled in school: School Name: \_\_\_\_\_

**New Registrants Only**

Who Has Been Caring For Your Child? \_\_\_\_\_  
Name and Address of Previous Day Care Attended \_\_\_\_\_  
Time Period \_\_\_\_\_  
Who will normally pick up this child? \_\_\_\_\_  
Enrollment Needs:  full time  part time 3 days(M,W,F)  part time 2 days (T,Th) Hours: \_\_\_\_\_ - \_\_\_\_\_  
If School Age, enrollment needs:  b&a kindergarten  after kind  b&a 1st-5th  before 1st-5th  after 1st-5th

**PARENT/GUARDIAN INFORMATION**

Mother /  Guardian 1 /  Other \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Residence Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Business Address: \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Is this Parent/Guardian Financially Responsible for Child  Yes  No Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Child Resides with this Parent/Guardian  Yes  No Preferred Email \_\_\_\_\_

Father /  Guardian 2 /  Other \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Residence Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Business Address: \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Is this Parent/Guardian Financially Responsible for Child  Yes  No Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Child Resides with this Parent/Guardian  Yes  No Preferred Email \_\_\_\_\_

Are there any legal restrictions on the release of your child?  Yes  No  
Are there restrictions on the release of his/her records/information to a non-custodial parent/guardian?  Yes  No  
If yes to either question, legal documents must be provided to the co-directors.  
Parental/Custody arrangements the day care should be made aware of: \_\_\_\_\_  
Please list here any unauthorized pick up persons: \_\_\_\_\_

**HEALTH INFORMATION**

Allergies: \_\_\_\_\_  
Other Health Concerns: \_\_\_\_\_

I hereby give permission and authorization to Carriage House Day Care Center, Inc. to administer general first aid treatment in the manner in which they are trained. Further, I authorize Carriage House to arrange for emergency transportation of my child in case of medical emergency, at my expense, if any. In addition, I authorize medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency professionals and/or my child's pediatrician.

FAMILY PHYSICIAN / PEDIATRICIAN: \_\_\_\_\_ Tel.: \_\_\_\_\_  
FAMILY DENTIST: \_\_\_\_\_ Tel.: \_\_\_\_\_

In case of serious accident or one which we feel should have immediate attention, we will call 911 to transport your child to the Emergency Room at the nearest hospital, or your preference, at the complete discretion of the responding EMT.  
HOSPITAL OF PREFERENCE: \_\_\_\_\_ (if not local hospital, a fee will be charged)

Does your child have health insurance?  Yes  No (If your child does not have health insurance, call 1-877-CT-HUSKY)  
Insurance Carrier \_\_\_\_\_ Insurance ID \_\_\_\_\_

**SIBLING INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_

Does This Sibling Reside with Child?  Yes  No (please explain) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_

Does This Sibling Reside with Child?  Yes  No (please explain) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_

Does This Sibling Reside with Child?  Yes  No (please explain) \_\_\_\_\_**ALTERNATIVE PICK UP & EMERGENCY CONTACTS**In accordance with Carriage House policy and CT Dept. of Public Health, you must listed a minimum of **three(3)** individuals who are authorized to pick up your child in case of an emergency or otherwise. Individuals must be over the age of 18 and be able to present valid drivers license or other photo identification card. Parents/Guardians are not to be listed in this area.**Alternate Person # 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_

**Alternate Person # 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_

**Alternate Person # 3**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_

**Alternate Person # 4**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_

**PHOTOGRAPHS AND SCREENINGS**Do we have permission to take pictures/videos of your child for center displays, historical records, newspaper publications, etc...?  Yes  NoDo we have permission for your child to participate in any vision, hearing, developmental or psychological screenings at the center?  Yes  No**HOW DID YOU LEARN ABOUT CARRIAGE HOUSE?***Please check all items that are applicable.* website (search engine used? \_\_\_\_\_) advertisement (if so, where? \_\_\_\_\_) phone directory (if so, which? \_\_\_\_\_) child care infoline (211) community referred by \_\_\_\_\_ other \_\_\_\_\_**PARENT/GUARDIAN SIGNATURES**We request that **BOTH** parents/guardians sign this form.

My signature below certifies the accuracy of the above information. In addition, I acknowledge receipt of the parent handbook and recognize my obligation to be familiar with its content as well as newsletters, posted information and notices.

Signature of:  Mother /  Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ Father /  Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_**ENROLLMENT INFORMATION (to be completed by office personnel)**

Enrollment Start Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

**CARRIAGE HOUSE DAY CARE CENTER, INC**  
**REGISTRATION AGREEMENT FORM**  
**2026 - 2027**

**PLEASE REVIEW AND SIGN BELOW**

I understand and accept the following criteria in authorizing placement for my child at Carriage House Day Care. I further understand that failure to meet these criteria may result in dismissal from the program.

Each child is enrolled for an initial 30 day observation period to determine the child's needs as they relate to the group environment found at the center. Continued enrollment is contingent upon the center's ability to provide quality care and education while maintain licensing regulations. If the center is unable to meet a child's specific needs, the parent/guardian may withdraw their child or the program may provide a 30 day notice for other day care arrangements to be made.

I agree to and understand my financial obligations to Carriage House Day Care. I also agree that I will maintain a current status with my account.

I understand a late fee will be charged if my account is not paid, in full, by the 9:00am Monday of the program week.

I will give a minimum of two weeks' written notice, of any change or withdrawal from the program. I understand no verbal notice will be accepted.

