

Fessenden Children's Center
2021 - 22 Enrollment Application and Contract

Child's Name _____ Date of Birth _____

Boy ___ Girl ___ Date of Enrollment _____ Age as of Enrollment _____

Parent's Name #1 _____

Parent's Name #2 _____

Child's Home Address _____

_____ zip code _____

Child's Home Phone _____

Child's Home Email _____

Parent's Information #1

Parent's Information #2

Name _____ Name _____

Occupation _____ Occupation _____

Employer's Name/Address _____ Employer's Name/Address _____

Employer's Phone _____ Employer's Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Fessenden Children's Center
2021 - 22 Tuition Rates

Baby 1 and Baby 2 Groups:

Full Day 8:00am - 3:30pm	Monthly Rate	Half Day 8:00am - 12:00pm	Monthly Rate
5 Days	\$2,325.00	5 Days	\$1,305.00
4 Days	\$1,920.00	4 Days	\$1080.00
3 Days	\$1,465.00	3 Days	\$825.00
2 Days	\$1015.00	2 Days	\$575.00

AM & PM Extended Day Options:

Monthly Rates	AM 1 7:15 - 7:30am	AM 2 7:30 - 8:00am	PM 1 12:00 -12:30pm	PM 2 3:30 - 4:00pm	PM 3 3:30 - 4:30pm
5 Days	\$73.00	\$146.00	\$146.00	\$146.00	\$292.00
4 Days	\$63.00	\$126.00	\$126.00	\$126.00	\$252.00
3 Days	\$53.00	\$106.00	\$106.00	\$106.00	\$212.00
2 Days	\$37.00	\$74.00	\$74.00	\$74.00	\$148.00

The AM 1 option is only available to Fessenden employees. Schedule change requests that involve an increase in days per week are contingent upon space availability. This applies to requests made during the school year as well as from one school year to the next school year.

The following tuition discounts also apply:

Fessenden Employee Discount: 20% monthly tuition discount for full-time employees.

Part-time employees will receive a prorated employee discount.

Sibling Discount: 10% monthly tuition discount off of the lower-priced tuition(s).

Vacation Breaks - listed below: 20% discount off the monthly tuition for each week that your child does not attend.

Winter Holiday Break

Week #1 Dec. 20 - 24

Week #2 Dec. 27 - 31

February Public School Vacation Week

Feb. 21 - 25

Fessenden March Break

Week #1 Mar. 14 -18

Week #2 Mar. 21 - 25

April Public School Vacation Week

Apr. 18 - 22

Fessenden Children's Center

2021 - 22 Tuition Rates

Toddler 1 and Toddler 2 Groups:

Full Day 8:00am - 3:30pm	Monthly Rate	Half Day 8:00am - 12:00pm	Monthly Rate
5 Days	\$2,230.00	5 Days	\$1,255.00
4 Days	\$1,835.00	4 Days	\$1030.00
3 Days	\$1,415.00	3 Days	\$790.00
2 Days	\$960.00	2 Days	\$550.00

AM & PM Extended Day Options:

Monthly Rates	AM 1 7:15 - 7:30am	AM 2 7:30 - 8:00am	PM 1 12:00 -12:30pm	PM 2 3:30 - 4:00pm	PM 3 3:30 - 4:30pm
5 Days	\$73.00	\$146.00	\$146.00	\$146.00	\$292.00
4 Days	\$63.00	\$126.00	\$126.00	\$126.00	\$252.00
3 Days	\$53.00	\$106.00	\$106.00	\$106.00	\$212.00
2 Days	\$37.00	\$74.00	\$74.00	\$74.00	\$148.00

The AM 1 option is only available to Fessenden employees. Schedule change requests that involve an increase in days per week are contingent upon space availability. This applies to requests made during the school year as well as from one school year to the next school year.

The following discounts also apply:

Fessenden Employee Discount: 20% monthly tuition discount for full-time employees. Part-time employees will receive a prorated discount.

Sibling Discount: 10% monthly tuition discount off of the lower-priced tuition(s).

Vacation Breaks - listed below: 20% discount off the monthly tuition for each week that your child does not attend.

