



Clinton Path Preschool

Overview

This package contains forms for the enrollment of your child with Clinton Path Preschool. Per Regulations 7.04(12), this information is privileged and confidential. The school will only retain the physical copy submitted. The information will only be used by the Director and the teachers to comply with regulations and to ensure your child has the best possible experience.

These forms are to be completed by parents and submitted to teachers on an annual basis*.

- **Family information form.** Please attach a recent photo of your child (MA regulations)
- **Child Enrollment Contract**
- **Developmental History & Background Update**
- **Health documentation** completed by your child's doctor including an updated Immunization Record from your child's doctor within last 12 months, records of a completed physical examination in the last 12 months, and the most recent Screening for Lead Poisoning
- **First Aid and Emergency Medical Care Consent Form**
- **Oral Health Participation**
- **Transportation Plan**
- Miscellaneous Permissions (photographs, off-site/walking trip permission & consultant)

Special forms not included in this packet (please ask the teachers for any of these forms if needed):

- Field Trip Permission Form (only used for specific field trips, such as apple-picking in the fall)
- Food Allergy Action Plan
- Individual Health Care Plans (as needed for children with chronic medical conditions)
- Medication Consent Form (only used for children who require medication to be administered by CPP teachers). Please speak to the teachers if you need them to store and possibly administer any kind of medication for your child (e.g., Epi Pen, etc.).
- Parent Authorization for Communication and/or Release of Information (as needed for referrals for services/evaluations)

Please complete, sign & return the above-listed forms by June 15 to:

Terry Gould - Director at Clinton Path Preschool: 15 Saint Paul Street, Brookline MA 02446.



Clinton Path Preschool

Enrollment Information

Non-Discrimination Statement Reg. 7.04(17)(g)

Clinton Path Preschool will not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, political beliefs, national origin, disability, sexual orientation or marital status. Toilet training status is not an eligibility requirement for enrollment.

Enrollment Procedures Reg. 1.03 (1)

The admissions process at Clinton Path is managed by the family assigned the cooperative job of Admissions Director. The Admissions Director answers inquiries about the school from prospective parents, directs people to the website (www.clintonpathpreschool.com), sends out forms as needed, and maintains the Admissions List and paperwork of current applicants. The Admissions Assistant organizes the December Open House for interested families and assists the Admissions Director.

Applications are accepted at any time (applications for the Summer Program are accepted as of January 1st). Applications are classified on the Admissions List according to date of receipt, birth date, gender of the child, and alumni or sibling status. An effort is made to achieve a balance in the age and gender of the students. Siblings of current and former students have priority in admission. Returning families and new siblings indicate their scheduling needs for the following year in January. If the requested schedules do not balance appropriately across all five days of the week, the Admissions Director can ask families to alter their requests; if not enough families volunteer to switch days, priority of choice goes to families with the greatest seniority at Clinton Path. Spaces remaining are then offered to new families from the Admissions List. When all classifications are equal, spaces at Clinton Path are filled in the order in which applications are received.

Application Process: Frequently Asked Questions is accessible on our website for further information for families.

Applications are downloadable from our website. They require a \$50 non-refundable application fee. The Tuition is also posted on the website.

Tuition is paid in three installments in June, December, and March. The June payment includes \$265 for 10 pre-paid extended days, which can be used throughout the year. Extended day payments beyond the initial 10 pre-paid days are due monthly.

OPEN HOUSE: Every December, Clinton Path has an Open House where prospective parents see the preschool space, meet the teachers and current parents, hear about the curriculum, and learn about our parent-run cooperative.

CONTACTING ACCEPTED FAMILIES: In December, the Admissions Director goes through the Application List and calls people depending upon openings and offering a space. Siblings and alumni are given priority status. The family has one week to reply and submit a \$500 deposit. Contracts are subsequently sent to the new families and need to be completed in the stated timeframe.



