



LITTLE PEOPLE'S PLAYHOUSE APPLICATION

The following forms are documents **REQUIRED** by Little People's Playhouse for recording and corresponding purposes. Please be certain to fill out **ALL** the accompanied forms and return them to the center, prior to your child's enrollment.

Thank you in advance for your time and consideration in the in taking the time to read through this **VERY IMOPORANT** piece of information that will help us better serve you and your child.

Once again, **WELCOME TO LITTLE PEOPLE'S PLAYHOUSE!!**

Michele Bingham, Owner, Little People's Playhouse I & II

SITE 1: 5274 WASHINGTON STREET, WEST ROXBURY, MA 02132

(617) 323-6144 (PHONE) (617) 323-2219 (FAX)

SITE 2: 32 SOUTH FAIRVIEW STREET, ROSLINDALE, MA, 02131

(617) 323-2566 (PHONE) (617) 323-3032 (FAX)

Parents/Guardians:

The following is a list of **Mandatory** documents and items needed per child:

- Little People's Playhouse Application Packet
- Food Program Application Packet
- Tuition Express Form
- Updated Physical Form - copy
- Updated Immunization Form - copy
- Lead Screening Clearance - copy
- Parent(s) Id - copy
- Birth Certificate - copy
- Medical Insurance Card – copy

If your child has any allergies the required forms

- Updated Asthma Action Plan
- Updated Food Allergy Plan
- Individual Health Care Policy – Included in this packet
- Medication Consent Form – Included in this packet

Items needed for the first day (The first day is a half a day children must be picked up by 12:00pm)

Please send blankets on Monday and take home on Fridays

- Twin fitted sheets
- Small blanket
- Travel size pillow
- Bag to bring items to a from school

(in case of an accident/emergency): Place items into a jumbo/large Ziplock bags and label all items. Clothing should be according to the weather.

- Pants or shorts
- Long sleeve or Short Shirts
- Socks
- Under Garment

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: _____

Cell Phone Number / Phone Company : _____

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 / Phone Company: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number / Phone Company: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

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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? _____

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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

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)

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THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: <u>Little People's Playhouse I & II</u>
Name of Educator(s) responsible for child: <u>LPPH Staff</u>
Name of off-site location and address: <u>Roslindale Branch Library, Fallon & Healy Field and playground, Village Market, Roslindale Square</u>
Date of off-site activity: <u>Monday-Friday</u> ; Time Leaving Program: <u>10 AM</u> ; Time Returning to Program: <u>11:30pm</u>
Method of Transportation: <u>Walking</u> Fee associated with activity (if any): _____
NOTE Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity	
Child's Name: _____	Child's Date of Birth: _____
Parent's/Guardian's Name: _____	Phone Number: _____
I authorize child care program staff to secure necessary emergency medical treatment	
Name of child's Physician, Address, phone number: _____	

Child's allergies, health conditions, or Individual Health Plan: _____	

Health Insurance Plan and Policy #: _____	
Emergency Contact Name: _____	Contact #: _____
_____	_____
(Parent/Guardian Signature)	(Date)

This form must accompany each child on the off-site activity

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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:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

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

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SG/LGTransportationAuthorization20100326

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) _____

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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)

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ACKNOWLEDGEMENT OF LATE FEE'S
LPPH POLICY

For late services listed in this agreement, and in accordance with terms of this agreement, I agree to pay Little People's Playhouse the sum of **\$5.00 per minute** beginning at **5:00pm** for childcare services provided for my children between 5:00pm-6:00pm. If your child is not picked up by 6:00pm your child will be transported to the local Boston Police Department.

I agree to cooperate with the general policies of the center; to perform the obligations of parents or guardians set forth in this agreement; and to abide by the rules, regulations, and manuals provided by Little People's Playhouse. It further indicates that I have read this material explained to me and that all my questions have been satisfactorily answered.

Parent or Guardian Signature: _____

Date: _____

Child Names: _____ ; _____

Director: _____

ACKNOWLEDGEMENT OF CENTER HOURS-
ARRIVING/DEPARTING – LATE FEES – RELEASE AUTHORIZATIONS

LPPH I & II Hours of Operations: 8:00am-5:00pm ; Monday – Friday

Children registered must arrive to the center between 8:00 am and 9:30 am. Parents are required to bring children to the front door to sign their children in. Children will not be admitted into the center after 9:30am. The center closes promptly at 5pm, please arrive to the center no later than fifteen minutes before closing. In order to ensure the program ends in predictable way for both the children and staff, we ask that you respect our closing times.

I agree to cooperate with these policies of the center; to perform the obligations of parents or guardians set forth in this agreement; and to abide by the rules, regulations provided by Little People's Playhouse.

Parent or Guardian Signature: _____ Date: _____

THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

Annual Update Form

The regulations require that all children's records be reviewed and updates as necessary, but at least once a year. All written permission forms are valid for one year from the date it is signed unless the consent is withdrawn in writing prior to that time.

Please review the information contained in this record and make any corrections. By signing this form, you are stating that you give the educator(s) permission to:

1. Transport your child to a medical facility and receive emergency treatment***
2. Administer basic first aid and/or CPR on your child
3. Take your child off the premises of the center for the specified excursions.
4. Apply the topical medications listed on the applicable permission form
5. Use the on-site swimming pool (if applicable)

***The actual permission forms on the emergency card/form that the provider must take with them when they leave the premises must be signed.

