

Parent Authorization/Sign-Off – Additional Written Information For/From Parents [606 CMR 7.08]

We need your support to assist in our ongoing effort to create the highest quality environment possible for all children. MA Dept. of Early Ed. and Care (EEC) licensing requirements have changed and we now need the following statements of authorization from you and documentation that we have provided the following additional information to you:

1. Record Access - Children's records are confidential and FCNS staff may not distribute, release or discuss information about your child to any unauthorized person or entity except EEC unless you so authorize. [7.04(8)] **Various staff members have legitimate reasons for permission to access to such information:**

- o Office Assistants process all children's records, track physical exams and immunizations, and enter that information into the school database. They also inform MA Dept of Public Health about the total number of immunized children as raw numbers without identifying particular children.
- o Your child's AM/PM Classroom/Early Arrival/Lunch & Learn/Stay & Play/Extended Day teachers need to have access to information about him/her in order to be able to create a welcoming and developmentally appropriate environment for him/her.
- o FCNS Director and administrators see all records that are part of a child's file.

2. Individual Child Transportation Plan Authorization 7.13.(2)

All children must have a transportation plan. Please provide the requested information.

My child will arrive and depart from school with (check all that apply):

Arrive:

Depart:

parents

parents

transportation contracted by parent

transportation contracted by parent

private transportation arranged by parent

private transportation arranged by parent

other transportation

other transportation

3. Information Receipt Agreement I have been given the following information:

- o The FCNS Policies and Procedures and Parent Handbook are important resources for families and can be found on the website at www.fcnsma.org. Paper copies are available on request through the FCNS office. [7.08(6)] **YES _____ NO _____**
- o Toilet training is not an eligibility requirement for enrollment. [7.04(17)(g)1.] **YES _____ NO _____**
- o Parents are welcome to visit FCNS any time while their child is present. FCNS always encourages input from and communication with parents. [7.08(2-4)] **YES _____ NO _____**
- o The risk of Sudden Infant Death Syndrome is considerably reduced by placing an infant on his/her back to sleep. [7.11(13)(e)] **YES _____ NO _____**

Please fill out, sign, date and return this entire sheet. Thank you very much!

I understand the following FCNS staff has access to information about my child, _____, and I confirm I was given the above information: (Child's name)

- Jacey Norton - FCNS Director, FCNS Office Staff and the staff in my child's AM/PM, Early Arrival, Lunch & Learn, Stay & Play and Ext. Day classes

Parent Signature _____

Date _____