



# Clinton Path Preschool Summer Program

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## Enrollment Packet & Information

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The forms and other information listed below are necessary for the enrollment of your child in the Clinton Path Preschool (CPP) Summer Program. Per Massachusetts EEC Regulations 7.04(12), this information is privileged and confidential and the school will retain a physical copy. 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.

- Child Enrollment Form (page 2)
- Enrollment Contract (*please sign and Director will sign upon receipt of your materials*) (page 3-4)
- 2022 Calendar Request Form (page 5-6)
- Family Information & Child Identification Form (page 7-8)
- A current photo (email attachment is fine)
- Developmental History & Background Form (pages 9-15) *\*SKIP this form if your child was enrolled during the regular school year at CPP prior to summer attendance and instead fill in the Update Form on page 20)*
- Student Release Form (pages 16-17)
- Signed Permissions Form: Sunscreen Reapplication, Photography, Toothbrushing (page 18)
- First Aid and Emergency Medical Care Consent Form (page 19)
- Current vaccination records (*request from your child's pediatrician, bring on first day*)

## Next Steps:

1. Please **email this completed enrollment packet** to [summer@clintonpathpreschool.com](mailto:summer@clintonpathpreschool.com). **Don't forget to include a picture** of your child with the application materials (email attachment is fine).
2. Please **pay the \$260 non-refundable deposit** online via the PayPal button on the CPP website. \$10 of this is an application fee, the remaining \$250 will be applied to your summer tuition balance.
3. Please **request current vaccination records** from your child's pediatrician and **bring them on the first day** of the CPP Summer Program.



# Clinton Path Preschool Summer Program

## Child Enrollment Form

(Required by Massachusetts EEC)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Language(s): \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Allergies or Special Diet: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1: _____	Parent/Guardian #2: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Bus. Phone: _____	Bus. Phone: _____
Days/Hours at Work: _____	Days/Hours at Work: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

### ADDITIONAL INFORMATION:

Child's Physician/Clinic: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_  
Allergies, special limitations, medications or concerns: \_\_\_\_\_

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 Signature Date



# Clinton Path Preschool Summer Program

## Enrollment Contract

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Welcome to the Clinton Path Preschool Summer Program! Please read through this contract carefully as it contains pertinent information regarding your child's enrollment.

- The Clinton Path Preschool Summer Program runs July 5 - August 26, Monday - Friday from 8:30am-12:30 pm. Parents and caregivers are invited to stay for lunch (brought from home) with their children from 12:30-1:00 pm.
- Extended Day is available from 12:30 - 4:00 pm for an additional fee. You may sign up for Extended Day ahead of time or on a drop-in basis, space permitting.
- A two week minimum is required. You may enroll for any two weeks over the summer program or for all 8 weeks. These two weeks do not need to be consecutive.
- To ensure that children acclimate to the program, they must be enrolled for 5 days on their first week. For their second or any additional weeks you may add, children must be enrolled for a minimum of 3 days with the inclusion of a Monday or a Friday in the days you have picked. The weeks do not need to be consecutive. \*Students currently attending Clinton Path Preschool have the option of enrolling for 3, 4, or 5 days their first week as they have had the opportunity to acclimate to the space and to the teachers during the school year.
- A \$260 non-refundable deposit is due to reserve a spot for your child. \$10 of this is an application fee, the remaining \$250 will be applied to your summer tuition balance.
- Tuition is due in full and all enrollment forms and other required materials must be submitted prior to your child's first day of attendance.
- Applications will be accepted at a discount before May 1. Please note that there is a sibling discount for enrolling two or more children on the same days, \$5 off per child. See website and 2021 Calendar Request Form for tuition information.
- Tuition is non-refundable and transfers are not made for withdrawal, failure to attend or incomplete attendance. Once your days are confirmed by the summer coordinator, you may not drop or switch days.
- You may add additional days throughout the summer, space permitting. Payment is due on sign up before your child attends the days that are added.
- If you initially signed up by May 1, the added days will be assessed at that tuition rate, \$60 for morning session and \$40 for extended day.
- Enrollment in Clinton Path Preschool Summer Program is open until we reach capacity. While we cannot guarantee all scheduling requests will be honored, we will accommodate each family to the best of our ability.
- To best support each child and their individual needs, parents are required to inform the CPP Director of any outside support services their child currently receives, or is scheduled to receive, prior to their start date at the Clinton Path Preschool Summer Program.



## Clinton Path Preschool Summer Program

By signing below, Clinton Path Preschool and the parent(s) of the above named child agree to all CPP Summer Program policies as stated in this enrollment contract. Failure to return all completed and signed forms may result in your child's inability to join the Summer Program.

### **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 he/she is the parent and/or legal guardian of \_\_\_\_\_

Parent signature \_\_\_\_\_ date: \_\_\_\_\_

Director signature: \_\_\_\_\_ date: \_\_\_\_\_



# Clinton Path Preschool Summer Program

## 2022 Calendar Request Form

Child's Name(s): \_\_\_\_\_

*(Please only use one form for multiple children if the children are attending on the same day.)*

Please mark the days and times that you would like to request.

The regular day is 8:30 - 12:30 with the option of extended day from 12:30 - 4:00.

