FORMS CHECKLIST

Child's Name:_____ **Date Completed:**_____

1. Child's Face Sheet/Enrollment Form
2. First Aid and Emergency Medical Care Consent Form □
3. Emergency Card Information □
4. Parental Authorization to Release Child's Health Information □
5. Tuition Agreement □
6. Enrollment Interview □
7. Permission to Post Child Specific Allergies/Health Needs □
8. Permission to Photograph for the Internet □
9. Permission to Photograph for TV and Newspaper □
10. Permission to Photograph by Cole-Harrington Staff □
11. Parent Telephone Tree □
12. Car Registration □
13. Transportation Plan and Authorization □
14. Transportation Plan in an Emergency Evacuation □
15. Transportation Permission Slip. □
16. Late Pick-Up Policy □
17. Procedure When Children Are Left After 5:30 PM □
18. Notes to Parents from Colleges □
19. Observation Consent Form □
20. Authorization for Topical Non-Prescriptive Medication □
21. Water Play Permission Slip □
22. On Site Walks Permission □
23. Parent Volunteer and Participation Form □
24. Ages and Stages Questionnaire (ASQ-3) Consent Form □
25. Physician's Letter □
26. Certificate of Immunization □
27. Acknowledgement of Receipt of Parent Handbook □
28. Permission to Receive Mail Electronically □

GROUP DAY CARE AND SCHOOL AGE CHILD CARE
CHILD'S FACE SHEET/ENROLLMENT FORM

Program_____ Group Day Care_____ School Age Care_____

Child's Name_____ Eye Color_____ Skin Color_____

Home Address_____ Hair Color_____ Height_____

_____ Sex_____ Weight_____

Telephone_____ Age at Admission_____

Date of Admission_____ Primary Language_____

Date of Birth_____ Identifying Marks or Photograph _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name_____Parent/Guardian Name_____

Relationship to child_____ Relationship to child_____

Home Address_____ Home Address_____

_____ _____

Reachable Phone #_____Reachable Phone#_____

Cell Phone #_____Cell Phone #_____

Bus. Name_____ Bus.Name_____

Bus. Address_____ Bus.Address_____

_____ _____

Bus. Phone #_____ Bus. Phone #_____

E-mail address_____ E-mail address_____

Hours at work _____Hours at work_____

ADDITIONAL INFORMATION:

Child's Physician/Clinic_____

Name Address Phone

Allergies/Special Diets _____

Chronic health conditions/health care needs_____

If yes, complete Individual Chronic Health Plan and attach_____

Special limitations or concerns_____

Are there copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach _____

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

FIRST AID/CPR AND EMERGENCY MEDICAL CONSENT FORM

Child's Name_____ Date of Birth_____

I authorize staff in the Cole-Harrington Children's Center 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 by ambulance and/or to _____, to secure necessary medical treatment for my child including but not limited to an Epi-pen injection for suspected exposure to a life threatening allergen when delay would be dangerous for a child.

Child's Physician Name _____

Address _____

Phone Number _____

Child's Allergies _____

Chronic Health Conditions/Health Care Needs _____

Special Nutrition Needs _____

Emergency Contacts (In order to be contacted) Persons on authorized release list must be at least 18 years old and be able to provide appropriate identification.

1) Name_____ Address_____

Relationship to Child_____ Home Phone_____ Cell_____ Work_____

Do you give permission for your child to be released to this person? Yes_____ No_____

Do you give permission for your emergency contacts to have access to health information about your child?

Yes_____ No_____

2) Name_____ Address_____

Relationship to Child_____ Home Phone_____ Cell_____ Work_____

Do you give permission for your child to be released to this person? Yes_____ No_____

Do you give permission for your emergency contacts to have access to health information about your child?

Yes_____ No_____

3) Name_____ Address_____

Relationship to Child_____ Home Phone_____ Cell_____ Work_____

Do you give permission for your child to be released to this person? Yes_____ No_____

Do you give permission for your emergency contacts to have access to health information about your child?

