



Children's World ELC of Walkersville
8402 Discovery Blvd., P.O. BOX 663
Walkersville, MD 21793
cwwalkersville@yahoo.com
Phone: 301-845-4984
Fax: 301-845-4266

Registration Form

Child's Name: _____

Age: _____ Birthday Date: _____

Child Lives With: Mother: _____

Father: _____

Both: _____

(Specify) Other: _____

Parent Information

Mother Name: _____

Address: _____

Phone Number: _____

Father Name: _____

Address: _____

Phone Number: _____

Enrollment Date: _____

School Age Child

Grade: _____

School: _____

Papers Needed:

Doctors Information

Emergency Form	Allergy Action Plan and Diet Modification Forms (if applicable)
Health Inventory	Asthma Action Plan (if applicable)
Immunizations	Seizure Medication Administration Authorization Form (if applicable)
Medication Administration Authorization Form (if applicable)	

Parent/Guardian Information

Parent Contract	All About Me Form
Registration Form	Infant/Toddler Form (if applicable)
Parent's Guide to Regulated Child Care	Van Form
Rules and Regulations Form	Walking Form
Consent Form	Food Program Forms
Demographic Information Form	COVID-19 waiver



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Dear Families,

We have designed a developmentally appropriate program to meet the needs of children of different ages. Our program begins with having a safe, clean positive learning environment, which encourages independence, success, creativity and social interaction.

The toddlers program pays close attention to personal growth with hope that the children's play will enhance skill and knowledge. Our goal is too flexible and open so we may meet each individual child's needs. Educational activities are informal and learning material is sensory. Activities are hand-on, self-selected, and self-paced.

The two years program is designed similar to the toddler program with special attention given to the individual child's personal growth. The teacher will guide and support these children during their play, crafts, meals, and other activities. The program's emphasis is learning through discovery, problem solving, modeling, and skill practice.

The preschool program enhances the skills and knowledge introduced to children in their earlier years. The program promotes learning colors, shapes, numbers, letters, and writing skills to prepare them for kindergarten. There is learning through play and activities such as art, music, science, math, and special events.

The school-age program provides a developmentally appropriate curriculum that meets the needs of children of ages 5-12. We include the children in the planning and development of the program in ensure the program meets the interest of the children. We offer a variety of activities such as crafts, reading, or homework time, open ended play, outside time, special holiday events, trips and more.

Our caring staff at Children's World Early Learning Center encourage the children to have fun and enjoy their experience with hope they learn through the activities provided for them.

Thank you for your interest in Children's World Early Learning Center!



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Dear Parent/Guardian,

Maryland child care regulations require that we provide you with a copy of the brochure, **Guide to Regulated Child Care**. Please complete the following and return this form to a staff member.

I, _____ have been given a copy of the brochure,
Guide to Regulated Child Care.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____



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Consent Form

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Here at Children's World, we use *Ages & Stages Questionnaires, Third Edition (ASQ-3)*, which is a developmental screening tool that pinpoints developmental progress in children between the ages of one month to 5 ½ years. Please read below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- I have read the information above and I wish to have my child participate in the *Ages & Stages Questionnaires, Third Edition (ASQ-3)*, screening/monitoring program. I will fill out questionnaires as needed about my child's development and will promptly return the completed questionnaires.

- I do not wish to participate in the screening/monitoring program, but I have read the provided information and understand the purpose of this program.

Parent/Guardian Signature

Date

Child's Name

Child's Date of Birth



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Demographic Information Sheet

Today's Date: _____

Child's name (first/middle/last): _____

Child's date of birth (MM/DD/YYYY): _____ / _____ / _____

If child was born prematurely, # of weeks premature: _____

Child's gender: ____ Male ____ Female

Child's ethnicity: _____

Child's birth weight (pounds/ounces): _____

Parent/Primary caregiver's name (first/middle/last): _____

Relationship to child: _____

Street address: _____

City: _____

State/Provide: _____ Zip/Postal code: _____

Home telephone: _____

Work Telephone: _____

Cell/other Telephone: _____

E-Mail address: _____

Child's primary language: _____

Language (s) spoken in the home: _____

Child's primary care physician: _____

Clinic/location/practice name: _____

Clinic/practice mailing address: _____

City: _____

State/Province: _____ Zip/Postal code: _____

Telephone: _____ Fax: _____

E-Mail address: _____

Please list any medical conditions that your child has:



WeeCare Inc.
Children's World ELC of Walkersville
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Phone: 301-845-4984
Fax: 301-845-4266

Van Permission Slip

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN
(READ CAREFULLY BEFORE SIGNING)

I give my permission for _____ to be transported to and from Children's World Early Learning Center or WEE CARE, INC., via passenger van/personal vehicle to and from school, for scheduled field trips or in case of emergency.