Winter Holiday Break

Week #1 Dec. 20 - 24

Week #2 Dec. 28 - 31

February Public School Vacation Week

Feb. 21 - 25

Fessenden March Break

Week #1 Mar. 14 - 18

Week #2 Mar. 21 - 25

April Public School Vacation Week

Apr. 18 - 22

Fessenden Children's Center
2021 - 22 Tuition Rates

Preschool Group:

Full Day 8:00am - 3:30pm	Monthly Rate	Half Day 8:00am - 12:00pm	Monthly Rate
5 Days	\$2010.00	5 Days	\$1,115.00
4 Days	\$1,650.00	4 Days	\$920.00
3 Days	\$1,275.00	3 Days	\$705.00
2 Days	\$870.00	2 Days	\$495.00

AM & PM Extended Day Options:

Monthly Rates	AM 1 7:15 - 7:30am	AM 2 7:30 - 8:00am	PM 1 12:00 -12:30pm	PM 2 3:30 - 4:00pm	PM 3 3:30 - 4:30pm
5 Days	\$68.00	\$136.00	\$136.00	\$136.00	\$272.00
4 Days	\$58.00	\$116.00	\$116.00	\$116.00	\$232.00
3 Days	\$48.00	\$96.00	\$96.00	\$96.00	\$192.00
2 Days	\$36.00	\$72.00	\$72.00	\$72.00	\$144.00

The AM 1 option is only available to Fessenden employees. Schedule change requests that involve an increase in days per week are contingent upon space availability. This applies to requests made during the school year as well as from one school year to the next school year.

The following discounts also apply:

Fessenden Employee Discount: 20% monthly tuition discount for full-time employees.

Part-time employees will receive a prorated discount.

Sibling Discount: 10% monthly tuition discount off of the lower-priced tuition(s).

Vacation Breaks - listed below: 20% discount off the monthly tuition for each week that your child does not attend.

Winter Holiday Break

Week #1 Dec. 20 - 24

Week #2 Dec. 27 - 31

February Public School Vacation Week

Feb. 21 - 25

Fessenden School March Break

Week #1 Mar. 14 - 18

Week #2 Mar. 21 - 25

April Public School Vacation Week

Apr. 18 - 22

Terms and Conditions

We, the undersigned parents (or guardians), request that The Fessenden School ("School") enroll our Child in Fessenden Children's Center ("Center"). The undersigned parents or guardians (the "Undersigned"), jointly and individually, understand that the duties and obligations of the Center under this Contract may be suspended immediately and without notice during all periods that the Center is closed because of force majeure events including, but not limited to, fire, acts of God, war, governmental action, terrorism, epidemic, pandemic or any other event beyond the School's control. The Undersigned acknowledge and agree that the sole financial remedy for a force majeure event is future service delivery and not a tuition refund.

The Undersigned, jointly and individually, acknowledges and agrees that there will not be a refund of the deposit, neither full nor partial, should circumstances change for any reason and their child not attend.

The Undersigned agrees to timely pay off of all invoiced amounts, in accordance with the tuition schedule.

The Undersigned, jointly and individually, acknowledge that their personal commitment to pay the full tuition, and all other charges incurred by, the child is unconditional. The undersigned, jointly and individually, acknowledge that there will be no reduction of the amounts the Undersigned owe or any refund of amounts the Undersigned have paid to the Center, even if the Child is unable to attend the Center at any time, whether as a result of illness, withdrawal or other circumstances of any kind and even if a replacement Child is found. Notwithstanding the foregoing, release from this contract will be granted with thirty (30) days notice from the first day of the month following such notice, and the undersigned acknowledge they must pay the full tuition for the entirety of the notice period.

The Undersigned shall also be responsible for, and agree to pay to the Center, any and all costs and expenses the Center incurs in collecting any amount owed by the Undersigned, including, but not limited to, attorney's' fees and costs.

Except as noted, all charges are payable in full and must be received on or before the 1st day of the month on which they are due. Any unpaid balance is subject to a 1.5% monthly late charge. Any tuition or other charges that are sixty days late may result in significant consequences, including, but not limited to, the child's suspension from the Center and denial of re-enrollment for the following year.

SCHOOL'S NAME: The Undersigned acknowledge that we are not authorized to use "The Fessenden School" or any likeness of the name (e.g., "Fessenden," "Fessy," and the like), crest, or logo to describe any event, outing, group or other activity ("Group") that we may organize or lead or in which we (or the Child) may participate, without the express written permission of the Headmaster. If the child participates in any Group that uses The Fessenden School's name or name with likeness or

resemblance to the name, crest, or logo that is parent-organized or led by others, including current and former employees, we understand that the Group is not sponsored or endorsed by The Fessenden School unless we receive written notice from the Headmaster informing us that the Group has been recognized by The Fessenden School.

We understand that if we have any questions about whether a Group is sponsored by The Fessenden School, we should contact the Headmaster.