Yes_____ No_____

Health Insurance Coverage (Required) _____Policy _____

Parent/Guardian Name_____ Phone _____ (cell) _____

Parent/Guardian Name_____ Phone _____ (cell) _____

_____ _____

Parent/Guardian Signature Date (valid for one year)

EMERGENCY CARD INFORMATION

Child's Name: _____Date of Birth: _____

Child's Home Address: _____

_____Phone:_____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____

   (Name, Address, Phone #)

2. _____

   (Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

_____

(Doctor's Name, Address, Phone #)

EMERGENCY CONTACT PERSON(S)

1. _____

   (Name, Address, Phone #)

2. _____

   (Name, Address, Phone #)

I give permission for this person(s) to have access to health information about my child.

Yes_____ No_____

MEDICAL EMERGENCY TREATMENT

I hereby give _____permission to administer basic

(Name of Program)

First Aid and/or CPR to my child _____ and/or take my

(Name)

child _____, to a hospital and to secure medical treatment

(Name)

including but not limited to an Epi-pen injection for suspected exposure to a life threatening allergen, when I cannot be reached or when delay would be dangerous to my child's health.

EMERGENCY CARD INFORMATION (continued)

ALLERGIES, CHRONIC HEALTH CONDITIONS:

_____

_____

INSURANCE INFORMATION (REQUIRED)

Company Name: _____Policy #_____

Participating Hospital: _____

Special Instructions: _____

PARENTAL AUTHORIZATION TO RELEASE CHILD'S HEALTH INFORMATION

The following individuals are authorized to have access to my child's health information;

- Administrative Staff
- Teaching Staff
- Emergency Contacts
- Emergency Personnel
- Health Care Consultant
- Other _____

Child's Name_____

Parent/Guardian Signature_____

Date_____

TUITION AGREEMENT

____ I have read Cole-Harrington's Financial Policies and Procedures.

____ I understand that I must pay at the time of registration the first two week's tuition as a deposit along with a $75.00 registration fee. I understand I will lose the deposit and registration fee if I change my mind.

____ I understand all tuition must be paid at the beginning of each week/month.

____ I understand that there is a fee charged for special events, presenters and field trips. I understand that fees are due prior to each event and field trip and average approximately $100.00 annually.

____ I understand that I must give four weeks written notice for withdrawals or changes in my child's schedule.

____ I understand that when I enroll my child for the summer months of July and August I will be responsible for paying for my requested day(s) for the **full** two months. Payment can be made weekly or monthly.

____ I understand if I decide to take my child out of the program during the summer months and re-enroll them in the fall, I will pay an additional $75.00 registration fee and two week's tuition as a deposit by April 1st. I understand I will lose my registration fee and deposit if I do not enroll my child in the fall.

____ I understand that when I register for fall by the designated due date of April 1st, Cole-Harrington looks at this as a commitment to enroll September 1st. I understand I may be required to pay up to four weeks of September's tuition if I change my mind after April 1st. This will be based on the coordinator's ability to fill the slot by September 1st.

____ I understand that there are no reductions in tuition for vacations, illness, holidays or snow days with the exception of the School Age Program, which allows for specific pre-registration days during public school vacation weeks.

____ I understand that in the event my bill becomes more than 30 days overdue I may be charged interest and a termination notice will be sent to me.

____ **(School-Age Program only)**I understand that the cost for transitioning/transporting children after school from the Hanson, Kennedy and Luce Public Schools to the Cole-Harrington School Age Enrichment Program is currently included in the daily/weekly tuition rate.

____ I agree to pay_____ per week for my child's tuition.

_____ _____

C.H Staff Signature Parent's Name/Signature

_____ _____

Date Date

ENROLLMENT INTERVIEW

PART I

Child's Name_____Date of Birth_____

Address _____

Telephone Number_____

Parent/Guardian Name:	Parent/Guardian Name:
Occupation:	Occupation:
Education: H.S. ☐ College ☐	Education: H.S. ☐ College ☐
Country of Origin:	Country of Origin:

Marital Status: [ ] Married [ ] Divorced [ ] Separated [ ] Single

Siblings

Name **Age**

_____

_____

_____

Do any of your children receive any therapeutic, educational, social and/or support services?

