

MARBLEHEAD CHILDREN'S CENTER

21 TIOGA WAY
Marblehead, MA 01945



781-631-1954

Date of Admission: _____ Class: _____ Age at Admission: _____

Child's Name: _____ Date & Place of Birth: _____

Identifying Information (Required by EEC Regulations):

Height:	Hair Color:	Sex:
Weight:	Eye Color:	Race:
Identifying Marks:		

Parent #1:	Parent #2:
Home Address:	Home Address:
Cellular Telephone:	Cellular Telephone:
Email:	Email:
Parent #1 Place of Employment:	Parent #2 Place of Employment:
Business Telephone::	Business Telephone:
Child's Physician:	Child's Physician:

Parent's Signature & Date

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**AUTHORIZATION & CONSENT FORM**

Child's Name: _____

Please complete the information below, and DENOTE NUMERICALLY THE ORDER IN WHICH YOU WOULD LIKE US TO CALL in case of an emergency.

Parent #1 Cell #:		Parent #2 Cell #:
Parent #1 Work #:	Hours at work:	Parent #2 Work #: Hours at work:
Other:		Other:

I hereby authorize MARBLEHEAD CHILDREN'S CENTER to release my child to the individuals (other than parents) listed below. In addition, I have indicated whom you should call in the event of an emergency if a parent cannot be reached.

Name:	Address:	Phone Number:	Relationship:	Emergency: Yes ____ No ____
Name:	Address:	Phone Number:	Relationship:	Emergency: Yes ____ No ____
Name:	Address:	Phone Number:	Relationship:	Emergency: Yes ____ No ____

 Parent's Signature & Date

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EMERGENCY MEDICAL AUTHORIZATION & CONSENT FORM

Child's Name: _____ Date of Birth: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (name) _____. However, if I cannot be reached, I hereby authorize MARBLEHEAD CHILDREN'S CENTER to transport my child to the NORTH SHORE CHILDREN'S HOSPITAL, and to secure the necessary medical treatment for my child. I understand that the teachers in the school are trained in the basics of First Aid, and I authorize them to administer First Aid when appropriate.

Parent's Signature & Date

Parent # 1 Name: _____ Daytime Phone Number: _____

Parent # 2 Name: _____ Daytime Phone Number: _____

Pediatrician's Name: _____ Address & Phone #: _____

Medical Insurance Carrier: _____ Policy Number: _____

Medical Allergies: _____

Parent's Signature & Date

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PARENTAL AUTHORIZATION

Child's Name: _____ Date of Birth: _____

I hereby give my permission for my child (name), _____

Yes No

 To be taken on any educational field trip within the community. I understand that I will be notified in advance of any field trip requiring transportation.

 To interact with any permanent or visiting students from local high schools / colleges.

 To be photographed during school hours. It is my understanding that these photographs will be used for school purposes, including **Facebook, Instagram and any other social media.**

 To be added to a class list including name, phone #, address, email address, and parents' names, which shall be released upon request to Marblehead Children's Center families for purposes such as scheduling birthday parties, playdates, and other types of communication.

 I have read and understand the content described in the MCC Handbook available online.

Parent's Signature & Date

DEVELOPMENTAL HISTORY



Child's Name: _____ Date of Birth: _____

Personal History

Age began sitting _____ Crawling _____ Walking _____ Talking _____ Primary Language _____

Any difficulties in speaking? _____

Health

Any allergies? (Food, medication, insect bites) _____ **EPI-PEN?** _____

Comments _____

Any physical disabilities? (Asthma, hay fever) _____

Any serious illness or hospitalization? _____

Eating

Favorite Foods _____ Food Refused _____

Comments _____

Toilet Habits (if applicable)

Does child indicate bathroom needs? _____ Word for Urination _____ Word for Bowel Movement _____

Does child have accidents? _____ Any fears connected to bathroom? (flushing etc.) _____

Sleeping Habits

Does child take naps? _____ From _____ to _____ Mood on Awakening? _____

What does child take to bed with him/her? _____ What time does child go to bed? _____ Awake? _____

Social Relationships

Has child had experiences playing with other children? _____

By nature is child: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

How does child relate to strangers? _____ Does child play well alone? _____

Is child frightened by: Animals: _____ Rough Children _____ Loud Noises _____ Dark _____ Storms _____ Other _____

What is the best way of comforting your child? _____

What are your expectations for your child this year? _____

Parent's Signature & Date

Tooth Brushing Participation Form



606 CMR 7.11 (11)(d): Educators must assist children in brushing their teeth whenever they are in care for more than four hours or whenever they consume a meal while in care.