EXPECTATIONS: The Undersigned agree to comply with and be subject to the Center's policies. The Undersigned acknowledges that the policies and procedures in the Center's Handbook may be changed or supplemented from time to time in the Center's discretion, without the Undersigned being notified or consulted, and we agree that we shall be bound by such standards. The Undersigned agrees that a positive and constructive working relationship among the Center is essential to the fulfillment of the Center's mission. The Center reserves the right, in its discretion and without limitation, to suspend, dismiss, or refuse to enroll the Child if the Center concludes that the Child, or a family member or other individual associated with the Child, has engaged in any behavior that, in the Center's discretion and judgment, makes such a positive and constructive relationship difficult or impossible or otherwise interferes with the Center's ability to fulfill its purposes or runs contrary to the best interests of the Center or other children in its care. No such action taken by the School will release the Undersigned from the financial obligations under this Contract.

ATTENDANCE AND ENROLLMENT: We acknowledge that the School's Headmaster may determine, in his sole discretion, whether to allow the Child to attend the Center, and/or to offer the Child re-enrollment in the Center. We agree that the Headmaster has final authority in all decisions regarding the Child's attendance and enrollment in the Center, we agree to abide by the Headmaster's decision regarding such matters. We agree that the Headmaster may from time to time, in his discretion, delegate all or part of his authority in the Center's enrollment matters to one or more members of the School's administration or faculty. In consideration for the Child's attendance and enrollment in the Center, we release the School and/or its teachers, staff, administrators and Board Trustees from any and all claims of any nature that we ever had, now have or that may arise in the future relating to or arising out of the Child's attendance or enrollment in the Center, including, but not limited to, any decision by the Headmaster regarding the Child's attendance or enrollment at the Center, to the maximum extent permitted by law. Further, we agree not to bring any claims against the School and/or its teachers, staff, administrators and Board Trustees relating to or arising out of the Child's attendance or enrollment in the Center, to the maximum extent permitted by law. We agree to indemnify the School for its expenses and costs, including reasonable attorneys' fees, if we violate this agreement and bring a claim against the School or its teachers, staff, administrators or Board Trustees. We agree that the terms of this paragraph shall be binding upon us personally, as well as upon all members of our family, and our and their heirs, successors, assigns, and legal representatives, to the extent permissible by law.

We acknowledge that changes to our child's schedule both during the current school year, as well as from one school year to the next school year are subject to availability.

We acknowledge that enrollment in the Center is separate from enrollment in the School's Pre-Kindergarten through the 9th-grade academic program and that enrollment in the Center is in no way a promise of enrollment in the School's academic program.

GOVERNING LAW: Massachusetts law governs the validity, construction, and administration of this Contract without regard to conflict of law principles. Any dispute arising out of this Contract or otherwise between the School and any or all of the Undersigned must be heard exclusively in the state or federal courts located in the Commonwealth of Massachusetts.

SEVERABILITY: If any portion of this Contract shall to any extent be declared unenforceable or illegal by a court of competent jurisdiction, the remainder of this Contract shall not be affected thereby, and each portion and provision of this Contract shall be valid and enforceable to the fullest extent permitted by law.

COUNTERPARTS: The Undersigned agrees that this Contract may be signed in counterparts, which together shall constitute one agreement.

ENTIRE AGREEMENT: This Contract incorporates the entire agreement of the parties relating to the Child's enrollment at the Center, and the Undersigned acknowledge that they are not relying on any other verbal or written representations. The Contract may not be amended except in a written document signed by all parties that expressly acknowledges such amendment. We, the Undersigned, acknowledge that we have read and understood the above Contract. By signing below, I am providing my legally binding signature for the Contract and accept all of its terms and conditions.

Parent's Signature _____ **Date** _____

Fessenden Children's Center
2021 - 22 Enrollment Contract

Fessenden Children's Center is open Monday through Friday, 7:15 am* to 4:30 pm. Enclosed you will find a list of holidays when the Center is closed. The vacation breaks listed in the tuition rates section are optional. If your child does not attend during the vacation breaks, your monthly bill will be discounted. Summers are also optional. If your child does not attend, you will not receive a bill during the summer months. While in attendance you will be billed for all holidays, sick days and days that your child does not attend that fall during their regular contracted schedule. Billing statements are generated on a monthly basis. Your child's contract may not be altered without a written request to the Director.

Child's Name _____ Date of Birth _____

Full Day 8:00 am - 3:30 pm: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Half Day 8:00 am - 12:00 pm: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

AM 1 7:15 - 7:30 am*: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

AM 2 7:30 - 8:00 am: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

PM 1 12:00 - 12:30 pm: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

PM 2 3:30 - 4:00 pm: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

PM 3 3:30 - 4:30 pm: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

*AM 1 option is only available to Fessenden employees. The earliest drop-off time for non-Fessenden employee families is 7:30 am.

