

*Pitter Patter Academy*

*Enrollment Packet*

| <i>Policy/Form</i>                              |  | <i>Signature</i> | <i>Date</i> |
|---|---|------------------|-------------|
| Child Enrollment Form                           |   |                  |             |
| Enrollment Agreement                            |   |                  |             |
| First Aid & Emergency Medical Care Consent Form |   |                  |             |
| Developmental History & Background Information  |   |                  |             |
| Reporting Abuse & Neglect                       |   |                  |             |
| Doctor's Note Policy                            |   |                  |             |
| Sick & Medication Policy                        |   |                  |             |
| Parent Agreement                                |   |                  |             |
| Plan to avoid Termination & Suspension Policy   |   |                  |             |
| Child Guidance Policy                           |   |                  |             |
| Inclement Weather Notification                  |   |                  |             |
| Transportation Plan & Authorization             |   |                  |             |
| Statement Of Purpose                            |   |                  |             |
| Education Philosophy & Goals                    |   |                  |             |
| Background Records Check Policy                 |   |                  |             |
| Administration Organization & Services          |   |                  |             |

|  |                            |  |  |
|--|----------------------------|--|--|
| Non-Discrimination Policy                      |                            |  |  |
| Contingency Plan For Emergency Situation       |                            |  |  |
| Clothing Suggestion                            |                            |  |  |
| Non-Prescription Information                   |                            |  |  |
| Diaper Changing Procedures                     |                            |  |  |
| Diaper Cream Permission                        |                            |  |  |
| Toilet Training Procedures                     |                            |  |  |
| Transition Plan                                |                            |  |  |
| Referrals                                      |                            |  |  |
| Maintenance of Records                         |                            |  |  |
| Infant Sleep Policy                            |                            |  |  |
| Field Trip & Activities Permission             |                            |  |  |
| Sunscreen Permission & Diaper Cream Permission |                            |  |  |
| Oral Health Non-Participation Form             |                            |  |  |
| Policy & Procedure for Handling Biting         |                            |  |  |
| Media Release                                  |                            |  |  |
| Emergency Care Information                     |                            |  |  |
| Permission Check Off                           |                            |  |  |
| HealthCare Policy                              | Copy Located In The Office |  |  |

Child's Enrollment Form

Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Parent/ Guardian Information**

Parent/ Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours At Work: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

**Additional Information**

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/ Special Diets? \_\_\_\_\_

Individual Health Plan for child with chronic health condition? If yes, please attach: \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_

(Please be sure to sign and date- Child's enrollment form are valid for 1 year)

## Enrollment Agreement

### Financial Terms and Conditions

|                   |            |               |
|-------------------|------------|---------------|
| Child's Last Name | First Name | Date of Birth |
|                   |            |               |

Childs Start Date: \_\_\_\_\_

| Monday            | Tuesday            | Wednesday          | Thursday           | Friday            |
|-------------------|--------------------|--------------------|--------------------|-------------------|
|                   |                    |                    |                    |                   |
| Arrival/Departure | Arrival/ Departure | Arrival/ Departure | Arrival/ Departure | Arrival/Departure |

Please keep in mind tuition covers a 10 hour per day maximum. You are responsible for any fees accrued over the 10 hours.

### Weekly Tuition

I understand that my weekly tuition fee of \$\_\_\_\_\_ is based on the schedule set above. I also understand that my tuition covers a 10 hour per day maximum and that I am responsible for all fees accrued. Pitter Patter Academy is not required to accommodate schedule changes for sick days, holidays, snow days or vacations. \*  
If Pitter Patter Academy is able to add your child for an extra day (when space is available) you will still be required to pay for the day you originally had scheduled plus the additional day you added\*.

I understand that I make payments directly at the center. I understand that I can use a check, money order, cash (given directly to either Sherri or Monique) or credit card on recurring payments.

I agree to pay the full weekly tuition fee even if my child is absent for one or more days during the calendar week (defined at Monday-Friday). If payment has not been made for 2 consecutive weeks the child's enrollment will be suspended until full payment has been received.