Background and Regulatory Intent:

This regulation is intended to increase awareness of the importance of good oral health practices for the Commonwealth's children. National research indicates that dental caries (tooth decay) is the most chronic childhood disease, five times more common than asthma. If untreated, dental caries results in cavities, pain, and infection and, in some instances, devastating consequences for a child's overall health, including sickness and mortality. Primary (baby) teeth have a much thinner layer of enamel compared to adult teeth. Therefore, young children are more at-risk for tooth decay, which usually progresses more quickly than it does in adult teeth. Untreated dental caries can inhibit learning, speech, and eating, leading to problems in school and poor nutrition. U.S. children lose more than 51 million school hours due to dental-related illness, according to a 2000 report of the Surgeon General.

The Catalyst Institute's 2008 study on the oral health of Massachusetts' children found that more than one-in-four kindergarten children had evidence of dental decay, with nearly half of those children having untreated dental decay. The proportion of children from low-income families with untreated decay was at least double that of comparable groups.¹

Dental caries and oral disease are almost entirely preventable. According to the Centers for Disease Control and Prevention (CDC), "When done routinely and properly, tooth brushing can reduce the amount of plaque which contains the bacteria associated with gum disease and tooth decay."

Child's Name: _____

I do want my child to brush his/her teeth while in care at Marblehead Children's Center _____

I do not want my child to brush his/her teeth while in care at Marblehead Children's Center _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

If you have any questions, please call: Gail or Karen at 781-631-1954



Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

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 Signature and Date: _____

MARBLEHEAD CHILDREN'S CENTER



TUITION POLICIES AND PROCEDURES

1. I hereby agree to use **Brightwheel** check-in upon arrival to and departure from the center.
2. I hereby agree to pay a onetime, non-refundable registration fee of \$100.00 per child.
3. A 10% tuition deduction will apply towards any sibling enrolled during the same school year.
4. Payment may be made through the Brightwheel app on the 1st of the month.
5. I understand that additional hours, above the child's schedule, are billed at an extra hour's rate.
6. I hereby agree to pay a late charge of \$15 if my tuition payment is received after the 10th of the month unless prior arrangements have been made. Any bank charges incurred by Marblehead Children's Center on payment returns will be forwarded to the parents.
7. I understand that there are absolutely no make-up days at Marblehead Children's Center. We take very seriously our commitment to class size and teacher ratios dictated by EEC.
8. I understand that the only adjustment of tuition at Marblehead Children's Center is after a two week period of extended illness.
9. I understand that only students who are on a twelve (12) month schedule, attend for at least forty (40) hours a week, and have attended continuously for six (6) months are entitled to a one (1) week vacation allowance.
10. I agree to submit any changes to my child's schedule two (2) weeks prior to the effective date.
11. I understand that there is a late pick – up charge (after 5:00pm) of \$15.00 for the first 10 minutes and \$1.00 per minute thereafter. Late fees will be charged to the account on file.
12. I hereby agree to give the school 2 weeks prior written notice in the event that I have to withdraw my child. Failure to comply will result in ½ month tuition charge to cover any monetary loss incurred by the school.
13. Any child that withdraws from the center, including extended summer vacation and later wishes to re-enroll must complete a new registration form along with a \$100.00 registration fee for each child. Re-enrollment is contingent on space availability.

I have read, understood and agree to comply with the tuition policies and procedures stated above.

Parent's Signature and Date



Marblehead Children's Center

LATE POLICY

Marblehead Children's Center closes at 5:00 PM. We have a late pick up policy for those occasional unavoidable situations when you must be a few minutes late. One of our teachers will wait with your child after 5:00 PM if necessary. There is a \$15.00 charge for a pick-up anytime in the first ten (10) minute segment and a \$1.00 for every minute thereafter. This fee will be charged to the account on file. It is not our intention to make money from those fees. The money will be used to defray the cost of keeping the center open and paying staff overtime.

Our teachers and staff work a full day and are ready to go home to their families at 5:00 PM. We expect our parents to arrive to pick up their child(ren) with enough time to comfortably exit the center by 5:00PM. (i.e., gather children's belongings, visit the bathroom, and wash hands).

I have read, and understood and agree to comply with the late policy above.

Parent's signature and Date



MARBLEHEAD CHILDREN'S CENTER
SUNSCREEN PERMISSION

In order to keep your child safe, we ask that you provide a bottle of sunscreen for your child which will be labeled and kept in his/her cubby for the warm weather months. Please apply the sunscreen before coming to school in the morning and we will reapply as necessary.

Please sign below giving Marblehead Children's Center permission to apply sunscreen to you child.

I give permission to Marblehead Children's Center to apply sunscreen to my child.

Child's Name: _____ Date: _____

Parent Signature: _____