



CHILDREN UNLIMITED ADMISSION FORM 2026

Today's date: _____ Enrollment date: _____ CU ID number: _____

Schedule: Monday: _____ AM - _____ PM Tuesday: _____ AM - _____ PM
Wednesday: _____ AM - _____ PM Thursday: _____ AM - _____ PM
Friday: _____ AM - _____ PM

CHILD INFORMATION

Child's Full Name: _____ Nickname: _____

Home Address: _____

Date of Birth: _____ Language(s) Spoken at Home: _____ Gender: _____

PARENT/GUARDIAN #1

Parent/Guardian Name: _____ Preferred pronouns: _____

Parent/Guardian Address (if different): _____

Parent/Guardian Primary Phone: _____ Secondary Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian Email: _____

PARENT/GUARDIAN #2

Parent/Guardian Name: _____ Preferred pronouns: _____

Parent/Guardian Address (if different): _____

Parent/Guardian Primary Phone: _____ Secondary Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian Email: _____

Parent/guardian who has legal rights and responsibility for the child: _____
(PLEASE NOTE: If parents are separated or divorced, please provide custodial arrangements (days, hours, etc), as well as a copy of the court order. Regulation requires that a child be released to either parent unless there is a court order which prohibits release to a particular parent).

Parent to be notified in case of emergency: _____

EMERGENCY CONTACTS

Vermont state regulation requires the name, address and all applicable current telephone numbers for **at least two** people designated by the custodial parent(s) as emergency contacts. Emergency contacts are authorized to pick up the child at any time without other written notice from the parent. Emergency contacts must be at least 18 years of age and able to pick up your child within one hour of notification of need. In the event Children Unlimited cannot reach either parent/guardian, Children Unlimited will call the emergency contacts and, if necessary, release the child to the emergency contact. This includes both emergency situations and situations in which we cannot reach the custodial parent(s) who is more than 15 minutes later than the contracted pick up time without notice.

Emergency Contact Name: _____

Relationship to Child: _____

Home Address: _____

Primary Phone: _____ Work Phone: _____

Secondary Phone: _____

Emergency Contact Name: _____

Relationship to Child: _____

Home Address: _____

Primary Phone: _____ Work Phone: _____

Secondary Phone: _____

Emergency Contact Name: _____

Relationship to Child: _____

Home Address: _____

Primary Phone: _____ Work Phone: _____

Secondary Phone: _____

AUTHORIZED PICK UP

Is any person, other than the parent/guardian and the emergency contacts, authorized to pick up the child from CU (e.g., grandparents who live out of state, etc.)?

NO _____ YES _____ If yes, please provide the information below:

Contact Name: _____

Relationship to Child: _____

Home Address: _____

Primary Phone: _____ Work Phone: _____

Secondary Phone: _____

Contact Name: _____

Relationship to Child: _____

Home Address: _____

Primary Phone: _____ Work Phone: _____

Secondary Phone: _____

MEDICAL CONTACTS

Name of Physician: _____ Phone: _____

Name of Dentist (if appl.): _____ Phone: _____

HEALTH INFORMATION

We welcome support services and aides to accomplish our goal of providing the best supportive environment of all children. Does your child have:

Allergies: Y / N If yes, please provide more information: _____

Asthma: Y / N If yes, please provide more information: _____

Individualized Educational Plan (IEP) or other behavioral plan: Y / N If yes, please provide more information: _____

Dietary requirements: Y / N If yes, please provide more information: _____

Current medications: Y / N If yes, please provide more information: _____

Additional support or aide: Y / N If yes, please provide more information: _____

Please describe any additional information you would like us to know about your child. This could include any special needs (medical, physical, emotional, cognitive, etc.). Please include any special circumstances of which Children Unlimited should be aware.

Has the child received all of the recommended immunizations appropriate for his/her age?

YES _____ NO _____

*****COPIES OF YOUR CHILD'S IMMUNIZATION RECORD AND WELL-CHECK VISIT SUMMARY FROM THE PEDIATRICIAN'S OFFICE
MUST ACCOMPANY THIS FORM.*****

In the event of a serious accident or illness, I hereby authorize the staff of Children Unlimited to contact my child's physician and/or seek emergency medical care, including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand that every effort will be made to contact the parents/guardians first. I authorize the transfer of my child's health record to the local hospital.

Parent/Guardian Signature: _____ Date: _____

INFORMATION ABOUT YOUR CHILD AND FAMILY

Does your child have siblings? If so, what are their names and ages? _____

Has your child had previous school experience? If so, when and in what type of environment?

Please share information about your child's personality, temperament, particular strong likes or dislikes, etc. _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? If so, please explain.

Are there any special sleeping or napping instructions? If so, please explain.

At Children Unlimited, we welcome and discuss holidays recognized and celebrated by many cultures throughout the world, including personal (e.g., children and teacher birthdays), national (e.g., Independence Day, Presidents Day, Veteran's Day, etc.), and cultural (e.g., Halloween, Diwali, Ramadan, Kwanzaa, Hanukkah, Christmas, etc.). To ensure every child and family feels included and respected in our community, please share with us what holidays your family celebrates and what your family's traditions are.

As part of our public-private partnership with the Vermont Agency of Education to provide publicly-funded preschool under Act 166, Children Unlimited is required to periodically assess and report the progress of each child using an assessment tool called Teaching Strategies Gold. TSG asks for race and ethnicity information.

Is your child of Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No ☐ Prefer not to answer

How would you describe your child?

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Two or more races
☐ Other: _____ ☐ Prefer not to answer