Parent's/Guardian's Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF LPPH I & II
POLICIES AND PROCEDURES

For services listed in this agreement, and in accordance with the terms of this agreement, I agree to pay Little People's Playhouse the weekly sum of \$_____ beginning on _____ for childcare services provided for my child/ren _____ between the hours of _____.

I agree to cooperate with the general policies of the center; to perform the obligations of parents or guardians set forth in this agreement; and abide by the rules, regulations, and manuals provided by the center. My signature below indicates that I have read the terms of this agreement and the rules, regulations, and manual provided by Little People's Playhouse. It further indicates that I have read this material explained to me and that all my questions have been satisfactorily answered.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



Little People's Playhouse Photo Release Form

I hereby grant permission to Little People's Playhouse to photograph/interview/video record my child, _____.

It is my understanding that this photograph/interview/video recording or portions thereof will be used for public view. Information such as a child's name, age, etc. will not be published.

I agree to participate in this project without financial remuneration, and I understand that this releases Little People's Playhouse's photographer/interviewer from any future claims as well as from any liability arising from the use of said photography/interview/video recording.

Name of Child: _____

Address: _____

City/state/zipcode: _____

Date: _____



FAMILY INVOLVEMENT INFORMATION

The General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating and enforcing rules and regulations governing the operation of family child care, small group and school age and large group and school age child care.

These regulations, 606 CMR 7.00, establish standards for operation of family child care, small group and school age and large group and school age child care programs in the Commonwealth. The regulations require certain things of licensees (program owner) in regard to their work with families. A summary of the required parent information, rights, and responsibilities are identified below.

Family Involvement. The following 606 CMR 7.08 requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements for family child care are found at 606 CMR 7.08(9). Additional requirements for small group and school age and large group and school age child care are found at 606 CMR 7.08(10). The licensee must support and encourage a partnership with and the involvement of parents in the early education and care of their children.

Parent Communication. The licensee must develop a mechanism for and encourage ongoing communication with parents, and must be able to communicate effectively with families whose primary language is not English or who require alternative communication methods.

Parent Input. The licensee must have a procedure for allowing parental input in the development of program policies, which may include, but need not be limited to a suggestion box and individual or group parent meetings.

Parent Visits. The licensee must permit and encourage unannounced visits by parents to the program and/or to their child's room at any time while their child is present.

Enrollment Meeting. The licensee must provide an opportunity for and encourage parents to meet with the program administrator or his/her designee prior to admitting a child to the program. • The licensee must offer children and parents an orientation to the program. • The licensee must provide an opportunity for parent(s) and children to visit the program and meet educators before the child is enrolled. Page 2 of 3 SG/LG/SAFamilyInvolvement20100122 • The licensee must seek information about each child's and family's interests and needs. • To support transitions and coordinate with services offered by other providers, the educators must request that parents share with them information about other therapeutic, educational, social and support services received by the child. • For children younger than school age, educators must discuss each child's developmental history with his or her parents at the time of

enrollment. The developmental history must be updated annually and maintained in the child's record.

Written Information for Parents. The licensee must provide the following information to families in writing prior to enrollment of their child: • notification that parents are welcome to visit the program unannounced at any time while their child is present; and that input from and communication with parents is encouraged; • the frequency of children's progress reports; • the program's policy regarding administration of medication; • the procedures for meeting potential emergencies; • the transportation plan; • a program calendar noting closed days and hours of operation; • the program's fee schedule, including any fees for late payment, late pick up, field trips, special materials, etc; • the program's plan to provide positive and consistent guidance to children based on their individual needs and development; • the program's criteria for excluding children from care due to serious illnesses, contagious diseases and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health; • information regarding SIDS risk reduction practices, including the practice of sleeping infants on their backs; • the procedures relating to children's records; • notice that child educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families; • notice that the program is licensed by EEC, including the telephone number and address of the EEC regional office responsible for the program; • a statement that parents may contact EEC for information regarding the program's regulatory compliance history.

Parent Conferences. The licensee must make educators available for individual conferences with parents at parental request.

Notifications to Parents. The licensee must inform parents: Page 3 of 3
SG/LG/SAFamilyInvolvement20100122 • immediately of any injury which requires any medical care beyond minor first aid or of any emergency administration of non-prescription medication; • immediately of any allegation of abuse or neglect involving their children while in the care and custody of the licensee; • prior to or as soon as possible following any change in educators; at the end of the day regarding any minor first aid administered; in writing within 48 hours of any incident; • whenever special problems and significant developments arise; • whenever a communicable disease or condition has been identified in the program; • in writing seven days prior to the implementation of any change in program policy or procedures; • prior to the introduction of any pets into the program; of the use of any herbicides or pesticides, prior to their use whenever possible; and • whenever the program deviates from the planned menu.

Additional Requirements for Small Group and School Age and Large Group and School Age Child Care. The licensee must provide the following information to parents in writing prior to enrollment: • the program's written statement of purpose including and, where applicable, information on the administrative organization of the program; The suspension and termination policy