I understand that there may be additional risk due to the fact that my child will be in a situation, which is not within the exclusive control of WEE CARE, INC.

In these circumstances, I release WEE CARE, INC. and its agents and employee from any liability resulting from any claims or causes of action for personal injuries, medical expenses, losses or damages whatsoever that may arise from the activity describe above.

Date _____

Signature of Parents/Legal Guardian _____

Address _____

Telephone Number _____



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Walking Permission Slip

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN
 (READ CAREFULLY BEFORE SIGNING)

I give my permission for _____ to participate in walking field trip in the Discovery area during the course of the year (when the weather permits). It is understood that during these walks your child will leave the premises of Children's World Early Learning Center.

I understand that there may be additional risk due to the fact that my child will be in an area which is not within exclusive control of WEE CARE, INC.

In these circumstances, I release WEE CARE, INC. and its agents and employees from any liability resulting from any claims or cause of action for personal injuries, medical expenses, losses or damages whatsoever that may arise for the activity described above.

Date _____

Sign of Parent/Legal Guardian _____

Address _____

Telephone Number _____

 I DO NOT want my child _____ to participate in this activity.

Date _____

Parent/Legal Guardian's Name _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

INTRODUCTION: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Through our policies, WeeCare, Inc., Children’s World, The Learning Tree, and Learning Tree Inc. has put into place preventative measures designed to reduce the spread of COVID-19; however, we cannot guarantee that you, your child and members of your household (hereinafter “you”) will not become infected with COVID-19.

By signing this Agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk to yourself, your child and members of your household, of exposure or infection by COVID-19 by having your child at our childcare center located at 8402 Discovery Blvd. Walkersville MD 21793 (the “Center”) and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You further acknowledge the risk of becoming exposed to or infected by COVID-19 as a result of the actions, omissions, or negligence of yourself and others, including, but not limited to, the Center Staff, other parents and other attending children. You voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to yourself, your child and members of your household (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that you, your child and members of your household may experience or incur in connection with your child’s attendance at the Center.

RELEASE AND WAIVER, In light of the above, I, for myself, my attending child, members of my household, my heirs, successors, and personal representatives, hereby knowingly and intentionally waive, release, indemnify, and hold harmless the Center, its owners, shareholders, interest holders, managers, directors, officers, agents, employees, invitees, personal representatives, and successors (the “Released Parties”) from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney’s fees), and demands whatsoever, of every nature and description, whether at law or in equity, which are related to and/or arise out of any damage, loss, injury (personal and/or economic), paralysis, illness, and/or death resulting from the exposure to or infection of COVID-19 or other communicable diseases or illness, by me, my child or members of my household.

I have read this Agreement and understand that I have given up substantial rights by signing this agreement. I have signed it freely and voluntarily, without inducement, assurance, and/or representation being made to me. I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law. It is my intention that this waiver and release shall be construed broadly to provide the release, the waiver of liability and the assumption of risk to the maximum extent permissible under applicable law. If any provision of this agreement or the application thereof shall be invalid, illegal, or unenforceable, the remainder of this agreement shall not be affected and shall be enforceable to the fullest extent permitted by law. This agreement shall be construed in accordance with the laws of the state of Maryland, without regard to conflicts of law.

I have carefully read, clearly understand, and voluntarily sign this waiver and release agreement.

Date

Signature

Name of Attending Child: _____

Infant/Toddlers Individual
Activity Plan & Feeding Schedule

Child's Full Name: _____ Date of Birth: _____

Primary Child Care Staff Assigned: _____ Shift/Time: _____

Circle type(s) of liquid you are currently offering your child:

Breast Milk Milk Formula Juice Water

How much/how often: _____

Do you offer cereal with formula? Yes No; How much/Often: _____

List below any foods other than Milk/Formula that are offered to your baby.

Type of Food: Amount of Food: How Often:

Circle how your child usually eats these foods:

Spoon-fed, Uses fingers, Self-spooned Others: _____

Does your child have difficulty eating? Yes No (Spits up, Chokes easily, Allergies) other: _____

What time does your child usually nap? _____am _____pm: For how long: _____

How does your child like to fall asleep/nap? _____ (We must nap/sleep infants on their backs unless we have a doctor's note on file to use restrictive device, wedge, roll, strap, etc.)

What are some of the things your baby likes to do? _____

Please list (on back page if more room is needed) a daily of what your baby does during the day.

Please list any other information we need to know about you infant/toddler:

Guardian/Parent signature: _____ Today's Date: _____

Initials/date: _____ (Every 2months)