Name **Age** **Special Services**

_____

_____

Reason(s) for placing child in the center:

_____

_____

Comments:

_____

_____

_____

_____ _____

Conducted by: Date

PART II: CHILD'S MEDICAL AND DEVELOPMENTAL HISTORY

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

Pregnancy

1. Parents' ages when child born: _____mother _____father

2. Were there any problems during pregnancy with this child (weight gain of more than 25 lbs., high blood pressure, etc.)? If yes, describe:
   _____
   _____

Birth History

1. Where was your child born? _____
2. Were there any complications during the labor or delivery? Was oxygen required for the baby?
   _____
3. Was your child premature? _____
4. What was his/her birth weight? _____

Early Life

1. What changes did you and your family have to make in your family's life to accommodate a new baby?
   _____
   _____

2. If there were changes, how did you feel about making them? How did your partner feel about it?
   _____
   _____

3. If there are other children in the family, how did they feel about having a new baby in the family? Did you notice any changes in their behavior?
   _____
   _____

4. Did you work or go to school while your child was an infant or toddler? What child care arrangements did you use? How did it work out?
   _____
   _____

5. During this time, did you live near any family members or friends that you were close to? How often did you see them? Do you still see them?

   _____

   _____

6. Did you have any questions or concerns about your child's behavior or development? If yes, did you talk with anyone about your concerns? With whom and what did he/she advise?

   _____

   _____

7. Does your child have any special physical conditions, special needs? Describe and give instructions.

   _____

   _____

8. How would you describe your child as an infant (active, quiet, over-active, irritable, average)?

   _____

   _____

9. How would you describe your child's sleeping habits (slept well, hardly slept, never napped, slept restlessly, slept for long periods of time)?

   _____

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

   How do you handle this time? _____

10. Were there any difficulties with feeding (sucking, swallowing, food sensitivity, frequent demands)? Are there any problems now?

    _____

    _____

11. Is there any history of colic? _____

12. *Does child use a pacifier or suck thumb? _____

13. * Does child pull up? _____ *At what age? _____

14. At what age did your child begin to crawl?_____

15. At what age did your child begin to walk? _____

16. At what age did your child begin to put words together (i.e. daddy, bye-bye, mama work)?

    _____

17. Does your child have any speech difficulties?_____

18. Does your child use any special words to describe his/her needs? _____

Hearing

1. Does your child have any hearing difficulty? If yes, describe and give instructions on how this is to be handled at the center. _____

   _____

2. Was his/her hearing ever tested? If yes, where, when and what were the results?

   _____

   _____

3. Has your child had ear infections? If yes, how often (infrequently; 2-3 times per year; frequently - 4 or more times per year; prolonged - 10 days to 2 weeks)?

   _____

   _____

Vision

1. Does your child have any vision problems? If yes, describe and give instructions:

   _____

   _____

2. Has your child had an eye examination? If yes, where, when, and what were the results?

   _____

   _____

3. Does your child wear glasses? If yes, at what times does he/she need to wear them?

   _____

   _____

Child's History of Illnesses, Health Needs, Allergies, Accidents

1. Is your child currently being treated for an illness or condition or have any special health needs of which the center should be aware? If yes, describe and give instructions on how this is to be handled at the center.

   _____

   _____

   *Please note your child's health care provider will need to provide the center with and individualized plan that is prepared in consultation with family members and specialists.

2. Has your child ever been treated for an illness or accident at a hospital? If yes, please give the following information:

   When Where Why

   _____

   _____

3. Is your child presently taking any medication? If yes, describe:

   _____

   _____

4. Is your child allergic to anything, i.e. asthma, hay fever, insect bites, medicine, food reactions? If yes, please describe his/her reaction and your physician's prescribed follow-up care:
   _____

   _____

   *Please note: Your healthcare provider will need to provide the center with an individualized care plan.