---

### Fee Schedule

The following fees are non-refundable.

I agree to pay a registration fee of \$\_\_\_\_\_ at the time of enrollment and again each prior to the first week in September.

I agree to pay weekly tuition on the first day my child attends, with no deduction for absences or holidays. If weekly tuition is not paid by the close of business on Friday, a \$25 late fee will be added to your tuition.

I agree to pay per child a late pickup fee of \$1 per min starting at the close of business. In order for your child to return the following business day, payment must be made in cash. Pitter Patter Academy reserves the right to terminate enrollment on the 3<sup>rd</sup> late pickup.

I agree to pay a \$35 return check fee for any checks returned. Pitter Patter Academy have the option to refuse any future checks.

---

**Additional Information**

If I withdraw my child from the program, I agree to give the center a 2 week written notice. I also agree that any prepaid balance of \$10 or less which remains at the time of my child's disenrollment, will not be remitted to me unless requested in writing within 90 days.

I understand if Pitter Patter Academy is unable to reach myself or my contacts 30 mins after the close of business, they reserve the right to notify legal authorities.

A child may be disenrolled by the center without prior notice if, in the sole opinion of management, it is in the best interest of the child or the center to disenroll the child.

The center is open Monday-Friday, 6:30 am to 6:00 pm. If necessary to close because of severe weather conditions we will contact emergency contacts. If MA is in a state of emergency/snow emergency we will be closed.

The terms of this agreement including the fees, are subject to change in whole or in part with a two week notice. This agreement can be terminated by Pitter Patter Academy at any time.

I understand that if a Pitter Patter Academy employee babysits for me or my family, and babysitting is provided solely in the person's individual capacity and not as an employee or agent of Pitter Patter Academy. I agree to release all person's individual capacity and not as an employee of agent of Pitter Patter Academy for any liability related to babysitting services, including transportation.

Certification: I certify that I have received, read and understand the information contained in the parent packet, the enrollment date form, and in this enrollment agreement, and agree to the terms and conditions set forth therein, including the Financial Terms and Conditions and Fees Schedule set forth above.

|                               |       |
|-------------------------------|-------|
| Signature of Parent/ Guardian | Date: |
| Signature of Center Director  | Date: |

## First Aid and Emergency Medical Care Consent Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff at Pitter Patter Academy who are trained in the basics of first aid/CPR to give my child first aid/ CPR when appropriate.

I understand that every effort will be made to contact me in the event if 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 care facility and/ or to

\_\_\_\_\_ and to secure medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Emergency Contacts (In order to be contacted)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

|  |
|--|
| Health Insurance Coverage _____ Policy # _____ |
| Parent/ Guardian Name: _____ Phone _____       |
| Parent/ Guardian Name: _____ Phone _____       |

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

Date: \_\_\_\_\_

(Valid for one year)

The COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed child care facilities required this information to be on file to address the needs of children while in care.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please provide information for Infant and Toddler (marked \*) as appropriate to the age of your child.*

**DEVELOPMENTAL HISTORY**

Age began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*crawl? \_\_\_\_\_ \*walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs? \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \* Any history of colic? \_\_\_\_\_

\*Does your child use a pacifier or suck thumb? \_\_\_\_\_ \*when? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \* when? \_\_\_\_\_

\* How do you handle this time? \_\_\_\_\_

**Health**

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/ or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies i.e. Asthma, hay fever, insect bites, medicine, food reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Regular medications: \_\_\_\_\_

\_\_\_\_\_

Eating Habits

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on special formula, describe its preparation in detail: \_\_\_\_\_

\_\_\_\_\_

Favorite foods: \_\_\_\_\_

Food refused: \_\_\_\_\_

Is your child fed held in Lap? \_\_\_\_\_ Highchair? \_\_\_\_\_

Does your child eat with a spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

Toilet Habits

\*Are disposable or cloth diapers used? \_\_\_\_\_

\*Is there a frequent occurrence of diaper rash? \_\_\_\_\_

\*Do you use: oil \_\_\_\_\_ powder: \_\_\_\_\_ lotion: \_\_\_\_\_ other: \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*Please describe and particular procedure to be used for your child at the center: \_\_\_\_\_

\_\_\_\_\_

\*What is used at home? Potty chair \_\_\_\_\_ Special seat \_\_\_\_\_ Regular seat \_\_\_\_\_

\*How does your child indicate bathroom needs (including special words):

\_\_\_\_\_?