Schedule change requests that involve an increase in days per week are contingent upon space availability. This applies to requests made during the school year, as well as from one school year to the next school year.

I understand that this is a contract, that I have read and agree to the "Terms and Conditions", and that I am enrolling my child for the entire 2021 - 22 school year, which begins on Monday, August 30, 2021, and ends Friday, August 12, 2022.

Parent's Signature _____ **Date** _____

Director's Signature _____ **Date** _____

Holidays & Vacation Breaks Schedule

2021 - 2022

August 30	Monday - The Center reopens for 2021 - 22 school year
September 6	Monday - Labor Day
October 11	Monday - Indigenous People's Day
October 29	Friday - School Holiday
November 24	Wednesday - Get Ready to Eat Day
November 25	Thursday - Thanksgiving Day
November 26	Friday - Digestion Day
December 23	Thursday - Christmas Holiday Break
December 24	Friday - Christmas Holiday Break
December 30	Thursday - New Year's Holiday Break
December 31	Friday - New Year's Holiday Break
January 17	Monday - Martin Luther King, Jr. Day
February 21	Monday - Presidents' Day
April 18	Monday - Patriot's Day
May 30	Monday - Memorial Day
June 20	Monday - Juneteenth (observed)
July 4	Monday - Independence Day
August 15	Monday - Beginning of the Center's Summer Break
August 29	Monday - The Center reopens for 2022 - 2023 school year

Face Sheet

Center Use:
Date of Admission _____
Age of Admission _____

Child's Name _____ Birth Date _____

Primary Language _____ Birthplace _____

Parent's Information #1

Name _____

Home Address _____

_____ zip code _____

Home Phone _____

Cell Phone _____

Employer's Name/Address _____

Business Phone# _____

Parent's Information #2

Name _____

Home Address _____

_____ zip code _____

Home Phone _____

Cell Phone _____

Employer's Name/Address _____

Business Phone# _____

Others in Family/Relationship:

_____ / _____

_____ / _____

If Parents Cannot Be Contacted, Notify: (persons must be 18 years old or older and live in

Massachusetts)

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Child's Physician/Clinic:

Name _____ Address _____

_____ Phone# _____

Identifying Information: (Required by The Department of Early Education and Care Regulations).

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

Ethnicity _____

Identifying marks _____

Parent's Signature _____ Date _____

Developmental History Form

Developmental History for Infants, Toddlers, and Preschoolers (please answer as relevant to the age of your child).

Personal History:

Type of Birth _____ complications _____

Age child began: sitting _____ crawling _____ pull-up _____

walk with support _____ walking _____ talking _____

Any special words to describe needs? _____

Any history of colic? _____ Does child use a pacifier or suck thumb? _____

Does child have a fussy time? _____ when? _____

How do you handle this time? _____

Health History:

Has child had any serious illness or hospitalization (describe)? _____

Does child have allergies (asthma, seasonal allergies, insect bites, medicines, animals, or food)?

Are any medications given regularly? _____

Eating Habits:

Are there any special feeding problems (including special diets)? _____

If infant is on a special formula, describe its preparation in detail: _____

Favorite foods? _____

Foods refused? _____

How is child fed: held in lap? _____ high chair? _____ at table? _____

other (describe)? _____

Does child eat with spoon? _____ fork? _____ hands? _____

Does child drink from a straw style sippy cup? _____ cup? _____

By nature, how is child's appetite (describe)? _____

Toileting/Diapering Habits:

Is there frequent occurrence of diaper rash? _____

Do you use ointment? _____ powder? _____ lotion? _____ other? _____

Are bowel movements regular? _____ how many per day? _____

usual time(s)? _____

Is there a problem with diarrhea (describe)? _____

Constipation (describe)? _____

Has toilet training been attempted? _____

Please describe any particular procedure to be used for your child at the center _____

What is used at home? potty chair? _____ special child seat? _____ toilet? _____

Does child indicate bathroom needs? _____

Word for urination? _____ Word for bowel movement? _____

Is child frightened of the bathroom? _____

Does child have frequent accidents? _____

Sleeping Habits:

Does your child sleep in a crib? _____ bed? _____ other? describe _____

Does your child take naps? _____ A.M. from _____ to _____

P.M. from _____ to _____

What does child take to bed? _____

Mood on awakening? _____

What time does child go to bed for the night? _____

What time does child wake-up in AM? _____

Social Relationships:

Has child had experiences playing with other children (describe)? _____

By nature is child friendly? _____ extroverted? _____ active? _____

aggressive? _____ shy? _____ cautious? _____ introverted? _____

withdrawn? _____ explain _____

How does child relate to strangers? _____

Does child play well alone? _____

What are child's favorite toys? _____

What are your child's favorite activities? _____

Is child frightened by animals? _____ active/rough children? _____
loud noises? _____ dark? _____ storms? _____
other? _____

Who does most of the disciplining? _____

What is the best way of handling your child? _____

How do you comfort your child? _____

Comments or other important information that has not been asked on this form:

Topical Ointment Consent Form

I hereby authorize Fessenden Children’s Center teachers to administer the following topical ointments, etc. to my child, _____, at their discretion.

