

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

**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)



## BrightPath Early Childhood Health Assessment Record

**To Parent or Guardian:** In order to provide the best experience, early childhood education providers must understand your child's health needs. This form requests information from you (Part I) and information from your child's health care provider (Part II). Massachusetts state law requires complete primary immunizations and a health assessment by a physician, an advance practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine prior to entering an early childhood education program in MA.

### Part I – To be completed by child's parent/guardian

*Please Print*

\_\_\_\_\_  Male  Female  
Child's Name (First, Last) Birth Date

\_\_\_\_\_  
Address (Street, Town, State, and Zip)

\_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone  
Parent/Guardian Name (First, Last)

\_\_\_\_\_ Child's Dentist  
Child's Primary Health Care Provider

\_\_\_\_\_ ID Number or Medicaid Number  
Health Insurance Company

*I give consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information in these forms for confidential use in meeting my child's health and educational needs in the early childhood education program.*

\_\_\_\_\_ Date  
Parent/Guardian Signature



## Connect (Parent Engagement Program)

I, \_\_\_\_\_ (Parent/Guardian Name) am the parent or guardian of \_\_\_\_\_ (Child's Name) (the "child") and have voluntarily chosen to participate in Educational Playcare **Connect** (the "**Engagement Program**").

### Participation Agreement

In consideration for BrightPath, its subsidiaries and affiliates providing Connect (Engagement Program), accepting my application to participate in Connect (Engagement Program), and providing me access to Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our participation in Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child's risk.
- (b) I have read the Connect Parent Engagement Information Letter attached hereto and I have had all my questions in relation to the Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (d) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless BrightPath and its agents, employees, affiliates, and/or assigns for all claims, liabilities, damages, losses, and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.
- (e) I understand and acknowledge that the Connect Engagement Program relies on the use of a third-party provider (the "**Developer**") that utilizes the internet and cloud computing technology. Accordingly, I acknowledge that the Developer will have access to information, photos, and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the Connect Engagement Program relies. I understand and accept that BrightPath will have no liability in the event of any breach of confidentiality of any information collected and copied from the Connect Engagement Program, whether or not such breach resulted from

the actions of the Developer of BrightPath, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

- (f) For greater certainty, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

## Approval for Photos/Videos

I hereby grant permission to BrightPath and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the Connect Parent Engagement Program.

I further grant permission to BrightPath and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the Connect Parent Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify, and hold harmless BrightPath, its board of directors, officers, employees, or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

\_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Parent/Guardian Approval\*)

\*By entering your name into the field above, you agree to the terms of the waiver.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

Primary email: \_\_\_\_\_



## **Closed Circuit Television System Policy**

### **Purpose**

Select Busy Bees North America (BBNA) centres operate a Closed Circuit Television System (CCTV) which makes video and potential audio recordings. BBNA values the confidentiality and privacy of its staff and the families that we serve, and therefore provides this CCTV policy (this Policy) to outline the purposes and uses of these CCTV devices and recordings.

As a provider of early learning and child care services, from infant to pre-kindergarten and older children on a before and after school basis, BBNA is responsible for the most vulnerable population and, therefore, maintains the highest standards in care and safety to provide exceptional early years services.

The CCTV System is operated to ensure these highest standards in care and safety of the children. After careful consideration of the positive impact of CCTVs in other environments, both in relation to prevention and investigation of incidents, the CCTV has been adopted in the interest of the children, their families and of BBNA employees. The CCTV System will play an important role in the delivery of our services considering we have young children in our care.

The CCTV system will be used for the purposes of reviewing room activity, staff and child interactions and behaviour where there is suspicion or allegation of a significant incident, when there has been a complaint or concern voiced by parent, guardian or staff member, or as otherwise provided in this policy.

The use of CCTV is not intended to replace appropriate management practices and procedures in supervising and coaching staff.

### **Scope and Responsibilities**

BBNA will respect local privacy laws. Please refer to our Data Protection Policy which sets out in detail how we process this information.

### **Security and Protection of Privacy**

The video/audio recorder will be kept secure in either its own locked cabinet or a locked room which has restricted access. BBNA implements security safeguards to protect the CCTV equipment and recordings at the level appropriate to the sensitivity of the information. . Access to the system's controls and reception equipment, and to the recordings it captures, will be limited to authorized persons.



Recordings will be securely held, and access within the organization limited to the purposes described in this Policy. Cameras should be positioned as best they reasonably can to reduce the likelihood of capturing individuals not intended to be filmed, while achieving the objectives of this policy.