Child's Family Environment

1. How long has your family lived in Canton or the surrounding area? _____

2. Has your child attended a school or child care center before? If yes, describe:
   _____

   _____

3. Who lives with you and your child?

   _____

   _____

4. What role do you and your partner take in the family?
   _____

   _____

5. Who handles the majority of responsibility of childrearing?
   _____

   _____

6. With whom does your child spend time? How often? What do they do together? What language is used with your child?
   _____

   _____

7. How does your child seek comfort and reassurance? _____

8. How does your child react to new people? New situations?
   _____

   _____

9. Has your child had the opportunity to know people from other backgrounds?
   _____

   _____

10. What language or languages do you use to talk to your child?

    Father: _____

    Mother: _____

11. If English is not your home language please estimate how may English words your child knows.

    _____less than 10 _____10-50 _____50-100 _____more than 100

12. If English is not your home language please list some common words your child uses that will help us understand his/her needs.

    _____

    _____

13. How would you describe your race/religion/culture?

    _____

    _____

14. Does your family have special customs or traditions? What are they?

    _____

    _____

15. Are there any customs or traditions that you would like the center to implement? Would you be willing to help us with this? Describe_____

    _____

16. What TV shows does your child watch? How many hours does he/she watch each day?

    _____

    _____

17. *Does your child become tired or nap during the day (include when and how long)? _____

    _____

18. *Does your child sleep in a crib or bed? _____

19. Describe your child's nap time/bed time routine (stuffed animal, story, mood upon waking etc.)

_____

_____

20. *Does your child sleep on his/her back? _____ side? _____ stomach? _____

***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.**

21. What are your child's toilet habits? _____

Are disposable or cloth diapers used? _____

Do you have a note from your healthcare provider documenting the need for cloth diaper use? (Required) Yes _____ No_____

Is there 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? potty chair_____special child seat_____ regular chair_____

How does your child indicate bathroom needs (include special words):_____

_____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

22. What is your child's current daily schedule? When does your child go to bed? When does your child get up in the morning? _____

_____

23. *Special characteristics or difficulties with eating? _____

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

_____

*Favorite foods _____

*Foods refused _____

*Is child fed held in lap? _____high chair? _____

*Does child eat with spoon? _____fork? _____hands? _____chopsticks? _____

24. When your child makes you angry, how do you communicate your feelings? What methods of discipline do you use?

_____

_____

25. Does your child have any fears? If yes, describe:

_____

_____

26. Have there been any major changes in your child's life (i.e. separations, divorce, death)? How old was your child? How did your child react? What did you tell your child? Does your child still have concerns about it?

_____

_____

27. Describe your child's play habits:_____

28. What are your child's favorite toys and interests? _____

Parental or Guardian Concerns

1. How do you think your child will respond and adjust to being in the center?

_____

_____

2. What would you like to see your child gain from being at Cole-Harrington Children's Center? What are your goals?

_____

_____

3. What are your thoughts and feelings about placing your child in our program?

_____

_____

4. What would make you feel comfortable about placing your child in the center? What do you need to know?

_____

_____

5. How do you want the teacher to communicate with you?

_____

_____

_____ _____

Conducted by Date

PERMISSION TO POST CHILD SPECIFIC ALLERGIES/HEALTH NEEDS

I give Cole-Harrington permission to post my child's allergies and or other important medical information in each classroom and in the food preparation area.

_____ _____

Parent/Guardian Signature Date

PERMISSION TO PHOTOGRAPH FOR the INTERNET

I give permission for my child _____

Child's Name

to be photographed for the purpose of posting it on the center's website. I understand that Cole-Harrington will not be using actual faces but rather children's backs and/or silhouettes.

_____ _____

Parent/Guardian Signature Date

PERMISSION TO PHOTOGRAPH FOR TV AND NEWSPAPERS

I give permission for my child _____

Child's Name

to be photographed for TV and newspapers.

_____ _____

Parent/Guardian Signature Date

PERMISSION TO PHOTOGRAPH BY COLE-HARRINGTON STAFF

I give permission for my child to be photographed by the Cole-Harrington staff for educational/curriculum purposes without specific consent. No outside agency or individual will be allowed to photograph my child without my consent.

