For office use:
Enrollment Date:
___/____/____

Date Received:
____/____/____

Allergy:
YES / NO

The Darien Nature Center

REV 1/17/17

Child Enrollment Emergency Medical Care Form

The following information MUST be completed in its **entirety**
per the State of CT Office of Early Childhood
PLEASE PRINT CLEARLY. Thank you!

Child's First Name_____ Child's Last Name:_____
Date of Birth: _____ Gender: ____ Age: _____ Allergy: *Yes___ No__
Address: _____
City: _____ State:_____ Zip Code:_____
*Any Known Allergies? _____
*Allergy Treatment_____

Guardian 1's Name _____ Guardian 1's Cell _____
Address:_____
Town:_____ State: _____Zip_____ Home Phone_____
Guardian 1's Work Address_____ State: _____ Zip:_____
E-mail_____

Guardian 2's Name _____ Guardian 2's Cell _____
Address:_____
Town:_____ State:_____ Zip_____ Home Phone_____
Guardian 2's Work Address_____ State: _____Zip:_____
E-mail_____

IN THE EVENT OF AN EMERGENCY AND PARENT CANNOT BE REACHED
I give authorization to the following people (other than a parent) to pick up my child if necessary:

1.Name:_____Contact Number:_____

Relationship to child_____

2.Name:_____Contact Number:_____

Relationship to child_____

Family Physician:_____Phone:_____

Address:_____

Does your child have any special needs we should know about?_____

*If your child has allergies, additional forms will be required. Please contact the Darien Nature Center or go to our website under Current Parents for further information
Describe your child's allergy: _____
How does it usually manifest itself? _____
Medication: _____
Other Helpful Information: _____
Hospital Choice: _____

Participation Agreement

By enrolling my child in the Darien Nature Center Program, I grant permission for him/her to participate in all of the activities of the program except where medical restrictions apply. I grant permission for my child to participate in nature walks supervised by the Darien Nature Center staff.

The Darien Nature Center does not have a registered nurse on staff. All medication administration and first aid will be conducted by a first aider certified in CPR/AED/First Aid and Injectables/Inhalants/Topicals. I grant permission for the Darien Nature Center staff to take whatever steps necessary to obtain medical care for my child, if warranted. These steps include: (1) Administering First Aid; (2) Contacting parent/guardian or emergency contact. (3) Contacting the child's physician. (4). If necessary, an ambulence will be called to transport the child to an emergency medical center.

Signature of Parent/Guardian _____ **Date** _____

Discipline Policy

Discipline is not about punishment or control. Discipline is about guiding and teaching children, helping them to make wise decisions about their behavior and allowing them to gradually accept responsibility for their choices and actions. Our goal is to work toward helping each child to feel encouraged.

Classroom rules will be established at the beginning of the school year with the children. Distraction and redirection are appropriate methods to help children keep control. Praising appropriate behavior helps to reinforce positive actions.

If a child has demonstrated unacceptable behavior and does not respond to the teacher, it may be necessary for the child to be removed from the situation. The child can be brought to the Director's office. This gives the child time to calm down and talk about his/her feelings. If a child has ongoing behavior problems, a conference will be requested with the parents. Corporal punishment is never used to discipline a child. It is against the law and will result in the immediate dismissal of a staff person.

I have reviewed and discussed with the staff and understand the Darien Nature Center's discipline policy.

Signature of Parent/Guardian _____ **Date** _____

Media Release Policy

By registering your child for any program offered by the Darien Nature Center, you grant permission for photographs to be taken of your child while participating in Darien Nature Center programs. These images may be used for publicity (newspaper, website, brochure, etc.) purposes.

I HEREBY AGREE TO: the Media Release Policy of Darien Nature Center: **YES** **NO**

Signature of Parent/Guardian _____ **Date** _____