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FAMILY VISIT TO THE CLASSROOM: Upon receipt of the deposit and contract, the Admissions Director contacts the new family to invite the parent/s and child for a visit in the classroom. Due to the regulations for supervision, the parent will stay in the classroom while the child participates in the program. A parent from the Board will meet with the parent/s while the child pursues independent activity in the room.

The teachers and parents remain available to answer questions or talk with the new family at any time convenient to both parties.



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Family Information

Reg. 7.04(7)(a)1

CHILD

Child's name: _____ Date of Birth: _____

IDENTIFYING INFORMATION (REQUIRED BY OFC REGULATIONS):

Eye Color: _____ Hair Color: _____ Gender: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____

PARENT / GUARDIAN 1

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____
_____ Cell phone: _____

Profession: _____ Work phone: _____

Company: _____ E-mail: _____

I authorize Clinton Path to publish the above parent/guardian contact information within the Clinton Path Preschool community. I understand use of this information will be for the sole purpose of Clinton Path Preschool business and communication. E-mail addresses will not be used for personal business, e-mail forwards, or political advocacy. Yes No

PARENT / GUARDIAN 2

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____
_____ Cell phone: _____

Profession: _____ Work phone: _____

Company: _____ E-mail: _____

I authorize Clinton Path to publish the above parent/guardian contact information within the Clinton Path Preschool community. I understand use of this information will be for the sole purpose of Clinton Path Preschool business and communication. E-mail addresses will not be used for personal business, e-mail forwards, or political advocacy. Yes No



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Are there any custody agreements, court orders or restraining orders in effect that are relevant to the child? Yes No (if yes, please provide copies of relevant documents)

EMERGENCY CONTACTS (IN ORDER TO BE CONTACTED AFTER PARENT/GUARDIANS)

Contact 1:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 2:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 3:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____



Child Enrollment Contract

2017-2018 School Year

Child's Name: _____

Parent/Guardian Name(s): _____

Contract for New Families: is in effect as of September, 2017 and continues while your child is enrolled at Clinton Path Preschool for the 2017-2018 School Year.

Attendance Schedule: ___ days/week

Monday Tuesday Wednesday Thursday Friday

I/we hereby enroll our child, _____, at Clinton Path Preschool (CPP) for the 2017-2018 school year.

Our extended day program is very flexible and most parents sign up for it the morning they need it. If you would like to sign your child up for extended days on a recurring basis, you can give the teachers your requests when school starts in September.

AGREEMENT

By signing below, Clinton Path Preschool and the parent(s) of the above-named child agree to engage in a cooperative format where CPP provides a developmentally appropriate preschool experience from the hours of 8:30am – 12:30pm with an optional extended day program from 12:30 – 3:00pm. Parent(s) also agree to fulfill their obligation to the cooperative, including payment of tuition, attendance at parent meetings, participation in the parent workdays, periodic cleaning of the school, participation in the yearly fundraising event and undertaking a cooperative job assigned by the parent jobs coordinator.

Clinton Path will provide child care services from 8:30am – 12:30pm (or until 3pm for extended day) in accordance with the Commonwealth of Massachusetts Department of Early Education and Care chapter



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28A, Section 10, governing the operation of daycare centers. CPP agrees to maintain all conditions necessary for licensing of a day care center in the Town of Brookline and the Commonwealth of Massachusetts.

THE PARENT HANDBOOK

The Parent Handbook defines the philosophy and operating procedures of Clinton Path Preschool. It also offers a brief history of this long-running cooperative of families and teachers. By signing this contract, the parent(s) confirm having read and understand the Parent Handbook and by-laws (available on the CPP website: www.clintonpathpreschool.com) and agree to abide by the rules and policies set forth therein. The Parent Handbook and By-laws may be revised annually, and thus returning families must also reconfirm their agreement to abide by the rules and policies. Failure to fulfill parent responsibilities or abide by the policies set forth in the Parent Handbook may result in the dismissal of the enrolled child from CPP. Any such dismissal will result in the forfeiture of any tuition already paid to CPP.