Authorized persons will only access the recordings in the case of suspicion or allegation of a significant incident or complaint, for supporting training regarding program delivery, or for reasonable maintenance, installation, or configuration of the CCTV systems.

Authorized persons include the following who will be provided access strictly on the basis of need-to-know:

- Centre Director (CD);
- Area Director (AD);
- Operations Director;
- VP Education and Quality Assurance;
- Chief Operating Officer (COO);
- President;
- Chief Human Resources Officer;
- Director of Safety and Compliance (DSC);
- Chief Executive Officer (CEO); and
- others as allowed by the COO, President, or CEO.

### **Location**

The following areas may be covered by CCTV:

- Classrooms;
- Sleep Rooms;
- Gymnasiums;
- Multi-purpose rooms;
- Hallways;
- Reception area;
- Front door;
- Outside play areas;
- Parking lots;
- Director's office;
- Kitchen; and
- Any other area where coverage is appropriate, except for those locations listed below as not covered.





The following areas will not be covered by CCTV:

- Children's toilet area;
- Staff room; and
- Adult bathrooms.

The CD shall be responsible for reviewing camera locations from time to time and for considering requests from staff, parents, guardians or other persons regarding concerns relating to privacy or confidentiality due to the location of a particular CCTV camera. Cameras should be positioned as best they can to reduce the likelihood of capturing individuals not intended to be filmed.

BBNA will endeavor to post reasonably conspicuous notices of the CCTV recording as appropriate and near CCTV equipment, but may not feasibly post notices in every location where video or audio recording is in progress.

### **Access**

Access to the system is restricted to the authorized persons and to the existence of suspicion or allegation of a significant incident or complaint, for supporting training regarding program delivery, or maintenance, installation or configuration of such systems. Audit trails monitor this access to ensure compliance. In accordance with this Policy, recordings may be shared with a third-party service provider for the sole purpose of obscuring or pixelating personal information about individuals prior to use or disclosure of a recording.

### **Individual Right of Access**

Individuals may request access to their personal information, or the personal information of their child, which has been recorded through the CCTV System. An access request must be made in writing to the Centre Director. The CD will provide access within thirty days to any retained and redacted recordings, provided such access would not reveal personal information about another person or otherwise be prohibited by law. However, if the information about the other person is severable from the record, by being obscured or pixelated through commercially reasonable means, or if the other person consents, access will be provided to the requester. This is to protect other children/staff that may be present on the recording. If the recording requested does not relate to the individual making the request, or their child, access will not be provided.

If we cannot give access to a recording of the requestor or their child, we will provide reasons, as allowed by law.

### **Access Requests in the Case of Serious Incidents or Complaints**

If a serious incident or complaint has been received and an access request is made by a parent or guardian of an affected child, or an affected staff member, access will be granted in accordance with applicable law. Where required by law, staff concerned will be informed, with reasonable notification, of the footage being viewed in this way



and of the purposes of the viewing, and will be given an opportunity to view the same footage in the same or similar manner.

BBNA will only release a copy of any recording as required by law or in response to a valid government or law enforcement subpoena, warrant, or request. Copies of recordings will only be released to third parties on the express authority of the BBNA CEO or President and upon demonstration, by the government or law enforcement agency, of its lawful authority to access it. BBNA will make reasonable efforts to maintain the confidentiality of the recordings, including but not limited to such requirements under data protection legislation or other law or statute.

When the recording is reviewed due to suspicion or allegation of a significant incident, or when there has been a complaint or concern voiced by parent, guardian or staff member, the CD or other authorized person will document the following as applicable:

- the date and time at which the recording was reviewed;
- the date on which disclosure was made;
- the identification of any third party who was allowed access or to whom disclosure was made;
- the reason for allowing access or disclosure and the extent of the information to which access was allowed or which was disclosed; and
- the identity of the person authorizing such access.

As indicated above, where the recordings contain images of individuals other than the subject(s), the recording may need to be altered to disguise or blur those images of other individuals so that they are not readily identifiable. If the CCTV recording system does not have the facilities to carry out that editing, an appropriate competent third party may be hired to carry it out, at the sole discretion of the COO, President, or CEO. In the event that such an editing company is hired, BBNA will ensure that there is an agreement in place with the editing company to protect confidentiality and to ensure compliance with this Policy and data protection legislation in relation to the recordings.