\_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

Sleeping Habits

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)?

\_\_\_\_\_

Please Note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animals, story, mood on waking, etc.) \_\_\_\_\_

---

---

#### Social Relationships

How would you describe your child? \_\_\_\_\_

---

Previous experience with other children/ daycare: \_\_\_\_\_

---

Reaction to strangers: \_\_\_\_\_ able to play alone? \_\_\_\_\_

Favorite toys and activities? \_\_\_\_\_

---

Fears (the dark, animals, etc.) \_\_\_\_\_

---

How do you comfort your child? \_\_\_\_\_

---

What is the method of behavior management/discipline at home? \_\_\_\_\_

---

What would you like your child to gain from this childcare experience? \_\_\_\_\_

---

#### Daily Schedule

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. \_\_\_\_\_

---

---

---

Is there anything else we should know about your child? \_\_\_\_\_

---

---

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

Date: \_\_\_\_\_

## Reporting Abuse and Neglect

As employees of Pitter Patter Academy we are mandated reporters of any concerns that a child is living with neglect or abuse. It is the staff's responsibility to bring all concerns to the directors.

The directors will discuss the concerns with all staff who have contact with the child. If there is a reasonable cause to believe that the child is suffering from abuse or neglect, she will immediately report the situation to the Department of Children and Families by oral communication and by making a written report within (48) hours after such oral communication. The oral report to DCF will occur the same school day as original concerns. All staff are mandated reporters and must make the report themselves if there is a disagreement between the staff and management on any abuse or neglect issue.

"Abuse" mean the non-accidental commission of any act by a caretaker, which causes or creates a substantial risk to the child's wellbeing.

"Neglect" means failure by a caretaker, either deliberately or through accidental negligence, to take the action necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, or other essential care.

"Reasonable Cause" means a basis for judgment that rests on specific facts, either directly observed or obtained from reliable source, and that supports a belief that particular event probably took place or a particular condition probably exists.

"Reportable Condition" means a serious physical or emotional injury resulting from abuse or neglect, or the commission of any act by a caretaker with a child which constitutes a sexual offense under the criminal laws of the Commonwealth or the physical dependence of a child upon an addictive drug at birth.

Any person under investigation by DCF under the 51A shall not work with children until said investigation is completed and shows no cause why said individual cannot work with children.

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

Date: \_\_\_\_\_

## Doctor's Note Policy

As sickness in the community has increases we have decided one way to help prevent the spreading of germs is to ask for more specific information from the doctors. Please keep in mind that on occasions our health care policy supersedes a doctor's note. This will be decided on an individual basis.

We have had a couple of discrepancies from doctors about the same illnesses and to make sure all are safe from anything potentially contagious the following needs to be included in the doctor's note in order for your child to return to Pitter Patter Academy :

- The name of the child
- The date the child was seen
- The diagnosis of the child
- The exact date that the child can return to school with no limitations
- Medication prescribed if needed to be given during school hours with a medical consent form.

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

Date: \_\_\_\_\_

Pitter Patter Academy  
148 Merrimack St.  
Methuen, MA 01844  
(978) 686-6595  
(978) 686-6597 (fax)

## Medical Note

Dear \_\_\_\_\_ Family,

We have sent your child \_\_\_\_\_ home today because they are displaying the symptoms of \_\_\_\_\_.

