

Child Care of the Berkshires Family Child Care System

Face Sheet

Start date: _____
Discharge date: _____
Reason: _____

Child's Name: _____ Male Female Date of Birth: _____ Age: _____
Primary Language: _____ Place of Birth: _____ Eye Color: _____ Hair color: _____
Brother's/sister's names & ages: _____
Allergies/Special Diet/Restrictions: _____

PARENT/GUARDIAN INFORMATION : Child resides with: Mother Father Other _____
(Please submit copies of custody arrangements, court orders, restraining orders, if applicable)

Mother/Guardian: _____	Father/Guardian: _____
Home Address: _____	Home Address: _____
Mailing Address: _____	Mailing Address: _____
Home Phone/cell: _____	Home Phone/cell: _____
Work Place/School: _____	Work Place/School: _____
Work/School #: _____	Work/School #: _____
Work/School Hours: _____	Work/School Hours: _____

Instructions to reach during day: _____
Optional: E-mail address (if checked/used daily): _____

EMERGENCY CONTACTS/AUTHORIZED PEOPLE TO PICK UP CHILD: In the event of an emergency when I may not be reached, I authorize Child Care of the Berkshires, Inc. and/or my provider to contact the following individuals (in the order given) whom I authorize to take my child from the child care premises. In addition, the following individuals also have my permission to take my child from the child care premise in non-emergency situations, unless otherwise indicated.

1) Name: _____	Relationship to child: _____
Address: _____	Phone Number: _____
2) Name: _____	Relationship to child: _____
Address: _____	Phone Number: _____
3) Name: _____	Relationship to child: _____
Address: _____	Phone Number: _____

ARRIVAL/DEPARTURE INFORMATION:

<i>My Child Will Arrive by:</i>	<i>My Child Will Leave by</i>
<input type="checkbox"/> Parent Drop off <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised walk	<input type="checkbox"/> Parent pick up <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised walk
<input type="checkbox"/> Public/Private Van <input type="checkbox"/> Bus <input type="checkbox"/> Parent provided transportation	<input type="checkbox"/> Public/Private Van <input type="checkbox"/> Bus <input type="checkbox"/> Parent provided transportation
School /schedule/Notes: _____	

Parent/Guardian Signature: _____ **Date:** _____

INFORMATION BELOW TO BE COMPLETED BY CCB STAFF

Provider : _____ Pre-placement date: _____ Transfer date: _____
Transfer from: _____ Provider Payment per week: \$ _____
Schedule of Care Include days, hours, exceptions: _____
CCB Staff Signature: _____ Date: _____

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Authorization for Medical Emergency Treatment

I hereby give _____ and _____ permission to administer basic 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 a delay would be dangerous to my child's health.

Name of physician: _____ Phone number: _____

Optional: Medical Insurance type and number _____

Date: _____ **Parent/Guardian Signature:** _____

Field Trip Permission

I hereby give my child care educator, _____, permission to take my child, _____, off the child care premise for the following excursions:

Restrictions/instructions when taking child off premise: _____

Date: _____ **Parent/Guardian Signature:** _____

Additional Persons child may be release to (in addition to emergency contacts listed):

I authorize the following individuals to take my child off the child care premises

- | | |
|----------------|------------------------------|
| 1) Name: _____ | Relationship to child: _____ |
| Address: _____ | Phone Number: _____ |
| 2) Name: _____ | Relationship to child: _____ |
| Address: _____ | Phone Number: _____ |
| 3) Name: _____ | Relationship to child: _____ |
| Address: _____ | Phone Number: _____ |

Date: _____ **Parent/Guardian Signature:** _____

Photograph permission

I hereby give Child Care of the Berkshires, Inc. and my provider, _____, permission to photograph my child participating in child care activities.

Please note any restrictions (i.e. no public photos): _____

Date: _____ **Parent/Guardian Signature:** _____

License capacity and Certified Assistants

The current licensed capacity of the home in which my child is enrolling is _____. The home in which my child is enrolling uses a Certified Assistant on a regular basis.

If Yes, Their name is: _____ Their EEC license # is: _____

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Topical Permission

I hereby authorize Family Child Care and _____ To administer the following
Non prescription ointments to my child, _____

Medications (check those you approve, note specific type any restrictions next to topical)

- | | |
|---|---|
| <input type="checkbox"/> Sunscreen _____ | <input type="checkbox"/> Neosporin or other antibiotic ointment _____ |
| <input type="checkbox"/> Bug Spray _____ | <input type="checkbox"/> Vaseline/cornstarch _____ |
| <input type="checkbox"/> Diapering Lotion _____ | <input type="checkbox"/> Other _____ |

Prescription medications(s) may be given **by order of a physician only**. Order must include dosage, times given and number of days required. Please note that prescription must be in original container and you will need to sign a separate consent.

