



3 Smith Street

East Hampton, CT 06424

860-267-0303 (phone and fax)

[Belltowndiscoverycenter@gmail.com](mailto:belltowndiscoverycenter@gmail.com)

Dear Parents,

We are required by the State to have updated enrollment packets yearly.

Be sure every spot is filled in. If you do not have something such as a home phone or work number, then write NA in that spot.

ENROLLMENT FORM

Start date: _____

Door Code: _____

Child's full name: _____

Date of birth: _____

Child's address: _____ City: _____ Zip code: _____

1st Parent / Guardian name: _____ **Relation to child:** _____

Address (if different then child): _____ City: _____ Zip code: _____

Employer: _____ Work Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

2nd Parent / Guardian name: _____ **Relation to child:** _____

Address (if different then child): _____ City: _____ Zip code: _____

Employer: _____ Work Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Alternate & Emergency pick-ups

Families must provide at least three alternative pick people at least 18 years of age. These people will have permission to pick-up _____ with parents' request (must tell teacher prior). An alternate person must show a photo ID at pick-up. These people will also be used as emergency pick-ups if parents/guardians cannot be contacted.

Name	Relationship	Phone number (s)

Emergency Information

Child: _____

Date of birth: _____

Child's Physician: _____

Phone number: _____

Address: _____ City: _____ Zip code: _____

Insurance Carrier: _____

Insurance Number: _____

Child's Dentist: _____

Phone number: _____

Address: _____ City: _____ Zip code: _____

Insurance Carrier: _____

Insurance Number: _____

Child's allergies: _____ Reaction: _____ Treatment: _____

_____ Reaction: _____ Treatment: _____

Daily medications child takes: _____

Any other medical conditions we should know about:

I give my consent for Belltown Discovery Center, LLC to contact the above physician or dentist if we have a medical question. I also give consent for a trained Belltown staff member to provide first aid or CPR to your child. In the case of a serious injury, I give permission for my child to receive treatment and be transported to a medical facility. If given a choice I would like my child taken to _____ . I know I will be reasonable for all medical charges associated with medical expenses.

I understand that any time any of this information changes you must notify us immediately.

Parent / Guardian Signature: _____ Date: _____

Website and Facebook page permission slip

I give Belltown Discovery Center, LLC permission to post pictures and videos on the website and Facebook page of my child to promote our center and show off all the fun things we do here at Belltown.

Parent/guardian signature: _____ Date: _____

**Belltown Discovery Center Permission slip for use of ProCare App
and taking photographs and videos of the children**

Belltown Discover Center uses an app/ email system called ProCare to communicate with the parents during the school day. This app is free and available through Google Play or Apple App Store. It can also be accessed from any mobile device or computer.

Parent/guardian signature: _____ Date: _____

Family Handbook/ Policy Book

I have received, read, understand, and agree with all Belltown Discovery Center's policies.

Printed name of parent/guardian: _____

Parent/guardian signature: _____ Date: _____

Belltown Discovery Center's Child Discipline Policy

The goal of discipline is to help the child develop self-control and move toward appropriate social behavior. Examples of developmentally appropriate methods utilized for resolving conflict are:

- **Positive guidance**

When disputes arise among children or between a child and staff, the staff will encourage a “talking out” process where the goal is to acknowledge feelings and find solutions using the children’s ideas wherever possible.

- **Setting clear limits**

Staff will encourage and model positive behavior, positive reinforcement, the use of peer support and clearly defined rules.

- **Redirection**

A child who may be aggressive or who is disruptive or destructive of other children’s work may be asked to make an activity choice in another area.

If inappropriate behavior continues, a consultant may be called to observe the child. A permission form will need to be signed by parent allowing observation. Belltown and the parent will work together to resolve the problem. Outside resources such as ECCP may be utilized. If discipline continues the child will be asked to leave Belltown for the safety of the other children.

-Staff will continuously supervise children during disciplinary actions.

-Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child will be physically restrained. If a child is in immediate crisis, the proper resource will be contacted to intervene, unless it is necessary to protect the safety or health of the child or others, using the least restrictive methods, as appropriate.

-A child may be sent home from the Belltown Discovery Center for behaviors that include:

- Hitting a teacher or using inappropriate language towards a teacher.
- Bullying classmates
- Disruptive Behavior: Screaming, using inappropriate language
- Hitting, Biting, Scratching, Spitting
- Exposing private parts
- Safety issues such as running off away from the class (standing on chairs or tables, throwing items, pushing, and shoving)
- Unable to gain control of him/herself in a timely manner

If the behavior persists after appropriate support has been provided or a child has been sent home because of behavior that is detrimental to the child, other children and/or the staff, and all strategies have been exhausted; plans with the family to secure a more appropriate placement for the child will be made. Belltown Discovery Center does reserve the right to dismiss a child immediately if inappropriate behavior can no longer be managed effectively by the teaching teams and it endangers other children in our care.

Free resources:

National Center for Pyramid Model Innovations NCPMI (usf.edu) looks under implementation.

Early Childhood Consultation Partnership (ECCP) | Connecticut (CT) (eccpct.com)

Mobile Crisis About (mobilecrisisempct.org)

The above behavior/disciplinary methods of Belltown Discovery Center have been discussed and explained.

Parent/Guardian Signature _____ date _____

TELL US MORE ABOUT YOUR CHILD

Child's name: _____

DOB _____

Who does child live with: _____

List Siblings Name: _____ Age: _____ M / F

Name: _____ Age: _____ M / F

Name: _____ Age: _____ M / F

Language spoken at home other than English: _____

Holidays you would not like your child to celebrate at Belltown: _____

What are some of your child's strengths and likes :

What are some of your child's dislikes or concerns you may have :

Goals you would like to see your child accomplish while at Belltown :

Does your child receive any special services :

If yes, how can we accommodate your child while at daycare:

How did you hear about Belltown? _____

Family who referred you. _____