



Birth – 5 Services Enrollment Form

Child's Information

Child's name: _____ Date of enrollment: _____
First Middle Initial Last

Date of birth: _____ My child is: __Male __Female

Child's address: _____
Street City Zip

Phone: _____

Any known allergies: _____

Who will mostly be bringing child to group: _____ Relation to child: _____

Family's Information

Parent/Guardian Name	Relationship to Child	Contact information
		Home phone: _____ Cell phone: _____ Email: _____
		Home phone: _____ Cell phone: _____ Email: _____

Address if different from child: _____

Siblings living in the home:

_____	M/F	Age: _____	Birthdate: _____
_____	M/F	Age: _____	Birthdate: _____
_____	M/F	Age: _____	Birthdate: _____
_____	M/F	Age: _____	Birthdate: _____
_____	M/F	Age: _____	Birthdate: _____
Other residents in home	M/F	Age: _____	Relation to child: _____
Other residents in home	M/F	Age: _____	Relation to child: _____

Language used most frequently in the home: _____

Name and Phone number of person to contact if unable to contact parent:

Referral source/How did you hear about this program?

__School __Newspaper __Brochure __Another Parent __Playgroup Other _____

Office use only:

☐ Home Visit

☐ Play to Learn Group

☐ Mailings

☐ Early On

☐ Birth to 5 Families

☐ EHS

☐ Infant/Toddler Program

Play-to-Learn Playgroup Expectations

Thank you for registering to attend a Play to Learn Playgroup. We want your experience to be great for you and your child. Please review the following expectations. If you might have any questions, just let us know. We are happy to assist.

- **Have Fun! Play with your child. Help them enjoy all the fun activities.**
- **Be present. If you can, turn off your cell phone.**
- **Outside food and drinks are not allowed.**
- **If you take pictures of your child, please make sure to ask other families if you are including their child in the picture.**
- **A snack will be provided. Please let us know of any food allergies.**
- **Be aware of the schedule, including the start and end times of the playgroup.**
- **The Early Childhood Learning Center is a smoke-free facility. There is no smoking in the building or in the parking lot (even in your vehicle).**
- **We are dedicated to keeping everyone safe and healthy. If you or anyone in your family is ill, please do not attend playgroup. Please do not attend playgroup until you or your child are symptom free for at least 24 hours. The following are just a few of the symptoms that we will ask you to monitor for a safe return to playgroup:**
 - **Fever**
 - **Vomiting**
 - **Diarrhea**
 - **Rash**
 - **Green/yellow nasal discharge**
 - **Cough**
 - **Sore throat**
 - **Headache**
- **We expect some conflicts between children. If parents or Play to Learn facilitators feel that any behaviors are unsafe, parents and staff can meet and discuss ways to help a child be safe.**
- **We are here to help, so don't be afraid to ask playgroup facilitators any questions you might have.**

I agree to the Play-to-Learn Group expectations and look forward to having fun with my child(ren).

Signature

Date

Phone Number



Shiawassee

Regional Education Service District

Early Childhood Learning Center

114 W. North Street, Ste. 1

Owosso, Michigan 48867

989-725-2581 or toll free 1-866-725-7792

Permission to Photograph

I give permission for my child to be photographed for educational and/or informational purposes while participating in any Shiawassee Regional Education Service District Early Childhood activity or program.

Child's Name _____

_____ I give permission for my child and family members to be photographed in the following formats:

_____ Newspaper
(Initial)

_____ Internet (including social media platforms)
(Initial)

_____ Shiawassee RESD
(Initial)

- Publications
- Brochures
- Presentations
- District Websites

_____ Television & Radio
(Initial)

_____ I do not want my child and family members to be photographed.

Parent/Guardian Signature

Date