

OFFICE USE ONLY  
\$50.00 reg fee ( cash / check # )  
Date received \_\_\_\_\_  
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## Hidden Hills Early Learning Center Application

P.O. Box 210  
Exeter, RI 02822

Phone: 401-667-0788  
Fax: 401-667-0509  
www.hiddenhillselc.com

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

Age: \_\_\_\_\_

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

Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Parent/Guardian's email address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Parent/Guardian's email address: \_\_\_\_\_

If either parent/guardian attends school please list where and include the street address and phone number.

School Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate if there are legal restrictions prohibiting a biological parent from picking up your child: Yes / No

If yes, please explain:

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\*Please note we are required to obtain a copy of any custody order or restraining order. Documents are required to be updated annually and as changes occur.

### Please indicate your child's schedule.

Hidden Hills Early Learning Center is open from 7:00am to 5:30pm.

Our preschool program is from 9:00am to 1:00pm.

Extended day (6+ hour day) \_\_\_\_\_

Half-day (9:00a.m. - 1:00p.m) \_\_\_\_\_

School District \_\_\_\_\_

Summer Camp (extended day OR half day) \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Please make any scheduling notes here:

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# Hidden Hills Early Learning Center

## Emergency Information

### Emergency Contacts

\*Authorized to pick up your child(ren) if parent(s)/guardian(s) listed CANNOT be reached.  
Please include at least two contacts.\*

Name:

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Address:

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Phone:

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Relationship:

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Name:

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Address:

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Phone:

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Relationship:

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Doctor:

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Address:

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Phone:

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Hospital:

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Known allergies:

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hidden Hills Early Learning Center**  
**Parent Authorization for Emergency Treatment**

In consideration of admittance, I hereby authorize Hidden Hills ELC to arrange for medical examination and/or treatment for my child, \_\_\_\_\_, should and emergencies arise at the daycare center or on a field trip. It is understood that a conscientious effort will be made by the daycare center to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer my child be taken to the following hospital in the need arises.

Hospital: \_\_\_\_\_

I understand that the choice of hospital may be limited by service of local rescue squad.

Parent/Guardian's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Other: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Other: \_\_\_\_\_

Relatives or persons to be contacted in an emergency if parents CANNOT be reached.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Health Insurance Plan:

Policy Number:

\*Please list any medical allergies your child may have: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hidden Hills Early Learning Center  
Permission to Photograph / Share Photos

2020 - 2021 School Year

I, \_\_\_\_\_, give permission for the  
( parent's/guardian's name )

teacher(s) at Hidden Hills to photograph my child(ren),

\_\_\_\_\_, for the following purposes:  
( child(ren)'s name(s) )

Display in the classroom in photo albums/posters, on bulletin boards, etc. to show to current or prospective families.

Accept

Decline

Include in promotional materials (i.e., brochures & flyers).

Accept

Decline

Include on our website; names will never be used.

Accept

Decline

Include on our Facebook page; names will never be used.

Accept

Decline

Share photos with current Hidden Hills families via the *Remind* app (i.e., Fiddle N Fun group photos, holiday celebrations, center based small group activities, individual photos etc.)

Accept

Decline

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

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Hidden Hills Early Learning Center  
Child Intake Survey

2020 - 2021 School Year

LD 4

Primary language spoken at home:  English    Other \_\_\_\_\_

CD 1-4  
PH 2.b  
PH 3.b  
SE 1-2

How would you describe your child's play habits?

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Please list your child's likes.

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Dislikes?

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How would you describe your child's eating habits?

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How would you describe your child's sleep habits? Does your child typically nap?

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Does your child have any fears? (i.e., dogs, loud noises, etc.)?

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SE 3.a

How do you comfort your child?

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SE 3.a  
SE 3.b

How does your child solve problems/resolve conflicts?

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SE 1.a  
SE 1.b

Does your child interact with other children or adults? Please circle. Yes No  
Please explain:

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LD 2

Does your child communicate his/her own needs?

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LD 1  
LD 2  
LD 3

Please describe your child's language and communication skills.

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CD 1  
S 1  
S 2  
SS 1  
SS 2

Is your child curious about the world around him/her? (i.e., observing and questioning events that happen throughout the day)

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CA 1

Does your child participate in creative arts? (i.e., art, dance, pretend play)

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PH 1.c

Please mark the self-help skills that your child is proficient in:

- Toileting
- Hand-washing
- Eating

\*If applicable, please indicate below the self-help skills that are **developing**:

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PH 1.a  
PH 2.a  
PH 2.b

Please describe your child's physical development (i.e., does your child enjoy running, jumping, etc.)

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Please use the space below to describe your child and provide Hidden Hills staff with any additional information you feel will help with the adjustment to school and the care of your child. Please include any family medical/social history that you feel we should be aware of.

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What are you expecting from our curriculum this year?

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Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_