### **Role of the CD**

The CD's role in maintaining an effective and secure CCTV environment is critical. They are responsible to:

- ensure the system is always operational and to immediately advise IT support of any system failure/outages;
- ensure that all servicing and repair needs are communicated to IT support and followed through on;
- forward any individual's written request for access to, or a copy of, a recording that exists to the DSC;



- maintain a record of the release of any recordings or any material recorded or stored in the system;
- ensure secure retention and destruction of recordings as appropriate;
- ensure signage is in place that will make individuals aware that they are entering a CCTV area; and
- ensure confidentiality is maintained at all times. Any relevant recordings downloaded shall be stored in a locked secure cabinet or a locked, secure room and will only be available to those directly connected with achieving the objectives of the system. Any copies must be stored in a locked secure cabinet or a locked, secure room until delivered to an appropriate authority, and when returned by them if applicable.

### **Fairness**

BBNA respects and supports every individual's entitlement to go about his/her normal duties. Use of CCTV as outlined in this Policy will be conducted in a professional, ethical, and legal manner and any diversion of the use or processing of CCTV for other purposes is prohibited under this Policy. CCTV will be limited to uses that do not violate a person's reasonable expectation of privacy. The CD will be responsible for ensuring that parents and guardians are informed, when they enroll their child, of the purpose of the CCTV and how it can and cannot be used. A copy of this Policy will be provided and will be available at the centre at all times.

Footage recorded on the CCTV system and viewed under the terms of this Policy may be used to assist in establishing the facts regarding a serious incident, or an allegation thereof, or a complaint. Doing so may give rise to an investigative meeting with any relevant member or members of staff and may result in disciplinary proceedings. Any violations of this Policy by BBNA staff may lead to disciplinary action, including without limitation termination of employment.

### **CCTV Data Retention and Destruction**

CCTV data will remain on the hard drive of the system for up to seven calendar days. At the end of seven calendar days, if no incident is suspected or no complaint has arisen, data will be recorded over. No copies are made in the normal course of operations. Recordings will be retained longer than seven days in the event that the investigation of a serious incident or complaint is in process, or if BBNA is under a legal obligation to retain the recordings. The ability to export video recording is limited to the Area Director, Operations Director, Safety and Compliance. Once the investigation concludes and/or the data retention is no longer required under law, the recording will be securely destroyed or recorded over.



Any relevant recordings downloaded or copied shall be stored in a locked secure cabinet or a locked secure room, and will only be available to those directly connected with achieving the objectives of the system. Data is retained for seven calendar days in consideration of the time that could pass between an incident occurring, the knowledge that an incident occurred, and the complaint or request being received by BBNA.

### **Biometric Information**

CCTV video and audio recordings will by operation capture and store certain personal and biometric data for individuals who are recorded. Additionally, artificial intelligence tools may be used by BBNA to identify certain individuals, including without limitation the use of facial recognition technology. This technology is used to enable tracking and viewing of one individual across multiple cameras, in order to accomplish the purposes outlined in this Policy.

CCTV recordings, including any biometric or personal data collected through the recordings, will not be shared with any third parties except as elsewhere provided in this Policy.

### **Location of Data Storage**

Recordings through the CCTV systems are stored in the country where the BBNA Centre operates.

By reviewing, agreeing to and signing the Video and Audio Recording Camera Acknowledgement or through the CCTV Acknowledgement – for Existing Staff, you expressly consent to the collection, processing, and storage of personal and biometric information as outlined in this Policy.

You can withdraw consent by contacting the Centre Director. Contact information (including name, email, phone number, and mailing address) for the Center Director of your BBNA facility is under the “Centre Information” tab of the webpage for that facility. If and when you withdraw consent, BBNA will not be in a position to provide you access to its premises in view of the importance of the CCTV for the purpose of the safety of the children. If you have any questions or requests related to this Policy, please contact the Director of Safety and Compliance at [safety@busybeesna.com](mailto:safety@busybeesna.com).



## APPENDIX A

### Video and Audio Recording Acknowledgement

CENTRE/ER: \_\_\_\_\_

CHILD(REN)'S NAME(S): \_\_\_\_\_

I have received and read the Busy Bees North America CCTV Policy in full and understand it, including without limitation the Purpose, Location and Access as outlined. I give consent to BBNA to record the activities of my child(ren) in accordance with the CCTV Policy.

\_\_\_\_\_  
Parent / guardian printed name

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date Signed



I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, acknowledge that I have been given the opportunity to read, understand, and ask questions regarding the policies contained in the BrightPath Parent handbook. Furthermore, I agree to abide by the policies set forth.