JULY					
	M	T	W	T	F
	4	5	6	7	8
8:30-12:30	Holiday				
12:30- 4:00	Holiday				
	11	12	13	14	15
8:30-12:30					
12:30- 4:00					
	18	19	20	21	22
8:30-12:30					
12:30- 4:00					
	25	26	27	28	29
8:30-12:30					
12:30- 4:00					

*In the calendar, please mark an X in each box for all the days and extended days you would like your child(ren) to attend.*

*Remember, new-to-CPP students must sign up for 5 days in their first week. All students must sign up for at least 3 days with the inclusion of a Monday or a Friday for the rest of their preferred weeks. Weeks do not need to be consecutive.*

AUGUST					
	M	T	W	T	F
	1	2	3	4	5
8:30-12:30					
12:30- 4:00					
	8	9	10	11	12
8:30-12:30					
12:30- 4:00					
	15	16	17	18	19
8:30-12:30					
12:30- 4:00					
	22	23	24	25	26
8:30-12:30					
12:30- 4:00					



# Clinton Path Preschool Summer Program

Please use the worksheet below to add up totals and determine your tuition balance. You will be invoiced for this amount prior to the start of the CPP Summer Program. **If you would like to add days after submitting this worksheet, please email [summer@clintonpathpreschool.com](mailto:summer@clintonpathpreschool.com) with this request.**

<b>Registered Before May 1</b>				
	<u>Day Type</u>	<u>Number</u>	<u>Price Per</u>	<u>Total</u>
	# of summer program days		\$60	\$
	# of extended days		\$40	\$
<b>Total Tuition Due</b>				<b>\$</b>

<b>Registered After May 1</b>				
	<u>Day Type</u>	<u>Number</u>	<u>Price Per</u>	<u>Total</u>
	# of summer program days		\$65	\$
	# of extended days		\$40	\$
<b>Total Tuition Due</b>				<b>\$</b>

<b>Siblings</b>				
	<u>Day Type</u>	<u>Number</u>	<u>Price Per</u>	<u>Total</u>
	# of summer program days		\$55	\$
	# of extended days		\$35	\$
				\$
Write # of siblings attending here:				#
<b>Total Tuition Due</b>				<b>\$</b>

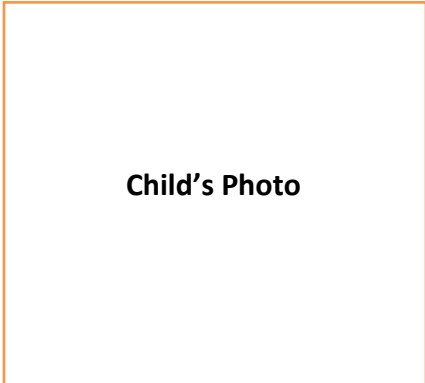


# Clinton Path Preschool Summer Program

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## Family Information & Child Identification Form

Reg. 7.04(7)(a)1



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### 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



# Clinton Path Preschool Summer Program

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 \_\_\_\_\_





# Clinton Path Preschool Summer Program

## Developmental History & Background Form

Reg. 7.04(7)(a)12 Please answer as many questions as you can. \*\*\*Skip this form (pages 9-15) if your child was enrolled at CPP during the regular school year prior to summer attendance and instead fill in the Update form on page 20.

### 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:

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

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What are the relevant custody arrangements for us to know?

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"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?



# Clinton Path Preschool Summer Program

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

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## 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? \_\_\_\_\_ Your 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?

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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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# Clinton Path Preschool Summer Program

## 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)

\_\_\_\_\_

\_\_\_\_\_



# Clinton Path Preschool Summer Program

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?

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## 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: \_\_\_\_\_

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

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

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

Has anyone ever mentioned this as a possibility?  No  Yes

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

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



# Clinton Path Preschool Summer Program

## 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? \_\_\_\_\_

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. If so, please describe \_\_\_\_\_

### *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:*

What are your child's favorite activities at home: \_\_\_\_\_

Where does your child usually play? \_\_\_\_\_



# Clinton Path Preschool Summer Program

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? \_\_\_\_\_

What adult does your child spend the most time with? \_\_\_\_\_

## YOUR CHILD'S PERSONALITY AND TEMPERAMENT

*In the chart, please check only one box in each row.*

One word that describes my child's temperament is: \_\_\_\_\_

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



## Clinton Path Preschool Summer Program

How does your child handle separation? \_\_\_\_\_

What works best? \_\_\_\_\_

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? \_\_\_\_\_

How is the anger expressed? \_\_\_\_\_

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? \_\_\_\_\_

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: \_\_\_\_\_



# Clinton Path Preschool Summer Program

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## STUDENT RELEASE FORM

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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

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





# Clinton Path Preschool Summer Program

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## Signed Permissions Form

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**Child's Name:** \_\_\_\_\_

By signing here, I acknowledge that I have read and marked each of the 3 permissions below.

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Parent/Guardian

Date

### PERMISSION TO REAPPLY SUNSCREEN

I understand the first application of sunscreen is done by the parent/guardian before the child's arrival at Clinton Path Preschool. If this has not occurred, I am responsible to do so upon arrival.

I give Clinton Path Preschool permission to re-apply the sunscreen that I will provide for my child:

Yes \_\_\_\_\_ No \_\_\_\_\_

### 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 \_\_\_\_\_

### ORAL HEALTH- TOOTHBRUSHING - EXTENDED DAY ONLY

While in care at Clinton Path Preschool, please have my child participate in tooth brushing. A toothbrush for my child accompanies this form. I understand the toothbrush is to be replaced after my child is ill. A small travel size tube of toothpaste also accompanies this form.

Name of Toothpaste: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Clinton Path Preschool • 58 Irving Street, Brookline, MA 02445 • (617) 731-8415  
www.clintonpathpreschool.com



# Clinton Path Preschool Summer Program

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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)

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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: \_\_\_\_\_



# Clinton Path Preschool Summer Program

## 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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Parent/Guardian Signature

Date



# Clinton Path Preschool Summer Program

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## Developmental History and Background Update Form\*

\*Only fill in this form if your child was enrolled during the regular school year at CPP prior to summer attendance.

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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):

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

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Camps and classes taken while away:

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Anything else you would like us to know?

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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: \_\_\_\_\_