I agree to sign my child in/out each day, and to respect the program hours, of opening at 7:00AM and closing at 6:00PM. I understand that I am subject to late pick-up fees, if I arrive late to pick up my child.

I understand that my child must maintain current immunizations, annual physicals and show proof of TB screening to be enrolled in the program. I will provide documentation as immunizations and physicals take place.

I agree to read the parent handbook, notices, newsletter and posted information, to remain informed.

I understand the importance of providing current telephone numbers to be reached in the case of an emergency with my child and will provide number changes to the Director as they occur.

I will notify the Carriage House staff of any situations, in my child's life, that may contribute to changes in my child's behavior or needs.

I hereby give permission and authorization to Carriage House Day Care Center, Inc. to administer general first aid treatment in the manner in which they are trained. Further, I authorize Carriage House to arrange for emergency transportation of my child in case of medical emergency, at my expense, if any.

I agree to pay for any damages that my child may incur to Carriage House and/or The Bradley Home property, equipment, or another child's belongings, if the damage is the result of inappropriate behavior.

I agree to adhere to the Carriage House policies, as stated in the Parent Handbook and give my child permission to participate fully, in this program.

My signature below certifies that I have read and am willing to abide by Carriage House policies.

Signature of:     ◇ Mother / ◇ Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
                          ◇ Father / ◇ Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



## PARENT HANDBOOK ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the Parent Handbook and I agree to adhere to the policies and conditions set forth in this Parent Handbook.

I acknowledge my obligation to be familiar with its contents as well as newsletters, posted information and notices.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date



## **Behavior Management/Discipline Policy and Child Abuse and Neglect Reporting Policy Review Acknowledgement**

I acknowledge that I have read, understand, have verbally discussed, and agree to the Center's behavior management/discipline and child abuse and neglect reporting policies as outlined in the Parent Handbook.

This verbal review is in accordance with State of Connecticut Office of Early Childhood licensing statute 19a-79-3a.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



### Permission Slip for Spontaneous Walks

I permit my child, \_\_\_\_\_, to participate in spontaneous walks while in the care of Carriage House Day Care Center, Inc. (CHDC). I understand that CHDC is not expected to inspect and/or prepare the grounds prior to those walks and to remove natural barriers, including but not limited to wildlife. I hereby waive and release any and all rights and claims against Carriage House Day Care Center, Inc. and The Bradley Home for any and all injuries and damages which my child may suffer, while taking part in those walks, due to any natural barrier or condition on the grounds.

I understand this space is not inspected and approved by the OEC.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Permission to Photograph

I, \_\_\_\_\_ (name of Parent or Guardian), give permission for Carriage House Day Care Center, Inc. to photograph my child, \_\_\_\_\_ (name of child), for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
For use in displays around the Center	<input type="checkbox"/>	<input type="checkbox"/>
Display on CHDC website	<input type="checkbox"/>	<input type="checkbox"/>
Display on social media site for CHDC	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Use in printed and electronic promotional materials for CHDC (ie: brochures, newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
For use in displays around the Center	<input type="checkbox"/>	<input type="checkbox"/>
Display on CHDC website	<input type="checkbox"/>	<input type="checkbox"/>
Display on social media site or other promotional materials for CHDC	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
Share photo, that include my child, with other center families	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Only the first names and possibly last initials will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

## Infant Safe Sleep Policy

The standards outlined below will be followed at Carriage House Day Care Center, Inc. when placing infants under twelve months of age to sleep. Please read below and sign acknowledging that you have been informed of the Centers policies and procedures for safe sleep arrangements.

- Infants shall be physically observed at least every fifteen minutes to assess the infants breathing, color, temperature, and comfort.
- Infants are placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular child
- The mattress is snug fitting and covered by a tightly-fitted sheet unless the child has written documentation from a medical provider specifying a medical reason for an alternative sleep position or alternate piece of equipment.
- When infants can easily turn over from the supine to prone position (back to front), they will be put down to sleep on their back, but then allowed to adopt whatever position they prefer for sleep.
- No items including, but not limited to, pillows, soft bumpers, toys and blankets, including weighted blankets, weighted sleepers, and weighted swaddles, shall be placed with an infant in a crib or hung over the side of the crib or other piece of equipment designed for sleeping except for a pacifier without attachments unless the child has written documentation from a medical provider specifying a medical reason for its use.
- Bibs and garments with ties or hoods shall be removed from infants that are placed to sleep.
- No toys or objects shall be attached to sleeping or rest equipment.
- No infant shall be put to sleep on a sofa, bed, couch, soft mattress, waterbed, or other soft surface.
- No infant shall be put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a medical provider specifying a medical reason for their use.
- No infant shall be swaddled unless the child has written documentation from a medical provider specifying instructions and a timeframe for swaddling the infant.
- No child under 3 years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Infant Feeding Schedule & Agreement

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My child is drinking:  breast milk

formula (name of formula: \_\_\_\_\_)

I understand (please check all that apply)

- I will supply breastmilk for my infant in bottles, labeled with my child's full name.  
Bottles should be labeled with date expressed so providers are able to offer the oldest milk first.
- I will supply prepared formula for my infant in bottles, labeled with my child's full name.
- I will supply water for my infant in bottles along with premeasured formula in a formula dispenser, each labeled with my child's full name.
- I will supply my infant with already prepared solid foods, in containers labeled with my child's full name (plastic and/or Styrofoam containers .
- Other \_\_\_\_\_

**I would like my infant to be fed according to the following schedule:**

Time	Type/Instructions	Amount

Please list any other instructions:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_