We currently have \_\_\_\_\_ children diagnosed, or in the process of diagnosis, with this condition/symptoms at our center. We are requiring that your child be seen by a medical professional for a diagnosis. Our policy states that children need to be symptom free for \_\_\_\_\_ hours and have no restrictions placed on them, including diet, in order to return to our center. Please keep in mind, that this policy is implemented to assist in keeping all children and staff healthy.

Please return this note, with a provider's signature, along with a note stating diagnosis.

We appreciate your cooperation in adhering to our policy

Pitter Patter Academy

X \_\_\_\_\_

Signature of medical provider

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sick and Medication Policy

Prescription and Non-prescription medication will be administered with proper authorization (parent and doctor permission). Please be sure to fill out an authorization form. Non-prescription topical medication such as diaper cream, will also require consent.

If your child is sent home ill, your child must remain home until a full 24 hours has passed without such symptoms or any new symptoms. Please keep in mind Pitter Patter Academy reserves the right to implement a 48 hour policy in place when needed. Please have a backup person who can pick up your child if you cannot leave work and stay home during your child's get well period. All children sent home sick must be picked up within 30 mins of initial phone call (this includes missed calls & voicemails). If your child is seen by a doctor, please bring a note from them stating that your child is no longer contagious and is well enough to attend school. If when seen by the doctor, it is determined by the doctor, that your child has a virus and no treatment is available, he/she must remain at home until he/she is symptom free for a full 24 hours (or 48 hour if extended).

These are the guidelines used to determine if a child must go home:

- Fever 101 Degrees (F) or higher
- Heavy or excessive coughing
- Colored or prolonged discharge from the nose
- Vomiting or Diarrhea
- Any unusual rash (yeast infection, hives, oral thrush, chicken pox, impetigo, hand foot & mouth, etc.)
- Conjunctivitis
- Unable to participate in daily activities, including going outside

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

Date: \_\_\_\_\_

### Non-Prescription Information

In order to meet Early Education and Care requirements, it will be necessary for you to obtain your doctor's written permission for the administration for non-prescription medication. This includes such medicine as over the counter cough syrups and Tylenol products.

You will need to present the doctor's written permission as well as a completed medicine authorization form before any medication can be given to your child at the center.

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

Date: \_\_\_\_\_

## Parent Agreement

1. Parents are required to escort their child to his/her classroom and verbally connect with the teacher when dropping them off.
2. Parents will be called to pick up children who become ill. Children absent due to a contagious disease may not return to Pitter Patter Academy until 24 hour after the start of antibiotic, or symptom free (see medication policy for more clarification).
3. Per state requirement all children must have current medical and immunization records prior to enrollment and updated once per year.
4. Discipline is consistent and no corporal or physical punishment will ever be used.
5. Children may not bring food to the center. Adequate breakfast, snack and a hot lunch are provided daily.
6. Every child in care at the center for more than 4 hours will have an afternoon rest period/nap as required by the state.
7. Children will go outside twice daily (weather permitted).
8. All children must have a change of clothing in their cubby to be used in case of emergencies. All clothing must be labeled and the center is not responsible for lost clothing.
9. Parents must provide their child with proper supplies (diapers, wipes, formula, extra clothes, etc.).
10. All items from home are not allowed unless it is show and share day. Pitter Patter Academy is not responsible for lost or broken items brought in on the day.

I understand I must provide proper supplies for my child. I also understand Pitter Patter reserves the right to refuse service for not supplying my child with their necessities (for example: diapers, wipes, formula, clothing, needed medication, etc.)

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

Date: \_\_\_\_\_

## Plan to Avoid Termination and Suspension Policy

Pitter Patter Academy reserves the right to terminate any child in the program. Every effort will be made to have the child remain enrolled at the center prior to the beginning of the termination process. The following termination guidelines include, but are not limited to:

### Parental Choice:

- Financial conditions
- Moving
- Dissatisfaction
- Conflicts

### Policy Non-compliance:

- Lack of proper forms (updated forms including medical documentation or license requirement)
- Delinquent accounts (non-payment)
- Failure to obtain recommended services for the child (referrals)
- Late Pickups (after close of business day) 3 times
- Failure to provide proper supplies needed for your child
- Abusive or inappropriate parent behavior (verbal or physical: towards Pitter Patter Academy staff, the parent(s) or the children.

