



Family and Emergency Contact Information

Child's Full Name _____

DOB _____/_____/_____

Address: _____ City: _____ Zip: _____

Mailing Address (if different):

Telephone Number: _____ Nickname _____

Primary Language of Child _____ Secondary _____

Primary Language of Parent/Guardian) _____

#1 Parent/Guardian Information (if different from child).

Name: _____ Day Time Phone: _____

Cell Phone _____

Home Address: (if different from child) _____

Special Instructions to reach you:

#2 Parent/Guardian Information: (if different from child)

Name: _____ Day Time Phone: _____

Cell Phone _____

Home Address: (if different from child) _____

Special Instructions to reach you:

Authorized Pick Up

In the event of an emergency when I may not be reached, the caregiver may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises. MUST have photo ID.

You must have at least one contact who is available to pick your child up within **30 minutes** in the even they are sick or in the event of an emergency or late fees apply. There is a 10 minute grace period.

Name: _____ Relationship to child _____

Cell Phone _____

Name: _____ Relationship to child _____

Cell Phone _____

Name: _____ Relationship to child _____

Cell Phone _____

Written Acknowledgement of Receipt of Family Handbook

I acknowledge that I have received a copy of the family handbook and I understand this is NOT an EEC program based on exception policies of the state of MA.

Parent/Guardian _____ Date ____/____/____

Parent/Guardian _____ Date ____/____/____

Transportation (in case of evacuation)

The Play + Learn (PL) must exercise good judgment when supervising children in their care. When a child uses specialized transportation to and/or from the

Play + Learn it may be necessary for the educator to accompany the child to and/or from the vehicle. Whenever possible, if there is a monitor on the transportation vehicle, the monitor will be responsible for accompanying the child between the family child care home and the vehicle. If PL is accompanying a child to and/or from a transportation vehicle PL must meet the following requirements:

PL will consider the number, ages and needs of children in care in order to ensure the safety of all child care children while accompanying a child to or from a transportation vehicle.

PL will notify the parents of all children in care that children are being accompanied to and from transportation vehicles and must obtain written consent of all parents involved.

PLEASE NOTE: This applies to transportation in case of emergency only.

I understand and agree that PL may need to transport my child as directed by state emergency personnel. This is only in the need to evacuate the center and while doing so the staff will take all of the required steps to ensure my child's safety.

Parent/Guardian Signature: _____ Date: __/__/____

Parent/Guardian Signature: _____ Date: __/__/____

Childs Physical Description (attach a current photo).

Eye Color _____ Hair Color _____ Sex ____ Height _____ Weight _____

HEALTH

Allergies/Special Diets

Does your child have an EPI Pen? _____

Serious illnesses and/or hospitalizations:

Special physical conditions, disabilities:

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Does your child use an inhaler for allergies or asthma?

Regular medications taken daily :

Do you have any concerns or worries with regard to your child being in a program?

Is there anything else we should know about your child?

Do you hold any custody agreements, court orders, restraining orders, etc. that pertain to the child?

Parent/Guardian Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Emergency Medical Treatment

I hereby give all staff of PL permission to administer basic first aid and/or CPR to my child and/or to take my child to a hospital for medical treatment when I cannot be reached in the event that delay would be dangerous to my child's health.

Parent/Guardian Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Please answer the following:

On rainy days, we will offer an abundance of indoor activities. Staff will also offer ONE age appropriate movie on these days. Are you ok if your child is offered to watch a rated G or PG movie? We will let you know the name of the movie in advance.

Yes, they can watch a max of ONE movie on a rainy day _____

No, please offer them something different _____

Do you want us to help assist your child with sunscreen? If so we ask that you provide 1. A stick for their face and 2. Spray for their body.

Yes, please help them _____

No, they can do this on their own _____

Occasionally we will bring popsicles for the children at the end of the day. Is it ok if your child has a popsicle? Please note that unless all families are ok with popsicles, we will not give to anyone so no one is feeling left out.

Yes, I am ok with you giving them store bought popsicles _____

No, I rather you not give popsicles _____

Medical Information Required

Have you included a form from your child's pediatrician which states the following 1. The date of their last physical (within 12 months) 2. All of their vaccines 3. A statement that they are well to participate fully in school, daycare, sports or camp?

Tips to obtain this form.

In Massachusetts pediatric offices usually call this form a "Camp, Sports, Daycare, School Form". You normally can access this on an online portal. Out of state, this form may be called a "Universal Child Health Record".