TUITION

Tuition for the year at Clinton Path Preschool is due in three installments which are collected in June, December and March. Parent(s) agree to pay the full amount due when requested by the Treasurer. Included in tuition is 10 pre-paid extended days (12:30-3pm) which may be used throughout the year; provided, however, no refund is given for extended days unused. Parent(s) also understand that tuition is non-refundable. If a child withdraws for any reason, including but not limited to, moving or changing schools, CPP will retain any previously paid tuition. In extraordinary circumstances, the Board of CPP may exercise its discretion to provide a partial refund, but only if the position is filled by another child. Tuition increases are determined by a vote of the Board of Directors in the spring and parent(s) agree to pay any approved increases the following year (for continuing children).

DEPOSIT

To secure a place for a child for the following school year, parent(s) must pay a one-time deposit in the amount of \$500 and return a signed version of this contract. Upon withdrawal at the end of the school year or upon graduation from CPP, CPP will refund \$450 to the child's parent(s). CPP may take up to 90 days to determine if there are any outstanding balances due and to deduct that amount from the deposit.

PICK-UP

Pick-up time at Clinton Path Preschool is at 12:30pm for the regular school day and at 3pm if your child is staying for the extended program. Parent(s) agree to pick up their child(ren) on time.



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REQUIRED SCHOOL FORMS

Parent(s) agree to fill out, sign and return all forms requested by Clinton Path Preschool by June, 15. These forms include a Family Information form, Developmental History & Background Information forms, Health documentation (including immunization record, physical examination record and lead screening results), First Aid and Emergency Medical Consent form, Oral Health Participation form, Permission to Re-Apply Sunscreen form, Transportation Plan form and Miscellaneous Permissions forms, among others (a complete list will accompany this contract). Failure to return all completed and signed forms may result in your child's inability to join the summer program and/or start school in the beginning of September. You are also required to inform CPP of any outside support services your child might currently be receiving (i.e., therapeutic, social, educational, etc.), or will start to receive by the start-date at Clinton Path.

VISIT THE SCHOOL

The teachers would like to meet with new families before the school year begins, so please call them at the main number (617-731-8415) to set up a time.

NON-DISCRIMINATION POLICY

Clinton Path Preschool will not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, political beliefs, national origin, gender identity, sexual orientation, socioeconomic status, disability, military status and/or parental or marital status. Toilet training status is not an eligibility requirement for enrollment.

We, the undersigned, confirm that we understand and are bound by the provisions of this contract. The person(s) signing below also confirm that they are the parent and/or legal guardian of

_____.



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By signing this contract, the parent(s) confirm having read and understood the Parent Handbook and by-laws (available on the CPP website: www.clintonpathpreschool.com) and agree to abide by the rules and policies set forth therein. The Parent Handbook and By-laws may be revised annually, and thus returning families must also reconfirm their agreement to abide by the rules and policies.

Parent/Guardian Signature

Parent/Guardian Signature

Please print name

Please print name

Date

Date

Signature of the Director of Clinton Path Preschool

Date



Developmental History and Background Update

Please update us on any changes in your child's life.

Child's name: _____ Gender: _____
Birthdate: _____ Age now: _____

Health Update (be sure to hand in updated medical records):

Family Update (any changes in your family; births, deaths, moved to a new house, etc.):

Camps and classes taken while away:

Anything else you would like us to know?

Thank you for updating us on your child's life, the information will help us be sensitive to your child's needs.

Parent/Guardian Signature: _____ Date: _____



Health Documentation

Reg. 7.04(7)(a)13 / 7.04(7)(b)1

Please provide copies of the following medical records for your child:

- a. a physician's, nurse practitioners, or physician's assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules.
- b. a written statement from a licensed health care practitioner within one month of admission that indicates that the child has had a complete physical examination within one year prior to admission.
- c. a statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning. Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and twelve months and annually thereafter at ages two and three. Children must also be screened at age four if they live in a community deemed at high risk for lead poisoning by the Department of Public Health.



