

Sunshine Childcare Center I & II

Registration Form

阳光幼儿园注册表

236 Harrison Ave.

Boston, MA 02111

Phone (电话): (857)239-9516

214 Harrison Ave.

Boston, MA 02111

Phone (电话): (617)426-3083

Fax(传真): (617)426-3193

Website (网址): www.sunshinebilingual.com

Please fill-out these forms completely. If there are any questions that do not apply to your child, please write "not applicable" or "NA". The forms must be in the provider's possession the day your child begins care.

请填写下列表格, 如果问题不适合贵子弟情况, 请写上 "Not applicable" 或 "NA". 在贵子弟上课的第一天所有的表格必须存放在阳光幼儿园从业员的记录上。

Child's Full Name: _____ Eye Color: _____

小孩的全名

眼色

Nickname: _____ Hair Color: _____

乳名

发色

Date of Birth: _____ Skin Color: _____

出生日期

肤色

Date of Admission: _____ Sex: _____

入学日期

性别

Address (地址): _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

家长/监护人姓名

家长/监护人姓名

Email: _____ Email: _____

邮箱

邮箱

Relationship to child: _____ Relationship to child: _____

与小孩的关系

与小孩的关系

Home Address: _____

家庭地址

Home Telephone #: _____ Home Telephone #: _____

家庭电话号码

家庭电话号码

Cellphone#: _____ Cellphone#: _____

手机号码

手机号码

Bus. Name: _____ Bus. Name: _____

公司名字

公司名字

Bus. Address: _____ Bus. Address: _____

公司地址

公司地址

Bus. Telephone #: _____ Bus. Telephone #: _____

公司电话

公司电话

Hours at work: _____ Hours at work: _____

工作时间

工作时间

Emergency Contacts: (In order to be contacted)

紧急联络：（写出当紧急情况发生未能与父母联系上时可以联络的人士）

- 1. Name: _____ Address: _____
姓名 地址
Relationship to child: _____ Phone #: _____
与小孩的关系 电话号码
Do you give permission for child to be released to this person? (Yes/No)
你能对孩子保证这个人值得信任吗? (是 / 否)
- 2. Name: _____ Address: _____
姓名 地址
Relationship to child: _____ Phone #: _____
与小孩的关系 电话号码
Do you give permission for child to be released to this person? (Yes/No)
你能对孩子保证这个人值得信任吗? (是 / 否)
- 3. Name: _____ Address: _____
姓名 地址
Relationship to child: _____ Phone #: _____
与小孩的关系 电话号码
Do you give permission for child to be released to this person? (Yes/No)
你能对孩子保证这个人值得信任吗? (是 / 否)

Parent/Guardian Visit Notice

家长/监护人访问通知

I understand that I am able to visit Sunshine childcare unannounced any time during the hours that my child is in care.

我明白我可以在托儿时间内的任何时刻不用预先通知前来探访。

Parents/Guardian Signature
家长/监护人签名

Date
日期

Usual days of attendance:

日常出席日期

Sun _____ Mon _____ Tue _____ Wed _____ Thus _____ Fri _____ Sat _____
星期日 星期一 星期二 星期三 星期四 星期五 星期六

Usual arrival time _____ Usual departure time _____
日常出席时间 日常离开时间

Permissions

授权书

I authorize staff in the **Sunshine Childcare** program to take out my child: _____ to the following excursions: **walking in the neighborhood, Tai Tung Village playground and on Tyler street dinosaur playground.**

我，特此授权阳光幼儿园可以带我的孩子（儿童姓名）_____ 离开阳光幼儿园前往以下地方：公园和邻近的游乐场所。

Parent/Guardian Signature
家长/监护人签名

Date
日期

I authorize staff in the **Sunshine Childcare** program who are trained in the basics of First Aid and/or CPR to give my child: _____ first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and or to _____ and to secure necessary medical treatment for my child.