### Safety to others:

- Biting
- Aggressive, disruptive behavior
- Destruction of property

### Program

- Program does not meet the individual needs of the child.

A log will be kept with a child or parent who display behaviors described above. Parent will be notified in writing, through incident reports and/ or notes, or verbally each day. If the disruptive behavior continues a conference will be called with management, parents, and teachers (if needed) to provide an opportunity to discuss the behavior. Referrals will be offered to parents for evaluation, diagnostic or therapeutic services if necessary. A plan will be developed for behavioral intervention by Pitter Patter Academy management to be followed at the center and at home. Time frames will be set to discuss future progress and other possibilities including, but not limited to termination. Termination may be immediate for aggressive, disruptive or violent behavior.

If termination becomes necessary, the parents will be notified immediately for pickup. Written documentation for all meetings and conferences will be kept in the child's file, including options, suggestions, and referrals.

The child will be prepared for the termination in a manner consistent with the child's ability to understand.

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

Date: \_\_\_\_\_

## Child Guidance Policy

Pitter Patter Academy has a commitment to provide children with a safe, nurturing, educational environment. Within the commitment we focus on the importance of positive discipline procedures and the effects they have on the children that are in our care.

Below are the guidelines that are followed in our child guidance policy

- No corporal/physical punishment or verbal abuse will be used.
- Behavioral expectations are developmentally appropriate for each child.
- Patience and modeling are major parts used in the discipline.
- Recognizing children who are following directions by giving verbal praise and encourage positive behavior. The children who are following directions are praised as role models also.
- Talking with a child is at their eye level to ensure the child is comfortable at all times and not intimidated.
- Tone of voice is always neutral showing patience and understanding.
- Consequences are used when the child has continued to repeat the same inappropriate behavior.
- Consequences are related to the activity and behavior involved. The child has the ability to reverse the consequences by showing consistent positive behavior.
- Consequences will not be associate with food or bathroom times.
- If a child is demonstrating persistent unsafe behavior (harmful to themselves or others) they will be removed from the class and will remain in the management office until the child shows the ability to follow directions or a parent arrives.
- Children will not be confined to a swing, highchair, crib, playpen, or any other piece of equipment for an extended period of time in lieu of supervision.
- Consistency in vocabulary, schedule, positive behavior incentive plans, and staff will increase the positive behavior within each child.
- State Licensing discipline guidelines are maintained at all times.

I, the undersigned, do hereby consent and agree that Pitter Patter Academy has informed me of the child guidance policy that is used in their center.

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

Date: \_\_\_\_\_

## Inclement Weather Notification

In an effort to eliminate numerous phone calls in the event of program closing, we will notify parents via email of the program being CLOSED.

Pitter Patter Academy closing due to inclement weather will also be posted on our Face Book page. Please keep in mind our Face Book is private so you must friend request us.

The Inclement Weather Policy from the Parent Handbook is below:

- Pitter Patter Academy will automatically be closed in the event of a State of Emergency, snow emergency or if there is a driving ban.
- Management will use their discretion for a delayed opening, a full day closing, or an early closing for all major storms. We will do our best to take into account parents' schedules, commutes, and staffing. Our number one priority, however, is safety. We want all children, their families and our staff to remain safe. We recommend having a back-up plan for childcare in the event a storm is predicted.

Pitter Patter Academy reserves the right to call parents to pick up their children earlier than 6 pm if weather conditions are or become severe.

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

Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_

## Small Group and Large Group Transportation Plan and Authorization

Child's Name \_\_\_\_\_

My child will arrive at the program at: \_\_\_\_\_:\_\_\_\_\_Am My child will depart from the program at: \_\_\_\_\_:\_\_\_\_\_Pm

\*Please keep in mind tuition covers 10 hours max. You are responsible for all fees accrued.

