



Field Trip Form

Age-appropriate field trips are planned well in advance for children age two to five. For transportation, parent volunteers may drive, or the Center may lease a van. In either case, parents need to leave car seats. Parent volunteers are needed to drive and to provide adequate supervision and trip success. A field trip fee is imposed based on the number of trips and anticipated expenses. Please note that field trips are a mandatory part of the Center curriculum, designed to enrich your child's experience. Parents of a child who does not attend a particular trip must make alternate arrangements for childcare that day at their own expense. No siblings are allowed to attend these field trips.

Please remember to do the following:

1. Leave your ***labeled*** car seats.
2. Be here ON TIME!
3. Wear your RSCC field trip shirt.
4. Pay your field trip fee.
5. Bring a bag lunch (when applicable).

Parent #1 Name _____ Date _____

Insurance Company _____ Policy # _____

Driver's License # _____

Signature _____

Parent #2 Name _____ Date _____

Insurance Company _____ Policy # _____

Driver's License # _____

Signature _____



Infant Application

**Rock Spring Children's Center
10401 Fernwood Road
Bethesda, MD 20817
301-986-4956**

Child's name _____ Child's birth date _____
Mother's name _____ Father's name _____
Mother's phone numbers _____ Father's phone number _____
cell phones / e-mail cell phone / e-mail

Child's Address:

Approximate arrival and departure times _____

If you are unable to bring your child due to illness, who will care for your child?

Has the child previously been in a child care placement yes no
If yes Where

Type of Birth _____ Birth weight and length _____

Any complications or medical concerns _____

Current eating, sleeping and eliminating schedule _____

Any other information about your child you need us to know? _____

In what ways can you be a part of this program's success (do you have any special skills or talents that would be helpful)? _____

**AGREEMENT BETWEEN FAMILIES AND
Rock Spring Children's Center**

I acknowledge that I have received a copy of the Rock Spring Children's Center "Parent Information" handbook. I have read and understand it fully and I agree that my family will abide by its terms and conditions, as originally presented and as contained in periodic updates. I understand that failure to do so may result in my child(ren)'s dismissal from the Center at the sole discretion of the Director.

Signature

Date

**Rock Spring Children's Center
10401 Fernwood Road
Bethesda, MD 20817**

PARENT/GUARDIAN CONSENT FORM

I consent to the enrollment of my child _____ with Rock Spring Children's Center.

My child/ren will begin _____
(month) (Day)

I give my consent for my child to take part in all field trips under required ratios. I understand that details about each trip will be given in advance. (Car seats will be used for all children and need to be provided by the parent.) My consent is also given to have my child participate in the Summer program which includes wading in small pools and playing at water tables.

I understand and hereby agree to comply with the rules and regulations outlined in the Parent Information handbook, regarding fees, attendance, health, parking, clothing and other specified items. I am aware of the scheduled holiday closings, early release days and vacation week.

I understand that the undersigned will be responsible for all financial responsibilities and that all accounts 30 (thirty) days past due will be subject to daily late fees and all cost of collections.

As indicated in the Parent Information handbook, I also agree to notify the Center, in writing, two weeks in advance of withdrawal, should such event occur, or pay the difference. I understand that should I withdrawal prior to my start date that the registration in non-refundable.

I further agree that should I ask any staff person to care for my child outside the Center, the arrangement will be between that staff person and myself, and I will not hold Rock Spring Children's Center responsible.

Signed _____ Date _____
(Parent or legal guardian)

Driver's License # _____

Signed _____ Date _____
(Parent or legal guardian)



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PRESCHOOL APPLICATION

Child's Name: _____

Nick Name: _____

Address:

Home Telephone Number: _____

Birthdate: _____

Place of Birth: _____

Mother's Name: _____

Father's Name: _____

Other member's of Household (including children not under care):

1. _____

2. _____

3. _____

4. _____

Days of the week the child will be at the Center: Mon Tue Wed Thu Fri (Please circle)

cost of care: _____

Hours the child will be: arriving at the center _____ leaving the center _____

Has the child had previous day care placement

Age of the child when mother returned to work

DEVELOPMENTAL HISTORY

The purpose in securing this information about your child is to help the child care staff better understand your child and to help you know what to expect from the Center. Your child's care during the day is a responsibility we share.

PERSONAL HISTORY

Type of birth _____ Normal _____ Premature

Any complications _____ if yes please explain

Age child began sitting _____ crawling _____ walking

Is child a good climber _____ Age child began talking

Does your child talk in words _____ Sentences

Any difficulties in speaking _____ Other languages

FAMILY HISTORY

Has your child experienced any of the following: divorce, separation, death of a family member, separation due to illness, if yes please explain

EATING

Is your child usually hungry at mealtime _____ Between meals _____

Favorite foods _____ What foods are refused _____

What eating problems does your child have

Any allergies _____ Does your child eat with utensils _____

TOILET HABITS

Can your child be relied on to indicate bathroom wishes

What word is used for urination _____ Bowel movement _____

How often does your child use the toilet _____ diaper _____

Does your child have accidents _____ Does your child need help with toileting _____

If yes, explain _____ Was your child easy to train _____

Does your child wet the bed at night _____ How often _____

SLEEPING

What time does your child go to bed _____ Awaken _____

Does your child have his/her own room

What is your child's bedtime routine

What does your child go to bed with

Does your child take naps _____ from when _____ to _____

SOCIAL RELATIONSHIPS

Has your child had experience in playing with other children _____

By nature, is your child friendly _____ Aggressive _____

Outgoing _____ Withdrawn _____

How does your child get along with other children

Other adults _____

What age children does he/she prefer to play with

Does your child enjoy being alone

How does your child relate to strangers

Does your child demand a lot of adult attention

What makes your child mad or upset

How does your child show emotions

What do you feel is the best way of handling your child when he/she is upset _____

Who does most of the disciplining _____

How do you discipline your child

Is your child frightened of any of the following: Animals _____ Large people _____

Loud noises _____ Dark _____ Storms _____ Other _____

Favorite toys and activities at home

Has your child had experience with the following: Playdough _____ Scissors? _____

Easel painting _____ Finger painting _____ Blocks _____ Water play _____

Ride a tricycle _____

COMMENTS

In what particular ways can we help your child this year _____