_____ Sunscreen

_____ Diaper Cream

_____ Lotion

_____ Other(specify) _____

Please note: all of the above-mentioned ointments and lotions must be provided by the parents.

Parent’s Signature _____ **Date** _____

Pick-up Release Consent Form

I hereby authorize Fessenden Children's Center teachers to release my child, _____, to the following persons (persons noted must be at least 18 years old, living in Massachusetts, and not the child's parents or legal guardians).

1. Name _____ Relationship _____
Address _____
Home Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____
Home Phone _____ Cell Phone _____

3. Name _____ Relationship _____
Address _____
Home Phone _____ Cell Phone _____

4. Name _____ Relationship _____
Address _____
Home Phone _____ Cell Phone _____

Parent's Signature _____ **Date** _____

Parental Consent Form

Accident and Emergency:

Y / N 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 Fessenden Children’s Center to transport my child to the closest hospital,_____, and to secure for my child the necessary medical treatment. I also understand that the center’s staff is trained in the basics of first aid and CPR and I authorize them to give my child first aid when appropriate.

Field Trips/ Walks off Campus:

Y / N I give Fessenden Children’s Center permission to take my child,_____, on field trips as part of the educational program. I understand that I will be informed prior to each outing of the specific destination and time of the outing. I also understand that if I choose not to have my child attend a trip, I will make other arrangements for their care that day. I understand that neighborhood walks, trips to the local library and/or playgrounds may occur without prior notice.

Photographs/Videos:

Y / N I give Fessenden Children’s Center permission to take photographs of my child’s participation in school activities to be used for school projects, marketing brochures, school website and in any news releases.

Observations:

Y / N I give permission for my child to be observed by student teachers or other students from the community.

Parent’s Signature _____ **Date** _____

COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

Oral Health Program

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

Effective January 2010, child care teachers must assist children with brushing their teeth if:
The child is in care for more than 4 hours, or they have a meal while in care.

All families that choose to have their child participate in the new oral health program will be responsible for providing a toothbrush and toothpaste for their child.

Your child's toothbrush should be replaced every three months or after they have been sick. Please indicate below whether you want your child to participate in the oral health program.

Child's Name: _____

_____ I want my child to participate in the oral health program.

_____ I do not want my child to participate in the oral health program.

Comments: _____

Parent's Name _____

Signature _____ **Date** _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts in the order to be contacted (must be 18 years old, live in Massachusetts, can not be the parent or legal guardian):

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

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

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

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

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

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

Health Insurance _____ Policy # _____

Parent/Guardian Name: _____

Phone # to be reached in an emergency: _____

Parent/Guardian Name: _____

Phone # to be reached in an emergency: _____

Parent's Signature _____ Date _____

(valid for only one year)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

____ SUPERVISED WALK

____ SUPERVISED WALK

____ UNSUPERVISED WALK

____ UNSUPERVISED WALK

____ PUBLIC/PRIVATE/CONTRACT VAN

____ PUBLIC/PRIVATE/CONTRACT VAN

____ PROGRAM BUS/VAN

____ PROGRAM BUS/VAN

____ PRIVATE TRANS. ARRANGED BY PARENT

____ PRIVATE TRANS. ARRANGED BY PARENT

OTHER - ARRIVE WITH PARENTS

OTHER - DEPART WITH PARENTS

I give permission for my child to be released from the program at the end of the program day as stated above and/or I give permission to the following people to receive my child at the end of the day (if no one is authorized other than the parent/legal guardian please indicate below "NO ONE").

*IF A CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER.

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

PARENT/GUARDIAN SIGNATURE & DATE _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Child's Health Record

Dear Parents,

The Department of Early Education and Care regulations require at the time of admission a written statement or health form from a physician as evidence of each child's annual physical examination, immunizations, and lead screening in accordance with the Department of Public Health's recommended schedules. **Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.**

Please fill-out, sign, and attach a copy of your child's most recent health form (check the form to ensure that the date your child was last examined is not more than one year ago).

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone # _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance: _____

Has this child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care providers? If so, please detail below:

Parent's Signature _____ **Date** _____

Comments: _____