\_\_\_\_\_ Parent Drop Off

\_\_\_\_\_ Parent Pick up

\_\_\_\_\_ Supervised Walk

\_\_\_\_\_ Supervised Walk

\_\_\_\_\_ Unsupervised Walk

\_\_\_\_\_ Unsupervised Walk

\_\_\_\_\_ Public/Private Van

\_\_\_\_\_ Public/Private Van

\_\_\_\_\_ Program Bus/Van

\_\_\_\_\_ Program Bus/Van

\_\_\_\_\_ Contract Van

\_\_\_\_\_ Contract Van

\_\_\_\_\_ Private Trans. Arranged by parent

\_\_\_\_\_ Private Trans. Arranged by parent

\_\_\_\_\_ Other

\_\_\_\_\_ Other

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

Date: \_\_\_\_\_

Refer to first aid and emergency medical care consent form for release information.

## Statement of Purpose

### Philosophy

Pitter Patter Academy was created to help develop children's educational, creative, and social skills ages 6 weeks through 5 years. Our goals are for each child to learn appropriate social skills, gain confidence in themselves, and provide a strong academic base to be prepared for a successful future.

We will provide a clean, safe, comfortable, and caring environment for each child, while developing their educational, creative and social skills.

### Goal and Objectives

The first years of childhood are the most important for development and learning. Our educational curriculum is designed to help children reach their fullest potential. Our program provides developmentally appropriate lessons and activities which help develop the child physically, intellectually, emotionally, and socially. We provide a variety of learning activities with specific age interests in mind as we are preparing the children for the next level of learning.

### Non-Discrimination

Pitter Patter Academy does not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, national origin, political belief, marital status, disabilities, sex, or sexual orientation. Toilet training is available in all classes regardless of age and is not an eligibility requirement for enrollment.

### Intake Procedure

Following the initial phone inquiry, parents are invited to visit the school to discuss enrollment. When parents arrive at the center they will be given a tour of the program and shown which class their child would enter. The director will take over for the teacher and the parent may ask questions to the teachers and have their full attention. After seeing the center, the tour ends in the office where the enrollment process is discussed and if the parent decided to enroll, paperwork will need to be printed from the website and registration will be paid.

Registration and paperwork is due at least a week before the child is due to start.

### Characteristics of Children Served

Pitter Patter Academy provide full daycare for children between the ages of 4 weeks and 8 years of age regardless of race, religion, cultural heritage, or disability. Pitter Patter Academy will ensure that all Early Education and Care's rules and regulations are met.

### Services Provided

Infant, Toddler, Preschool, Pre-Kindergarten and School age programs are offered breakfast, lunch, and 2 snacks.

### Parent Visits

Pitter Patter Academy has an open door policy and encourage parents to stop by during the day at any time and see their child at school.

### Referral

If any child shows signs of having difficulty or problem with social, mental health or educational reasons, the following procedures will be followed:

- The staff is expected to notify the Director immediately. In the event of suspected child abuse or neglect, the Department of Social Services and EEC will be contacted immediately. If necessary the director will notify the parents.
- Observations of the child will be conducted by the teacher and/ or the director and written documentation will be kept.
  - The director will notify the parent of concerns or problems. The contents of the written documentation and observation will be discussed with parents and a program or referral plan will be made. The director will complete a Referral Plan form containing conversations, recommendations, and plans made during the meeting. The form will be kept in the child's file.
    - A referral resource list will be provided to the parents.
- The director will follow up, and make necessary accommodations for further meetings, treatment plan, documentation or referrals. Records will be kept and added to the original file.

If indications are made that the child has a disability, the parents will be informed of their rights under Chapter 766 if the acts of 1972 and its regulations.

#### Report to Parents and Conferences

Pitter Patter Academy conduct developmental screenings periodically. For Infants & Toddlers, these screenings are done every 3 months. For Preschool & Pre K, screenings are done every 6 months. A copy of the reports will be kept in the child's file. If a staff member has any developmental concerns for a child, he/she will bring it to the attention of the Director & it will be addressed. Communication will be held daily between parents and teachers. Parent conferences will be set to discuss progress report.

