



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**
- **Parent Handbook Confirmation**
- **Developmental History & Background Information.** **Needs to be completed only upon initial enrollment, not on an annual basis.*
- **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 permission & consultant authorization)

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 no later than April 15 with Child Enrollment Contract & deposit submitted within one week of family visit to:

Terry Gould - Director at Clinton Path Preschool: 58 Irving ST, Brookline, MA 02445



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 \$300 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 February the Admissions Director contacts new families to offer enrollment. Families are contacted in the order in which applications are received with the goal to form a cohesive class in regards to age & gender. Once enrollment is offered a school visit is scheduled. The Child Enrollment Contract & \$500 deposit are due within one week of the school visit.



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FAMILY VISIT TO THE CLASSROOM: Once offered enrollment, the Admissions Director contacts the new family to invite the family to visit the school. Due to the regulations for supervision, the parent will stay in the classroom while the child explores and/or participates with the class. The Admissions Director and/or Admissions Assistant will meet with the parent/s while the child pursues independent activity in the room.

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

NEW FAMILY/TEACHER ORIENTATION MEETING: Before the first day of school the Director will contact each new family to set up a time to meet at school. The goal of this informal “get-to-know-you” meeting is to provide both child & parents an opportunity to ask any questions and to familiarize themselves further with the teachers & classrooms.



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Family Information

Child's Photo

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 _____

Email: _____

Profession: _____ Company: _____

Work phone: _____

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, email forwards, or political advocacy. Yes No



Clinton Path Preschool

PARENT / GUARDIAN 2

Name: _____ Relationship to child: _____

Address: _____

Home phone: _____ Cell phone _____

Email: _____

Profession: _____ Company: _____

Work phone: _____

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, email forwards, or political advocacy. Yes No

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 _____



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Child Enrollment Contract

2018 - 2019 School Year

Child's Name: _____

Parent/Guardian Name(s): _____

Contract for New Families: is in effect as of September, 2018 and continues while your child is enrolled at Clinton Path Preschool for the 2018-2019 School Year.

Attendance Schedule: ___ days/week

Monday Tuesday Wednesday Thursday Friday

I/we hereby enroll our child, _____, at Clinton Path Preschool (CPP) for the 2018-2019 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 housekeeping of the school, participation in the yearly fundraising event and undertaking a cooperative job assigned by the school.



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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 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.

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.

REQUIRED SCHOOL FORMS

Parent(s) agree to fill out, sign and return all forms requested by Clinton Path Preschool by April 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 reapply Sunscreen form, Transportation Plan form, Parent Handbook Confirmation 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.



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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

_____.

Parent/Guardian Signature

Parent/Guardian Signature

Please print name

Please print name

Date

Date

Signature of the Director of Clinton Path Preschool

Date



Clinton Path Preschool

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 form, 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.

We 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



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Developmental History & Background Information

Reg. 7.04(7)(a)12. **Only for NEW families. Feel free to skip items you are not comfortable answering**

IDENTIFYING INFORMATION

Child's name: _____

Gender: _____

Date of birth: _____

Age at enrollment: _____

What name you would like us to use with your child: _____

FAMILY STRUCTURE

Parent/Guardian's Name: _____ Age: _____ Living with child: Yes No

Parent/Guardian's Name: _____ Age: _____ Living with child: Yes No

Parent(s) are:

Single Married Partnered Separated Divorced Widowed Other

If child is not living with parent(s), please explain circumstances:

Does your child live in more than one household? Describe:

What are the relevant custody arrangements for us to know?

"FAMILY" has many meanings. Who are the members of your child's family/each household, including siblings, pets:

| Name | Age | Relationship to child | How does the child refer to them? |
|------|-----|-----------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



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Is there anything you would like us to be particularly sensitive to with regards to your child's family?

FAMILY CHANGES AND LOSS HISTORY

Have any of the following occurred in your child's life? (Please give dates; explain where helpful)

Separation/Divorce of Parents: _____

Parent's remarriage/new partner: _____

Birth/Adoption of a sibling: _____

Separation from parent/caregiver: _____

Move to a new house: _____

Job loss/New job of parent: _____

Major accident: _____

Serious illness (family member): _____

Death of a family member: _____

Addiction/substance use of a family member: _____

Traumatic Experience: _____

Parent Incarcerated: _____

Death of a Pet: _____

Other: _____

CULTURAL HISTORY

What ethnicity do you consider your child? _____ You family? _____

What languages do you speak at home? _____ With your child? _____

How well does your child speak this /these languages? _____

Are books read/songs sung in languages other than English? _____

Please list words in your child's home language that would be helpful for us to know?

Please tell us about any cultural family rituals, traditions or customs that will help us make your child's experience more meaningful:



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BIRTH HISTORY

Type of birth: Full term Premature. If premature, which week: _____ child's weight: _____

Were there any illness/complications/difficulties during pregnancy or birth? No Yes. If so, what?

Were drugs or alcohol used during pregnancy? No Yes. If so, which?

Any problems/concerns? _____

Postpartum depression? No Yes

ADOPTION

Is your child adopted? No Yes

If yes, at which age? _____ From which country? _____

What were the circumstances of your child's adoption?

What have you told your child about his/her adoption?

Does your child have any contact with birth parent(s)?

Any relevant information you want us to know?