我，特此授权阳光幼儿园给我的孩子实施紧急医疗救护/人工呼吸，儿童姓名 _____ 和带我的孩子前往医院接受医疗护理，当我不能与托儿从业员取得联系或延迟护理会引致危害孩子健康的时候。

Parent/Guardian Signature
家长/监护人签名

Date
日期

Child's Pediatrician or Source of Health Care:

儿童的儿科医生或医疗资料

Doctor's name: _____ Telephone: _____
医生姓名 电话

Address: _____
地址

Topical Medication (Please list only those medications which you will allow the provider to administer to your child's skin):

外用药物（请列举任何您允许托儿服务者可以涂抹在您孩子的皮肤上的药物）

Health Insurance Information 医疗保险资料

Health insurance coverage: _____ Policy #: _____
保险公司 保单号码

Child's Physician Name: _____
幼儿医生的姓名

Address: _____
地址

Phone Number: _____
电话号码

Parent/Guardian Signature
家长/监护人签名

Date
日期

Child's schedule and interests 儿童作息时间表和喜好

The following information on your child's routines and activities will help us provide your child with the best possible care. If a question does not apply, please write NA (Not Applicable)
下列关于贵子弟的常规作息时间和活动情况将有助于托儿提供者给予您的孩子最好的托儿服务。对于不适合您的孩子的情况的问题，请写上 NA（不适合）

Eating Schedule _____
进食时间表

Food likes and dislikes _____
喜爱的食物和不喜爱的食物

Food allergies _____
食物过敏

Sleeping: Napping schedules _____
睡眠：午睡时间表

Please describe your child's fussy time, if any _____
贵子弟如有不耐烦的时刻，请描述

Toiling: Is your child toilet trained? _____ Schedule: _____
戒用尿布：您的孩子经过使用便桶训练吗？ 时间表

Please describe any recurring problem with toileting or diapering _____
请描述任何重复出现的与使用便桶或更换尿布有关的问题。

Allergies: Does your child have any allergies (food medication, insects, etc.)?
过敏：贵子弟有任何过敏病吗？（食物，动物，昆虫等）

Play: Favorite activities: Indoors _____
游戏：喜爱活动： 室内

Outdoors _____
室外

Fears: Please describe any fears your child may have: _____
恐惧：请描述任何贵子弟会害怕的事物：

Discipline: Please describe the steps you take in disciplining your child at home:
管教：请描述在府上您管教贵子弟的步骤：

Special Needs: Please describe any special medical, physical, of emotional needs your child may have:
特别需要：请描述贵子弟对于特别食物、体能或情绪方面可能有的特别需要：

Add any information about your child, which you feel would help the provider in caring for your child:
请加入任何你认为帮助托儿提供者照顾您的孩子的有关资料：

Parent/Guardian Signature
家长/监护人签名

Date
日期

Emergency Card Information 紧急情况资料卡

Child's Name: _____ Date of Birth: _____
儿童姓名 出生日期

Child's Home Address: _____
儿童家庭地址

Phone: _____
电话

Instructions to reach parent/guardian
与家长/监护人联络之方法

1. _____
(Name, Address, Phone # 姓名, 地址, 电话)

2. _____
(Name, Address, Phone # 姓名, 地址, 电话)

Pediatrician or source of health care
儿科医生或保健资源

1. _____
(Doctor's Name, Address, Phone # 医生姓名, 地址, 电话)

Emergency contact person(s)
紧急联络人士姓名

1. _____
(Name, Address, Phone # 姓名, 地址, 电话)

2. _____
(Name, Address, Phone # 姓名, 地址, 电话)

Parent/Guardian Signature
家长/监护人姓名

Date
日期

Photography Release Form 照片使用同意书

___ I give permission for my child to be photographed during care hours; I understand these Pictures may be used as publicity, media reporting or for any other documentation.
我同意我孩子在托儿期间可以拍照。我明白这些照片可能用作宣传、新闻媒体报道或其它文件记录之用。

___ I do not want my child to be photographed during care hours.
我的孩子在托儿期间请勿拍照。

Parent/Guardian Signature:
家长签名

Date
日期

Late Pick-up Procedure 迟来接走孩子的费用

Our center closes at 6:00 pm. Anyone arriving after 6: 00 pm will be required to pay a late fee of \$1 per minute. The late fee is to be paid directly to the staff. Thank you.
幼儿园 6 时关门，家长如果 6 时之后来接孩子，我们的制度是 1 分钟是\$1. 这个费用是直接给孩子的老师. 谢谢.

Termination Procedure: 退学程序

This contract may be terminated by either parent/guardian of provider by giving four weeks written notice in advance of the ending date.
在这分协议书上家长/监护之必须在退学前四个星期提供退学通知书

Parent/ Guardian Signature:
家长/监护人签名

Date
日期