

Registration Form

Physical Location
110 Davis Farm Rd, Portland Maine 04103
207.878.8868

Mailing Address

P.O. Box 6038
Falmouth, Maine 04105



Name of Child: _____ **Date of Birth:** _____

Address: _____

Maine Care# _____

(copy of card required)

Form Due one week prior to enrollment

Registration must be accompanied by a nonrefundable \$25.00 registration fee.

Parent's Name: _____ **H) Phone:** _____
(Guardian)

Address: _____ **Cell:** _____

(If different from above)

Place of Employment: _____ **W) Phone:** _____

Address of Employer: _____ **Drivers License #** _____

Parent's Name: _____ **H) Phone:** _____
(Guardian)

Address: _____ **Cell:** _____

(If different from above)

Place of Employment: _____ **W) Phone:** _____

Address of Employer: _____ **Drivers License #** _____

Person (other than parents) to be contacted in case the parent cannot be reached in an emergency:

Name: _____ **H)Phone:** _____ **W)Phone:** _____ **Cell:** _____

Name: _____ **H)Phone:** _____ **W)Phone:** _____ **Cell:** _____

Name of persons who are permitted to remove the child from Children's Odyssey:

*The parent or guardian MUST notify Children's Odyssey when regular transportation or pick up methods vary. Photo identification will be required and must be shown to staff upon pick up.

E-Mail Address: _____ **Are you interested in receiving notices, news letters, and**

E-Mail Address: _____ **quarterly reports via E-Mail? Circle Y N.**

Admission Date: _____

Discharge Date: _____

Personal Information

Has your child been cared for outside of the home before? Y N In what type setting? _____

Please give a brief description of your child's interests, hobbies, or favorite activities. _____

Please list any dislikes your child may have. _____

Techniques used when your child is upset. _____

Bathroom Routine/Support? _____

Does your child have Siblings? Names/Ages: _____

Please list priorities and/or goals that you have for your child's preschool experience: _____

Please share with us any concerns that you may have about your child. _____

Do you have any suggestions that will help us in gathering accurate assessment information about your child?

Please let us know the best way to communicate/reach you:

Please circle all that apply

Phone-E-mail-Notebook-Drop Off /Pick Up Time

Do you give permission for the following:

Video taping/filming: _____ Photographs: _____

Signature: _____ Date: _____

Field Trip/ Medical Release Form

Name of Child: _____ Date of Birth: _____

Address: _____

Parent's Name: _____ H) Phone: _____
(Guardian)

Address: _____ Cell: _____
(If different from above)

Place of Employment: _____ W) Phone: _____
Address of Employer: _____

Parent's Name: _____ H) Phone: _____
(Guardian)

Address: _____ Cell: _____
(If different from above)

Place of Employment: _____ W) Phone: _____
Address of Employer: _____

Person (other than parents) to be contacted in case the parent cannot be reached in an emergency & who can pick up your child.

Name: _____ H) Phone: _____ W)Phone: _____ Cell: _____

Name: _____ H) Phone: _____ W)Phone: _____ Cell: _____

Child's Doctor: _____ Phone: _____

Address: _____

"I hereby give my consent, in the event of a medical emergency in which I can not be contacted, for Children's Odyssey staff to obtain whatever medical treatment may be deemed necessary for";

Child's Full Name

Date of Birth

This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department. I hereby give my authorization for emergency medical treatment as outlined above.

Known Allergies: _____

Known Medical Problems: _____

Does your child use specific sunscreen? YN Hospital preference: _____

Signed: _____ Date: _____

Immunization Records

Name of Child: _____ Date of Birth: _____

DPT (Diphtheria-Pertussis-Tentanus)

Allergies

1st _____

2nd _____

3rd _____

1st Booster _____

2nd Booster _____

TOPV (Trivalent oral Polio Vaccine)

Contracted Disease

1st _____

Measles _____

2nd _____

Rubella _____

3rd _____

Mumps _____

1st Booster _____

Chicken Pox _____

2nd Booster _____

Other _____

Date (May be given in combined vaccines)

Haemophilus Influenza Type B (HIB)

Measles _____

Dates: _____

Rubella _____

Mumps _____

Tuberculin test _____

Hepatitis B _____

This form needs to be signed by your child's physician. If you would like you can have the physician mail or fax a copy of you child's immunization records directly to Children's Odyssey. **The immunization record is a state licensing requirement and is needed prior to your child's start date.**

Physicians Signature: _____ Date: _____

Mailing Address: P.O. Box 6038
Falmouth, Me. 04105
Phone Number: 207-878-8868
Fax: 207-878-8810

Children's Odyssey

Classroom Management Philosophy and Procedures

We *Acknowledge, Reflect, and Accept* children's feelings while providing appropriate problem-solving strategies that include modeling appropriate behavior and directing the child towards a safe outlet.

We believe the key to successful classroom management begins by being PROACTIVE. We create an environment conducive to learning by providing FUN, developmentally appropriate activities within a structured and predictable daily routine. We strategically place and group the children according to their learning styles. We strive to anticipate negative behavior and redirect it before escalation. Children are given clear positive expectations through brief and simple requests. We state what the child CAN do vs. what they cannot (i.e., 'Walking Feet' and 'Inside Voices' instead of 'Don't Run' and 'Don't Yell'). Directed choices are utilized to encourage responsibility and independence. Most importantly is Follow Through.

Our Three step process:

Example: Destructive/Misuse of toys (smashing/crashing cars)

1. Reminder-express expected/appropriate behavior
2. Redirect-direct to another choice
3. Removal-remove from area

Staff is trained in MANDT, a comprehensive program design to:

- a. Recognize and acknowledge children's emotional states
- b. Use strategies to decrease or deescalate agitated states
- c. Safely contain Aggression, (biting, hitting, kicking;;;) through a Therapeutic/Basket Hold
- d. Process the incident according to the child's developmental level

When bathroom words, swearing, spitting or inappropriate language is used the child is directed to the bathroom or alternate room to provide an appropriate place to discharge (spit in sink) and/or offer a buffer (out of ear shot of other children) thereby decreasing attention seeking as a motivating factor.

I have read the Classroom Management and Procedures

Date: _____

Parent/Guardian's Signature: _____ Child's Name: _____

Staff Signature: _____ Date: _____

CHILDREN'S ODYSSEY PARENT SURVEY

NAME: _____

Parent participation is vital to our program. How would you like to become involved???

WHAT DO DO:	HOW OFTEN	DAYS	TIME(S)
Volunteer in the classroom	_____	_____	_____
Help prepare (cut out, label) materials at home	_____	_____	_____
Transport children/accompany on fieldtrips	_____	_____	_____
Share a hobby or interest	_____	_____	_____
Serve on a parent advisory board	_____	_____	_____
Build classroom materials or playground equipment	_____	_____	_____

YOUR HELP AND SUPPORT IS GREATLY APPRECIATED

Thank you for your time,

Children's Odyssey Staff

RELEASE:

DO YOU GIVE PERMISSION FOR: Occasional field trips _____
Video taping/filming _____
Photographs _____