HEALTH HISTORY

Was your infant: calm fussy colicky easily comforted hard to comfort?

Describe where helpful:

Any difficulties with: feeding sleeping bonding other

Does your child take any medication? (give name/dose/frequency)



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Does your child have / has ever had:

| Issue | Y/N | Details |
|-----------------------------|-----|---------|
| Serious accident/illness | | |
| Hospitalization | | |
| Recurrent ear infections | | |
| Tubes in his/her ear | | |
| Asthma | | |
| Allergies | | |
| Chronic health conditions | | |
| Speech/hearing difficulties | | |

Any other relevant information you want us to know?

DEVELOPMENTAL MILESTONES

As accurately as you know/can remember, how old was your child when s/he:

Sat up _____ Crawled _____ Walked _____ Talked (2 words) _____ Fed self (spoon) _____

Weaned (bottle/breast) _____ Toilet Trained: _____

Do you have any questions or concerns about your child's development in any of these areas?

Speech/Language Cognitive (Intellectual) Sensory Motor skills Behavioral

Social Skills Emotional. If so, please describe:

Does your child have any difficulty understanding you? No Yes. If so, please describe:

Does your child have difficulty following directions? No Yes. If so, please describe:

Does your child have any developmental delays or special needs? No Yes



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Has your child mentioned this as a possibility? No Yes

Has your child had a developmental or diagnostic assessment? No Yes. If so, please describe:

Does your child receive any specialized services? (i.e. Speech, O.T., therapy, etc.)? No Yes. If so, please list provider(s):

YOUR CHILD'S DAILY LIFE

What is your child's typical mood upon awakening? _____

What is the best time of day for you with your child? _____

Eating:

Any particular characteristics or difficulties? _____

Was/Is your child: Bottle fed Breast fed. Until what age? _____

Does your child: Use a pacifier Suck thumb Use a bottle.

When? _____ When does your child have a fussy time? _____

What is most helpful: _____

_____ Do

Does your child: Feed self Adult feeds child.

Child eats: On lap In high chair Sassy seat Other:

Child eats with: Spoon Fork Hands Other:

Particular diet? (e.g. no dairy, vegetarian, organic): _____

Favorite foods? _____

Foods refused? _____

Diapering/Toileting:

What word does your child/family use for urination? _____ Bowel movement _____

Is your child toilet trained? No Yes In progress. Concerns? _____

Any problems with: Diaper rash Regularity Constipation Diarrhea Reluctance to use the bathroom.



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If _____ be _____

Sleeping: Child's sleeping arrangement:

Crib Family Bed Shared Bed w/Sibling Own bed

Does your child go to sleep: Easily With difficulty With a parent With the T.V.
With music Use a 'lovey/softy' Other: _____

Describe any sleep time rituals: _____

Does your child have a regular bedtime? No Yes. Wakes at: _____ Naps at: _____ Bed time: _____

Does your child wake frequently during the night? No Yes.

If so, what do you do?

Activities and play:

List your child's favorite activities at home:

Where does your child usually play?

Does your child avoid any kinds of activities? (messy, physical, loud, etc.) _____

Does your child attend any regular groups or classes? No Yes. If so, please describe:

Does your child demand/ask for a lot of adult attention? No Yes. If so, please describe:

Social Relationships:

Who are the most important people in your child's life?

Does your child usually play: Alone with siblings with peers with younger children
 with older children with adults

When are your child's opportunities to play with other children?



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With what adult does your child spend the most time?

YOUR CHILD'S PERSONALITY AND TEMPERAMENT

One word that describes my child's temperament is: _____

| Dimension | | 1 | 2 | 3 | 4 | 5 | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| Energy | Quiet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Very Active |
| First reaction (to new people, activities, ideas) | Outgoing, jumps right in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Takes time, holds back |
| Mood (general emotional tone) | Usually positive, happy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Serious, analytical |
| Intensity (strength of emotional reaction) | Has mild reactions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has strong reactions |
| Persistence (ease of stopping when involved in an activity) | Easily redirected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "locks in" |
| Sensitivity (to noises, emotions, tastes, textures, stress) | Usually not sensitive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Very sensitive |
| Perceptiveness (notices people, notices objects) | Hardly ever notices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Very perceptive |
| Adaptability (copes with transitions, changes in routine) | Flexible, adapts quickly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adapts slowly |
| Regularity (regular about eating/sleeping times, etc) | Regular, follows routine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Irregular |
| Attention Span/Distractibility (follows through with task) | Stays focused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Easily distracted |

How does your child handle separation? _____

What works best with separation difficulties? _____

Is your child attached to any special objects? _____

Does your child have any fears? _____

How does your child express those fears? _____

What helps? _____

When does your child get angry? _____



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How do you feel about your child's behavior? _____
How do you respond? What helps? _____

PARENTING YOUR CHILD

What has been your child's most "delightful" period? _____

What has been most difficult for you in parenting your child? _____

What are your goals for your child in preschool? _____

How can we help you and/or your child this year? _____

Anything else you would like us to know about your child? _____

Thank you for taking the time to complete this form. It will help us to be sensitive to your child's needs.

Parent/Guardian Signature: _____ Date: _____



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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 practitioner's, 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.



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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: _____ Ch

ronic Health Conditions: _____ Medi

cations 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: _____



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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 toothbrush 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: _____



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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: _____



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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: _____



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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



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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: _____



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