First Aid And Emergency Medical Care Consent Form

Reg. 7.04(7)(a)4-5

102 CMR 7.09(3)

(Required by Massachusetts OCCS)

Child's Name: _____ Date of Birth: _____

I authorize staff at Clinton Path Preschool, trained in the basics of first aid, to give my child first aid and/or 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 staff at Clinton Path Preschool to transport my child to the nearest medical care facility and/or to and to secure necessary medical treatment for my child.

I also hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization or treatment.

Child's Physician's Name: _____

Address: _____ Phone #: _____

Child's Dentist's Name: _____

Address: _____ Phone #: _____

We need as much medical information as possible so we can inform medical personnel in the event of an emergency.

Child's Allergies: _____

Chronic Health Conditions: _____

Medications Taken Regularly by Child: _____

Any other relevant medical information: _____

Parent/Guardian Signature: _____ Date: _____



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EMERGENCY CONTACTS (In order to be contacted, after parents/guardians)

Contact 1:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 2:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 3:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

PARENT/GUARDIAN INFORMATION:

Health Insurance Coverage: _____ Policy #: _____

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Pager: _____ Pager: _____



Oral Health Participation / Non-Participation Form

Reg. 7.11(11)(d)

Name of Child: _____

Please mark one of the following:

I do NOT wish to have my child participate in tooth brushing while in care at Clinton Path Preschool.

I DO wish to have my child participate in tooth brushing while in care at Clinton Path Preschool. We have started tooth brushing at home.

A tooth brush for my child accompanies this form. I understand the toothbrush is to be replaced every THREE months, or after my child is ill.

A small travel size tube toothpaste accompanies this form.

Name of Toothpaste: _____

Please include any helpful details here: _____

Parent/Guardian Signature: _____ Date: _____



Transportation Plan and Authorization

Reg. 7.13(1)

Name of Child: _____

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: _____



Miscellaneous Permissions

PERMISSION TO PHOTOGRAPH

I understand photo documentation is an EEC requirement for Portfolio Assessment and family communication. I also understand all the appropriate confidentiality regarding my child's profile will be maintained. I understand that Clinton Path Preschool utilizes photographing my child for the following purposes: photo-documentation within Clinton Path, purposes of professional collaborations and sharing of program content outside of Clinton Path, communication about the program outside of Clinton Path, fundraising cards or materials for Clinton Path, and Clinton Path's website.

I give permission for my child to be photographed at Clinton Path Preschool: Yes No

Parent/Guardian Signature: _____ Date: _____

OFF-SITE /WALKING TRIP PERMISSION

I understand walking trips in the Clinton Path Preschool neighborhood are a part of my child's program. I give permission for my child to participate with the understanding s/he is properly supervised, all safety precautions are taken, staff/child ratios are maintained, and that The Clinton Path T-Shirts are worn on any outing off Clinton Path Preschool premises.

Parent/Guardian Signature: _____ Date: _____

CONSULTANT AUTHORIZATION

I understand Clinton Path may use an Early Childhood Consultant to do general observations in the classroom for program assessment and improvement purposes. I also understand that at any time a consultant is engaged to observe my child specifically, this will only be done with my permission through a separate signed permission form.

I give permission for my child to participate in the regular daily classroom programming during these observations.

Parent/Guardian Signature: _____ Date: _____



STUDENT RELEASE FORM

Child's Name: _____

The following individuals have our permission to pick up our child at Clinton Path Preschool:

Contact 1:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 2:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 3:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 4:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 5:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Contact 6:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

Do you give permission for your child to be released to this person? Yes No

Parent/Guardian Signature: _____ Date: _____