

Koinonia Early Childhood Center
308 Main St
West Newbury, MA 01985
(978) 363-2741

Welcome to Koinonia for the new school year!

The following is a checklist for all forms required prior to enrollment. Where requested, please sign and date all forms. Make a photocopy of the entire file for your home records and bring the original to KECC or email a signed file to me if your child is attending KECC for the Fall 2023 school year.

- Child Enrollment Form
- Developmental History
- First Aid and Emergency Consent Form
- A copy of your child's most recent physical. (Must be within the past year and updated annually)
- A copy of your child's immunization records. Please note that the chicken pox vaccine is now required by age two (or proof of immunity). Lead screens are also required at the ages of one, two and three.
- Permission for sunscreen/insect repellent. Please note that we do not apply sunscreen or insect repellent to any child under the age of six months.
- Photo/Observation Waiver
- Permission for Walks
- Transportation Policy
- Parking Lot Safety Policy
- Oral Hygiene
- Parent Contract
- Parent Handbook

Please note: There is redundancy in the required information-all information must be filled out and returned. The forms are filed at KECC to meet state requirements. Thank you,

Kathleen

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: _____

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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:**

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Parent/Guardian 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)

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)

Permission for Insect Repellent & Sunscreen

I give permission for Koinonia staff to apply insect repellent and sunscreen to _____ as needed.

Brand of insect repellent _____

Brand of sunscreen _____

Parent Signature

Date

Please send your child in each day with sunscreen already applied.

We will reapply for the afternoon as needed.

Koinonia will provide Coppertone SPF 45. If you would like to send in your own sunscreen you may do so. Since sunscreen is kept out of children's reach, please do not leave on cubbies or in bags/backpacks. Place all tubes/bottles labeled with your child's name in the container located on top of the refrigerator in the staff room.

Koinonia will provide Off Family Insect Repellent with Deet (nonaerosol/unscented). If you prefer to send in your own, please label the bottle with your child's name and place in the container on top of the refrigerator in the staff room. Insect repellent cannot be left in backpacks or cubbies.

Thank you!

Photo/Observation and Unauthorized Activity Waiver

In compliance with Reg 7.04(2) Koinonia Early Childhood Center shall not conduct research, experimentation, or unusual treatment involving children without the written, informed consent of the child's parents or guardians. A general written consent will be obtained for general observations by those other than parents or guardians.

There is no interaction between the child and the observers during observations, and there is no identification of the individual child.

KECC shall not allow children to participate in any activities unrelated to the direct care of children without written, informed consent of the parents or guardians. Activities shall include but are not limited to:

- a) fundraising
- b) publicity, including photographs and participation in mass media

I give consent for my child to be photographed and to be observed by persons outside of Koinonia Early Childhood Center under the supervision of Koinonia staff. I understand that my child's name will not be given when using pictures for promotional school materials including brochures, slideshows, and the church/school website. I also give permission for my child's photo to be included in our school's Shutterfly account. I understand that this is an invitation only website which allows families to view and order pictures of Koinonia activities.

Signature of Parent or Guardian

Date

Permission for Walks

I give permission for _____
to go on walks with the Koinonia Early Childhood Center staff. I understand that the children walk only on Main Street where there is a sidewalk, no more than a mile from the school. All infants and toddlers are secured in carriages or strollers. All preschoolers are on a walking rope, with a teacher at the front and a teacher at the back. I will be notified at the beginning of the day if a walk is scheduled. A staff member will carry a cell phone for emergencies.

Signature of Parent or Guardian

Date

Koinonia Early Childhood Center

TRANSPORTATION PLAN / AUTHORIZED PICK-UP

Koinonia does not provide transportation to and from the center. Parents/Guardians are responsible for transportation to and from the center. Children MUST never be left unattended in the car in the parking lot. In an emergency, if a parent/guardian/designated emergency pick-up cannot be reached the child will be transported to Anna Jaques Hospital emergency room by ambulance at the expense of the child's parent/guardian.

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, etc.)

I additionally authorize the following individual (s) to take my child from the childcare.

Name _____ Address _____

Telephone _____ Cell Phone _____

Name _____ Address _____

Telephone _____ Cell Phone _____

Anticipated Days/Time of Attendance

<u>Day</u>	<u>Arrival Time</u>	<u>Departure Time</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes:

Parent Signature: _____

Date: _____

Child's name: _____

Parking Lot Safety Policy

All who enter WNCC's parking lot during business hours are asked to take the following precautions for the safety of our children:

From Main Street, facing the church, please enter on the right side of the parking lot.

Please enter and exit SLOWLY....your car should be at a crawl while in the parking lot. Please back-up slowly as well.

Park your car and escort your child into the building by holding his or her hand at all times.

Please do not leave your car running. Also, please do not leave other children in your car unattended.

When exiting the parking lot, please keep to the right (church side).

Please refrain from talking on cell phones or engaging in other activities that could be a distraction during the entire drop off or pick up time.

Please do not allow children to play or run around in the parking lot.

Thank you for helping keep our kids safe!

ORAL HYGIENE/TOOTHBRUSHING

With concerns about the increase in tooth decay among young children, the Massachusetts Department of Early Education and Care (EEC) recently adopted a new regulation for child care settings, number 606CMR 7.11 (11) (d), to promote oral health and prevent tooth decay.

Child Care workers must assist children with brushing their teeth if:

1. The children are in care for more than 4 hours, or
2. They have a meal while in care.

If you would like your child to brush his/her teeth at school, please send in a toothbrush labeled with their child's name as well as an appropriately ventilated holder, and toothpaste. Children will be supervised when brushing his/her teeth. Toothbrushes and toothpaste will be sent home each day in his/her lunchbox.

Please check whether or not you would like your child to brush teeth at school.

_____ No, I do not want my child to brush teeth at school.

_____ Yes, I would like my child to brush teeth at school.

Child's Name: _____

Parent/Guardian Name _____

Signature _____

Date _____

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Parent Contract

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name (1): _____

Parent/Guardian Name (2): _____

Email (parent/guardian 1): _____

Email (parent/guardian 2): _____

Address (where child lives): _____

Phone (cell 1): _____ Phone (cell 2): _____

Phone (work 1): _____ Phone (work 2): _____

Phone (home 1): _____ Phone (home 2): _____

Starting date: _____

Days of attendance:

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ \$ 75.00 enrollment fee (office use only) received by _____

_____ \$65.00 re-enrollment fee (office only) received by _____

I have read the parent handbook. I am aware of the new policy that there is a \$25 fee for tuition more than one week late.

I understand and agree with the philosophy and policies of this program.

I agree to call the school in the morning if my child(ren) will be late or absent.

I understand that tuition is due in full by the Friday preceding each week of scheduled

I agree to keep Koinonia staff informed as to changes in address, emergency phone numbers, medical exams and other changes that may affect the care and safety of my child(ren).

Parent Signature _____

Date _____

Parent Signature _____

Date _____