

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____



School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:**



Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
*Do you use: oil: _____ powder: _____ lotion: _____ other: _____
*Are bowel movements regular? _____ How many per day? _____
*Is there a problem with diarrhea? _____ Constipation? _____
*Has toilet training been attempted? _____
*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
*How does your child indicate bathroom needs (include special words): _____
Is your child ever reluctant to use the bathroom? _____
Does your child have accidents? _____

SLEEPING HABITS

- *Does your child sleep in a crib? _____ Bed? _____
Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

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PUBLIC/PRIVATE/VAN

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UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



PRESCHOOL



Y PRESCHOOL PERMISSION FORMS

- CLASS LIST** I wish to have my name, address, phone number and child's name on a class list to be distributed to my child's class members. This list will not be published or distributed anywhere else.
- MEDIA** I give permission for my child's photograph to be used for newspaper articles, class use, or public relations purposes or displays, while attending the Y Preschool program.
- FIELD TRIPS** I give permission for my child to participate in walking field trips with the Y Preschool. This may include but not limited to: Fire Station, Library, Post Office, Garden Theater or Energy Park. Each family will receive prior notification of any field trip involving transportation by bus.
- SWIMMING & GYMNASTICS** I give permission for my child to participate in swimming and gymnastics lessons during the school year while enrolled in the Y Preschool Program. Class is taught by certified instructors during these scheduled times and children are always accompanied by Preschool staff.
- SUNSCREEN** All efforts are made to avoid excessive sun exposure to children in our care, however, as we are outside on a daily basis we feel that children require the additional protection that sunscreen has to offer. I give permission for the Y Preschool Staff to apply sunscreen to my child on an as needed basis. I agree to send in a bottle of sunscreen for my child, but in the event that it runs out or cannot be located, I give the Y Preschool staff permission to apply "school" sunscreen to protect my child from possible sun damage.
- STUDENT INTERNS** Occasionally area colleges or universities request permission for their students to observe for an academic assignment. I understand my child will not be identified in any papers generated from these observations. All work generated from these observational projects are for educational purposes only. Papers produced from these observations will be used for the fulfillment of class assignments only and will not be published or presented in a conference. Under no circumstances will a child ever be left alone with a student intern. **I give permission for my child to be part of a general classroom observation by a student intern.**

The act of signing this document, I acknowledge that I have carefully read each and every item. I understand that I am giving permission for any of the above checked actions that may or may not be taken.

Parent Signature _____ Date _____

Parent Signature _____ Date _____



PRESCHOOL



EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION FORM

Child's Name _____

- In case of an emergency or illness, the Y Preschool Staff will first contact the parents/guardians. If parents/guardians cannot be reached, the Y Preschool will call emergency contacts beginning with the first person on the list.
- Anyone picking up or dropping off a child from preschool must be at least 18 years of age, unless special permission is granted.
- Anyone not recognized by the Y Preschool staff will be required to present a valid photo ID.
- Please list at least two contacts.

I hereby authorize the Y Preschool to contact and/or release my child to the following individuals:

1. Name _____ Phone _____

Address _____ Cell _____ Relationship _____

2. Name _____ Phone _____

Address _____ Cell _____ Relationship _____

3. Name _____ Phone _____

Address _____ Cell _____ Relationship _____

4. Name _____ Phone _____

Address _____ Cell _____ Relationship _____

5. Name _____ Phone _____

Address _____ Cell _____ Relationship _____

Parent Signature _____ Date _____

Hello Preschool Families,

I just wanted to let people know that if you are an active participant of the Facebook Community, please take a moment to visit and like our page, "Y Preschool". We are in the process of trying to make this page more active and to post continuous updates and photos of the happenings in our program. With that said, you will find at the bottom of this page a permission form, asking for your consent to use your child's photos taken during Y Preschool activities to be shared on our Facebook page. This page is maintained solely by me. This page is visible to the general public as it is used to promote our program. Names will NEVER be attached to any photos used and photos will only be used with your signed consent. Please fill out the bottom of this form and return it to Lisa. If you have any questions or concerns please don't hesitate to see me.

Thank You,

Lisa Jackson, Early Education Director

I, _____, give my consent for _____
photos taken only during Y Preschool activities to be used and shared on the
Y Preschool's Facebook page. I understand that this page is visible to the
general public and that my child's name will never be attached to any photos
used.

_____ YES _____ NO

Parent Signature: _____ Date: _____



Child Care Department

**Pre School Program
2017-2018**

Parent Handbook & Policies

PLEASE READ, SIGN AND RETURN TO PROGRAM

I acknowledge that I have received and read in its' entirety the Y PreSchool Program's Parent Handbook and Policies. I agree to abide by the policies that are referred to in this Handbook. I understand that failure to do so may result in disciplinary action which could include termination of my child's enrollment in the Y PreSchool Program.

Child's Name: _____

Printed Parent(s) Name: _____

Parent(s) Signature: _____

Date: _____

Please note that your signature indicates to the Directors and Staff of the Y PreSchool Program that you have actually read the Parent Handbook and Policies in its' entirety and you will be held accountable for upholding our program's policies. This will be kept in your child's permanent file.

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/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.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

Child's Name (Last/First): _____ **Age:** _____

Home #: _____ **DOB:** _____

Parent Name: _____ **(cell #):** _____

(work #): _____ **(home #):** _____

Address: _____

Parent Name: _____ **(cell #):** _____

(work #): _____ **(home #):** _____

Address: _____

Allergies/Medications: _____

Emergency Contact #1: _____

(H): _____ **(C):** _____ **(W):** _____

Emergency Contact #2: _____

(H): _____ **(C):** _____ **(W):** _____

Emergency Contact #3: _____

(H): _____ **(C):** _____ **(W):** _____

Photo Release: yes _____ no _____

Parent Signature: _____ **Date:** _____