Some nonprescription medication(s) such as Tylenol or cough syrup may be given with written permission from the parent/guardian detailing dosage and time(s). A new permission slip will be required after 10 days for non-prescription medication. Some educators may require a doctor's note to administer nonprescription medication.

Providers are required to log all medication that is administered. Log must include dosage and time(s) medication is taken (parent may request a copy).

Date: _____ **Parent/Guardian Signature:** _____

Notice to Parent Regarding Supervision of Children Involving Transportation

Family Child Care Educators must exercise good judgment when supervising children in their care. When a child uses specialized transportation to and/or from the family child care home, it may be necessary for the educator to accompany the child to and/or from the vehicle. Whenever possible, if there is a monitor on the transportation vehicle, the monitor will be responsible for accompanying the child between the family child care home and the vehicle. If I am accompanying a child to and/or from a transportation vehicle I must meet the following requirements:

- All the children in care will be on the first floor level before I can go outdoors to accompany a child to or from a transportation vehicle.
- I will make sure every child remaining in the home is in a hazard free environment.
- I will consider the number, ages and needs of children in care in order to ensure the safety of all child care children while accompanying a child to or from a transportation vehicle. Special precautions will be taken to ensure the safety of all children when there is a child care child who is unusually aggressive or active or exhibits behavior difficulties.
- I will notify the parents of all children in care that children are being accompanied to and from transportation vehicles and must obtain written consent of all parents involved.
- I will remain in clear view of the family child care home when accompanying a child and I will not be more than 50 feet from the home.
- I will remain in the home with the child care children until the transportation vehicle arrives at the home. I will minimize the amount of time out of the home.

PLEASE NOTE: This applies to transportation vehicles only. Child care children who walk to or from the school bus stop may walk unescorted if the child's parent gives the provider written authorization. Also, if I have a child who is younger than six months at the time of enrollment and they are within the first six weeks of care, these children must be within my direct visual supervision. I will not be able to accompany a child to and from a transportation vehicle unless I take the infant with me or I have an approved assistant to provide the necessary supervision coverage.

Parent consent:

I understand and agree that my family child care educator _____, may be leaving my child(ren), _____, alone on the first floor level of the family child care home while the educator accompanies another child to/from a transportation vehicle and that while doing so the educator will take all of the required steps to ensure my child(ren)'s safety.

Date: _____ **Parent/Guardian Signature:** _____

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WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I acknowledge that I have received a copy of the **Parent Handbook** for the Family Child Care System of Child Care of the Berkshires, Inc., which includes: information on the frequency of progress reports, administration of medication, procedures for meeting potential emergencies, a program calendar, the child guidance plan, exclusion for serious illnesses/contagious diseases/reportable conditions, procedures for children's records and reports of suspected abuse or neglect.

Date: _____ **Parent/Guardian Signature:** _____

PARENTAL VISIT NOTICE

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

Date: _____ **Parent/Guardian Signature:** _____

VISITORS TO FAMILY CHILD CARE HOMES

I acknowledge that I have been informed that there may be **Other Professionals in the Family Child Care System Homes**

"Child Care of the Berkshires, Inc. offers the services of a multidisciplinary team of early childhood professionals and social workers to assist a parent or child with a variety of issues, working on site or in the child's home." Your child may be present when one of these professionals visit. If concerns arise, you will be consulted first and sign a written consent for specific observations, assessments, referrals or services.

Date: _____ **Parent/Guardian Signature:** _____

PARENT INFORMATION SHEETS

_____ By initialing, I acknowledge that I have received a copy of the local community resource guide.

_____ By initialing, I acknowledge that I have received basic information about WIC and the WIC income guidelines, if I have a child under age five.

_____ By initialing, I acknowledge that, if my child is less than 12 months of age, I have received the Parent Fact Sheet on the **SLEEP SAFE Policies/SIDS**

DOCUMENTATION OF MEDICAL INFORMATION AS REQUIRED BY EEC

The Department of Early Education and Care requires that we keep updated medical information on your child (unless parent objects, in writing, on the grounds that it conflicts with his/her sincerely held religious beliefs). Please submit a copy of your child's updated physical and immunization record as they are completed.

School Age Children only: 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.

Name of school: _____ Address: _____

Date: _____ **Parent/Guardian Signature:** _____