_____ _____

Parent/Guardian Signature Date

PARENT TELEPHONE TREE

Many Cole-Harrington parents have expressed an interest in having a parent telephone tree. Some parents would like access to other parents for friendship, support, or idea swapping. Other parents are interested in inviting their child's friends over to play. If you would like your phone number to be printed on the Cole-Harrington Telephone Tree please sign release form.

I, _____ give permission for Cole-Harrington to
Parent's Name/ Date

release my phone number to other Cole-Harrington parents only. My number is

_____.

CAR REGISTRATION (PEC AND CHILREN"S PLACE SITE ONLY)

All parents will receive a Cole-Harrington placard. This will enable parents to gain entrance into the grounds of MHS and our program.

Car 1:

Driver's Name:	Make:	Model:
License Plate:	Color:	Year:

Car 2:

Driver's Name:	Make:	Model:
License Plate:	Color:	Year:

Car 3:

Driver's Name:	Make:	Model:
License Plate:	Color:	Year:

COLE-HARRINGTON TRANSPORTATION PLAN & AUTHORIZATION

Child's Name: _____

My Child Will Arrive At The Program By:

_____ Unsupervised Walk (Children 9 and older with parent permission)
_____ Supervised Walk (Who_____)
_____ School Van/Bus Drop Off (Additional Permission Slip Needed)
_____ Program Van (See attached Transportation Plan)
_____ Parent Drop Off
_____ Other (Describe _____)

My Child Will Depart From The Program By:

_____ Unsupervised Walk (Children 9 and older with parent permission)
_____ Supervised Walk (Who_____)
_____ School Van/Bus Drop Off (Additional Permission Slip Needed)
_____ Program Van (See attached Transportation Plan)
_____ Parent Pick Up
_____ Other (Describe _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

***If a child is protected by a restraining order please submit order to the provider**.

1. Name _____ Relationship _____

   Address _____ Phone _____

2. Name _____ Relationship _____

   Address _____ Phone _____

3. Name _____ Relationship _____

   Address _____ Phone _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

_____ _____

Parent/Guardian Signature Date

TRANSPORTATION PLAN IN AN EMERGENCY EVACUATION

I give Cole-Harrington permission to transport my child by walking to the United Church of Christ in the event that MHS facility is at risk.

_____ _____

Parent/Guardian Signature Date

TRANSPORTATION PERMISSION SLIP

I give permission for my child to be transported (to/from) Cole-Harrington by

_____.

(Name of Transportation Company)

Transportation Staff will be responsible for my child until he/she enters Cole-Harrington or is released to a Cole-Harrington Staff Member.

Transportation is provided by _____

(Town's Name)

public school. I understand Cole-Harrington will notify me and the public school if there's any problems with transportation. I will also inform both programs if my child is absent for the day.

_____ _____

Parent/Guardian Signature Date

LATE PICK-UP POLICY

All children should be picked up by their program's closing time. Our policy states that for every 10 minutes beyond the closing time, the parent shall be charged an additional $5.00. **We reserve the right to TERMINATE families who are chronically late.**

I, _____ certify that I have read this Late Pick-Up Policy.

_____ _____

Parent/Guardian Signature Date

COLE-HARRINGTON'S PROCEDURE WHEN CHILDREN ARE LEFT AFTER 5:30 PM

1. At 5:30 PM parents are called to ensure they are on their way.
2. If no answer, emergency numbers are called to arrange a pick-up by 6:00 PM.
3. If no one can be reached, staff will call the Program Director to see if the child can be brought to Enable, Inc. at 605 Neponset Street, Canton.
4. If the Program Director is not available the child will be brought to the Canton Police Station.
5. A message will be left on parent's home phone, cell phone, and work phone to let them know the whereabouts of their child if they are relocated.
6. A sign will be posted on our door to let parents know where their child was taken. Directions on how to get to Enable or the police station will be left along with the Enable or the police station phone number.
7. The Program Coordinator will be called to inform her of where the child was taken.
8. MHS Security will be notified as well.

NOTE TO PARENTS FROM COLLEGES

During the school year we have students from various colleges who come to Cole-Harrington to learn about our particular program, child development, child behavior, curriculum, discipline, etc.

