

EMERGENCY CARD INFORMATION

Please print clearly. We use the information below to contact you in case of emergency. If we cannot read your handwriting, this will delay our getting in touch with you.

Child's Name _____ Date of Birth _____

Child's Home Address _____

PARENT(S)/GUARDIAN(S)

1. _____

(Name and Address)

Phone Number #1: _____ Phone #2 _____

2. _____

(Name and Address)

Phone Number #1: _____ Phone #2 _____

Special Instructions to reach parents: _____

EMERGENCY CONTACT PERSON(S) in addition to parents/guardians

1. Name:	Address:
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person?	Yes No

2. Name:	Address:
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person?	Yes No

MEDICAL EMERGENCY TREATMENT: I hereby give Pine Village Preschool permission to administer first aid and/or CPR to my child, _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent Signature) (Date)

Insurance Information (Optional)

Company Name _____ Policy # _____

Participating Hospital _____

Topical Medication Consent

I hereby give the staff at Pine Village Preschool permission to administer the following listed topical medications to my child, _____. I understand that I am responsible for supplying these items to my child's teacher for safe storage.

Signature: _____

Date: _____

Please circle all that apply along with the name brand and any necessary additions:

Topical Medication	Brand Name	Special Instructions
1. Diaper Cream		
2. Talcum Powder		
3. Sunscreen		
4. Insect Repellent		
5. Lip Balm		
6. OTHER		

OR

I (We) _____ DO NOT wish to have any topical medications administered to my child _____.

Signature: _____

Date: _____

Oral Health Non-Participation Form

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to child care programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. **However, parents may choose that their child (ren) not participate in tooth brushing while present at the child care program.** You do not need to fill out this form to have your child (ren) participate in tooth brushing while they are in child care. However, if you do not want your child to brush his or her teeth while s/he is attending

the child care program, please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I do not wish to have my child participate in tooth brushing while in care at Pine Village Preschool.

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Date: _____

ADDITIONAL AUTHORIZATIONS

By signing below, I acknowledge and give my consent to the following.

Absences and Tardiness

Effective communication between parents and early education and care providers promotes the safety and welfare of children both in and out of childcare settings. Timely communication ensures that children are accounted for as soon as possible. **Parents and guardians must promptly notify the Program that their child will be absent or will arrive later than scheduled that day.** The Program shall note on the attendance sheet the absence or late arrival of the child on the appropriate day and, if known, the name of the person who notified the program of the absence or the late arrival.

_____ Initial

Walking/Local Trip Permission

I give permission for the staff of Pine Village Preschool to take my child on spontaneous local walking trips within a 3 mile radius of the school. These trips will be during regular school hours and will take advantage of local attractions such as libraries, parks, shops and lakes. At times, there will be additional field trips taken (with transportation provided) in which I understand a separate permission slip will be handed out, and there may be a field trip fee.

_____ Initial

Photograph/Video Permission

Pine Village takes photographs and videos of children enrolled at its schools on a regular basis. Pine Village retains all rights, title and interest in these materials and may use and disseminate them in a variety of ways in its sole judgment.

Pine Village takes care that any use, display or dissemination of these materials, whether within a specific location or for general business purposes, is done so in a thoughtful, safe, and secure manner appropriate under the particular circumstances. These materials are used for both internal purposes (for example, to communicate with families a child's activities during the day or to document development and curriculum through software such as Kaymbu) as well as for external purposes. Photos may be shared with you and other families through a secure website, via email, in newsletters, or in our blog and other communication venues. By signing below, you grant permission to Pine Village to take photographs and videos of your child during your child's enrollment and the use of these photographs and videos for its business purposes.

_____ Initial

Parent Directory

Please use information provided on my application/re-enrollment form. (Check here _____)

OR, please use the information provided below:

Child's Name	Parent's Name(s)	Address	Phone Number(s)	Email (s)

Pine Village may share the contact information above with other Pine Village Families.

_____ Initial

Transportation Plan

Please indicate the **regular** drop-off and pick-up plan for your child. (i.e. write "parent" or write the name of nanny/grandparent etc. in the corresponding day.) Furthermore, please indicate on the attached emergency release form authorizing the release of your child to those other than the parent or guardian. (i.e. nannies, family members, friends.) **If there is anyone else additional authorized to pick-up your child, please provide a signed letter to that effect.**

Drop off plan

<u>Mondays</u>	<u>Tuesdays</u>	<u>Wednesdays</u>	<u>Thursdays</u>	<u>Fridays</u>

Pick-Up Plan

<u>Mondays</u>	<u>Tuesdays</u>	<u>Wednesdays</u>	<u>Thursdays</u>	<u>Fridays</u>

Acknowledgement:

I have read, understand, and accept the conditions in the pages noted above.

Child's Name:

Parent/Guardian Name (PLEASE PRINT): _____

Parent/Guardian Signature:

Date: _____