I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between BrightPath and our family. BrightPath reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: \_\_\_\_\_

\*By entering your name into the field above, you agree to the terms of the waiver.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Sunscreen / Insect Repellent Permission Form

I give permission to BrightPath staff to apply the provided non-aerosol sunscreen (SPF 15 or higher) and insect repellent (optional) to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/insect repellent in the morning before I bring my child to the center and BrightPath staff will reapply it before going outside. Furthermore, I understand that insect repellent (if provided) will be applied no more than once per day.

Note: Each sunscreen/insect repellent container must be labeled with your child's first and last name.

Child's First and Last Name: \_\_\_\_\_

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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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

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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





## Special Dietary Instructions

Please indicate any special dietary instructions for your child:

Signature: \_\_\_\_\_

\*By entering your name into the field above, you agree to the terms of the waiver.

Date: \_\_\_\_\_

# Diaper Service

**One of our most popular features for families is our Diaper Service.**

For an incredibly affordable price (**free for children under 1!**), BrightPath provides unlimited high quality diapers and wipes for when your child is with us. Parents love the convenience of not having to constantly provide these to us.

We provide **Luvs diapers** sizes 1-6, and **HUGGIES® Natural Care® Baby Wipes** premium wipes for just **\$40/month** for full-time schedules, and pro-rated for part-time schedules. We realize that everyone has their personal diaper/wipe preferences, so at the bottom of the page you can find the URLs for further information on these products. The Luvs diapers are very highly reviewed, and the wipes are alcohol-free, hypoallergenic, and fragrance-free.

**To take advantage of this service, fill out the following enrollment form!**

See What Makes a Luvs Diaper a Luvs Diaper



For more information on the products we use, click or scan below:

Luvs



Huggies





**DIAPER FEES**  
**Free for children under 1!**

Full Time	\$40
Five half days	\$20
Three full days	\$30
Three half days	\$15
Two full days	\$25

---

I would like to utilize the diaper/wipe service.

Diapers will be provided in the correct size for each child as they grow.

Currently my child wears the following size diaper:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

\*By entering your name into the field above, you agree to the terms of the waiver.

**Parent/Guardian Authorization for the Administration of Non-  
Prescription Topical Medications by Child Care Personnel**

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a childcare staff member at \_\_\_\_\_ BrightPath.

(Name of child daycare program)

I understand that I must supply the childcare program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

Reason medication is being administered: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**I have administered at least one dose of the above medication to my child without adverse side effects.**

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Staff to complete:

Parent authorization form and medication received by: \_\_\_\_\_  
(Signature of staff)

Medication Started: \_\_\_\_\_ (date and time)  
Medication Ended: \_\_\_\_\_ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.

## School Age Supplement

### 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 1 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian 2 Signature**

\_\_\_\_\_  
**Date**

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) \_\_\_\_\_  
\_\_\_\_\_

**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)





# Lunch Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	Italian Turkey Meatballs Garlic Bread Carrots Mandarin Oranges	Chicken Parmesan over Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Ranch Chicken Wraps with Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
<b>Week 2</b>	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Banana	Turkey Burger Sliders on Whole Wheat Bun Coleslaw Apple Wedges
<b>Week 3</b>	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Chicken, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Italian Turkey Meatballs and Marinara Sauce Tossed Salad Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Chicken Noodle Soup Soft Bread Sticks Tossed Salad with Dressing Banana
<b>Week 4</b>	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Apple Wedges	Macaroni Elbows with Plant-based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**



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# Vegetarian Lunch Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	Veggie Nuggets Garlic Bread Carrots Mandarin Oranges	Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Veggie Wrap with Black Beans, Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
<b>Week 2</b>	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Banana	Veggie Nuggets Whole Wheat Bun Coleslaw Apple Wedges
<b>Week 3</b>	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Black Beans, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Macaroni Elbows and Marinara Sauce Tossed Salad with Dressing Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Vegetable Soup Soft Bread Sticks Tossed Salad with Dressing Banana
<b>Week 4</b>	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Apple Wedges	Macaroni Elbows Plant-Based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**



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# Snack Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning Snack</b>	Cereal with Milk	French Toast and Fruit	Yogurt and Fruit	Pancakes and Fruit	Whole Wheat Bagel with Cream Cheese
<b>Afternoon Snack</b>	Whole Wheat Goldfish and Fruit	Applesauce and String Cheese	Sunflower Butter with Rice Cakes and Fruit	Fresh Vegetables with Hummus	Fruit Slices and Cheese

**Water is served with each snack.**