The permission slip below gives students permission to observe your child within our setting, under teacher supervision. Please note your child's name will never be included in student reports and there will be no interaction between the child and the observers. Cole-Harrington will not allow physical harm or unusual treatment to occur during the observation.

If you would like your child to be involved in observations, please sign the permission slip and return to me.

OBSERVATION CONSENT FORM

I, _____ consent to having my child participate in student

Parent's Name

observations, by _____during the year.

Name of Institution Conducting Observation

It is my understanding that the students will be closely monitored and supervised by Cole-Harrington staff.

_____ _____

Parent/Guardian Signature Date

- **Cole-Harrington will not conduct screening, research, experimentation, or allow unusual treatment involving children without the written, informed, consent of the child's parents or guardians for each occurrence.**
- **Cole-Harrington will not authorize any activities unrelated to the direct care of children without the written informed consent of the parent or guardian. "Activities" shall mean but not be limited to: (a) fund raising; (b) publicity (including photographs and participation in mass media).**
- **Cole-Harrington will not allow any person to produce or distribute a likeness of any child in the program for any purpose without the written informed consent of the child's parent.**

AUTHORIZATION FOR TOPICAL NON-PRESCRIPTIVE MEDICATION

I, hereby authorize **Cole-Harrington Children's Center** to administer the following topical non-prescriptive medication:

Please initial if approving administration

Sunscreen or sun block with UVB and UVA protection of SPF 15 or Higher	
Petroleum Jelly	
Vaseline Intensive Care	
Skin So Soft	
Avon Bug Guard	
Eucerin	
Bug Spray containing DEET when the Department of Public Health issues a public health warning (only on children older than two months)	
Other	

I understand topical medications will be given according to the directions on the original container unless authorized in writing by the child's physician. I also understand this statement shall be valid for no more than one year from the date that it was signed.

_____ _____

Parent/Guardian Signature Date

1. Please indicate with a check (√) topicals that have not yet been administered to child.

2. Topical medicines such as petroleum jelly, diaper rash ointments, and anti-bacterial ointments which are applied to wounds, rashes or broken skin will be stored in their original container labeled with your child's name, and will be used only on your child. These must be provided by the parent, along with a signed separate permission slip from the parent and the child's pediatrician.

3. Topical medications such as sunscreen, Skin-So-Soft, and other ointments which will not be applied to open wounds, rashes, or broken skin will be generally administered to your child with your permission as stated above.

4. Please note parents are responsible for putting on the first dose of sunscreen and insect repellent on their child in the mornings on days required. Cole-Harrington will reapply in the afternoons when needed with parental permission.

WATER PLAY PERMISSION SLIP

I, give my permission for_____to participate in water play activities indoors and out when weather permits. I understand that my child must be dressed in a swimsuit, wear water shoes, bring in a labeled towel as well as dry clothes to change in to.

_____ _____
Parent/Guardian Signature Date

ON SITE WALKS PERMISSION

I, give my permission for_____to participate in group walks on the grounds of Massachusetts Hospital School. This includes covered walks, going down to the barn, lake, nature trails, running track and gym.

_____ _____
Parent/Guardian Signature Date

PARENT VOLUNTEER AND PARTICIPATION FORM

I, _____am committed to maintaining the

Parent/Guardian Name

quality of services provided to children at the Cole-Harrington Children's Center. I will help the center in the following way(s):

____ 1. Write letters of support to state legislatures to advocate for continued fundingfor children in day care centers and/or to upgrade salaries of staff in programs which have

____2. Participate in fundraising activities.

____3. Participate in raffle

____ I will help solicit donated prizes

____ I will sell tickets

____4. Help Center with routine and special tasks.

____ I will do laundry at least once a year, e.g., mat covers, blankets, towels.

____ I will put together toys as needed, e.g., tricycles, wagons.

____ I will participate in center work days, e.g., painting the center.

____ I will do sewing tasks as needed.

____ I will accompany children on field trips.

____ I will contribute special snacks on holidays.

____ I will help with minor repair jobs, e.g. bolting furniture, tightening playground equipment.

____5. I will not be able to participate in any of the above activities but will make a Yearly donation of $_____by _____.

