

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

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

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PARENT /GUARDIAN SIGNATURE _____ DATE _____

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

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)

PARENT CONSENT FOR MEDIA PUBLISHING

I hereby give permission for my child to be published in the following forms of media by The Elemen-Tree House;

Check Only if you would like to grant permission

_____ Publishing photos on our protected web page on Facebook and Instagram (does not contain Names of any child).

_____ Publishing photos on the public page of our website www.elementreehouse.com (does not contain Names of any child).

Parent/Guardian Signature _____ (Date) _____

Pool Permission

I _____ give my permission for my Child _____
(Child's Name)

To swim in The Elemen-Tree House pool _____ (Date) _____
(Parent/Guardian Signature)

Sun Block Permission

I _____ give my permission for The ElemenTree House staff to apply Sun

block on My child _____ (Date) _____
(Parent/Guardian Signature)

Appendix A

Dear Parents:

The Children and Families Protection Act of 2000 requires all schools (public, private, day care and school age child care programs) to develop and maintain an Integrated Pest Management Plan concerning any pest problems that may exist inside or outside of our school. The law also requires that you be notified at least two working days prior to any outdoor pesticide applications.

Should our school have to make any pesticide applications to the outside of the building we are asking for parents to "sign up" should they want to be notified of these applications via email. Please note that by choosing the option of being notified via email, you agree to routinely check your email as the notification is required to be sent out at two working days prior to the scheduled application Please fill out the bottom of this form and return it by *(write in date)*. Should you choose to not be notified via email then the notification will be sent home with your child.

NO, I would not like to be notified of outdoor pesticide applications via email. I would prefer to have the notification sent home with my child.

Name of Student(s) Registered or Enrolled

Signature and Date of Parent or Legal Guardian

YES, I would like to be notified of outdoor pesticide applications via email. Please send such notifications to the below provided email address(es).

Email Address(es) of Parent(s) or Legal Guardian(s)

Name of Student(s) Registered or Enrolled

Signature and Date of Parent or Legal Guardian

This is to certify that I have read and understood The Element-
Tree House Parent Handbook.

If I have any questions to any of these state policies, I will
contact the program Administrators.

(Parent/Guardian Signature _____ (Date) _____)