____6. Participate in the annual meeting to help make decisions for program improvements, program plans, how to continue successful activities, review and improve ongoing operations, procedures and policies.

COLE-HARRINGTON'S AGES & STAGES QUESTIONNAIRE (ASQ-3) 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. We will be providing the Ages and Stages Questionnaires, Third Edition (ASQ-3), to all new children joining our program. The ASQ-3 is one of the first tools used to help you and Cole-Harrington keep track of your child's development.

If you decide to participate in the (ASQ-3) you will need to sign the attached permission slip. In the next few months you will receive an Ages and Stages Questionnaire. You and your child's teacher will be asked to answer questions about some things your child can or cannot do. This questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills. Your child's teacher will then set up a time to meet with you to discuss your child's strengths and offer ideas on how to continue to support your child's development. If the questionnaire shows some possible concerns, we can also share with you what resources are available as well as discuss how to get a more involved assessment for
your child.

We look forward to your participation in our program!

Please read the text below and mark the desired space to indicate whether you will participate in the (ASQ-3) screening and monitoring system. We hope you will choose to have your child participate and look forward to working with you during this exciting time of your child's development.

_____I have read the information provided about the Ages and Stages Questionnaire, Third Edition (ASQ-3), and I wish to have my child participate in the screening/monitoring program. When I receive the questionnaire I will answer the questions about my child's development. I will also participate in a parent conference, either in person or by phone, with my child's teacher.

_____I do not wish to participate in the screening and monitoring program. I have read the provided information about the Ages and Stages Questionnaire, Third Edition (ASQ-3) and understand the purpose of the program.

_____ _____

Parent/Guardian Signature Date

Child's Name_____Child's Date of Birth_____

If child was born 3 or more weeks prematurely, number of weeks premature_____

Child's primary physician_____

Dear Physician_____ is enrolled in Cole-Harrington
(Child's Name)

Children's Center, an early childhood program which is licensed by the Department of Early Education & Care. The Department of Early Education & Care regulations require that the Medical History and Immunizations Form be completed and signed by the child's physician or source of health care. ***A prompt response is appreciated***.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child_____ Date of Birth_____

Address _____ Phone #_____

Name of Parents_____

Address_____

Date of Examination of Child_____

What is your opinion concerning the child's general health and appearance:

_____
_____
_____

Has this child been screened for lead poisoning? Yes_____ No_____

If yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the day care provider? If so, please detail below:

_____
_____
_____

Physician's Signature _____

Date_____Comments_____

_____

_____

Please return to: _____ (Program Name)

_____

_____

Massachusetts Department of Public Health

CERTIFICATE OF IMMUNIZATIONS

Name_____

Date of Birth_____ Sex: Female _____ Male_____

Vaccine				Date
Hepatitis B			1	
			2	
			3	
DtaP	DTP	DT		
			1	
			2	
			3	
			4	
			5	
IPV		OPV		
			1	
			2	
			3	
			4	

Vaccine		Date
Hib	1	
	2	
	3	
	4	
MMR	1	
	2	
Varicella	1	
	2	
Lead		
Other		

I certify that this immunization information was transferred from the above-named individual's medical records.

Facility Name_____

Doctor or Nurse's Name (please print) _____

Signature _____ Date_____

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I _____ have received and read the Cole-Harrington Parent
(Parent/Guardian Name)

Handbook. I understand the policies and procedures given to me.

Please note: Cole-Harrington's policies and procedures are subject to change to reflect the needs of the program, children and families we serve. We may also make changes or modifications in our policies if required by our licensing agencies. Cole-Harrington will inform parents seven days before any changes take place.

Signature _____ Date_____

PERMISSION TO RECEIVE MAIL ELECTRONICALLY

I understand that by signing this permission slip that I agree to get Cole-Harrington mail electronically.

My email address is_____.

_____ _____
Parent/Guardian Name (Please Print) Parent /Guardian Signature

_____ _____
Child's Name Date

Please Note all forms sent to you that need signing will need to be printed out and returned to the office.