#### Parental Input

Pitter Patter Academy welcomes input from parents with regards to policies and programs. Parents may submit their suggestions in writing. The Director and management will discuss and get back to the parent within a reasonable time. The Director is responsible for handling all parental input at the center level.

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

Date: \_\_\_\_\_

## Our Education Philosophy and Goals

Pitter Patter Academy takes pride in the education that each child receives while in their care. It has been asked “When is a child ready to start learning?” Some say Kindergarten or First grade, but in fact children are learning from the day they are born. Infants begin learning by actively listening to spoken languages, laughing, singing and different sounds from family members and friends. As the child enters into the toddler stage they begin to understand that print has meaning. When a toddler is being read to they begin to notice the relationship of the printed word with what is being said and the picture. As the child grows they observe people reading newspapers, magazines, and books with a purpose to gain information. Experience and exposure are the building blocks that children need to help them learn pre-reading and pre-writing skills.

Our emphasis on increasing language skills and knowledge helps each child gain the ability to read at an earlier stage. Each classroom is organized to encourage children to explore, participate and learn through creative activities. The curriculum is age- appropriate and at the developmental level if the children. Through routine and repetition, basic letter identification and their sounds are learned then expanded on throughout the day with activities using gross and fine motor skills, art projects, music, read aloud, and interactive games and puzzles. The daily adventures begin in our toddler rooms and continue through pre-k. Expanding a child’s vocabulary will ensure their success when learning how to read and comprehend.

Some examples for each classroom:

- An abundance of books that the children can handle and look though.
- Areas for different activities to explore such as art, science, math, manipulatives, construction, music, etc.
- Ample amount of writing materials such as paper, pencils, crayons, & markers.
- Interactive letter: cards, magnets, stamps, stencils, lacings, & puzzles
- Classroom objects labeled with words and pictures, signs, posters to show the meaning of print
- Read aloud are interactive with a lesson to enhance listening skill, vocabulary, word identification, sequencing, and basic book awareness
- Communication skills are practiced by modeling and helping children communicate their wants and needs to each other appropriately.

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

Date: \_\_\_\_\_

## Background Records Check Policy

Pitter Patter Academy will submit a CORI, SORI & DCF Background Records Check (BRC) for all candidates with a scheduled interview. All administrators and staff will be aware that the candidate is not permitted any unsupervised contact with children.

After the results of the CORI, DCF and SORI are received the hiring process will continue. A final offer of employment will not be made until completion of the CORI review and approval, DCF review and approval and SORI review and approval. The entire BRC process must be cleared as a result of all the CORI investigation, DCF, and SORI BRC investigation as follows:

The result of CORI, DCF and SORI investigation BRC have resulted in no record/or no findings; or the hiring authority has granted discretionary approval and has documented in writing the rational for discretionary approval to hire.

Pitter Patter Academy will ensure that each candidate is informed of his/her rights to challenge the accuracy or relevancy of the BRC findings, and also will conduct and document reviews of discretionary CORI, DCF, and SORI BRC results.

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

Date: \_\_\_\_\_

## Administration Organization and Services

At Pitter Patter Academy, we believe in an open door policy. At any time if you have a question, comment, or concern please feel free to speak to either of the Center Directors Monique Smith or Sherri DeLuca.

The Department of Early Education and Care is the licensing authority for Pitter Patter Academy, 148 Merrimack St. Methuen, MA.

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

Date: \_\_\_\_\_

## Non- Discrimination Policy

Pitter Patter Academy is an equal opportunity provider. Application for enrollment and their families are accepted without regards to race, religion, cultural heritage, political beliefs, national origin, disability, sexual orientation, or marital status. Toilet training is available in all classes regardless of age and is not an eligibility requirement for enrollment.

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

Date: \_\_\_\_\_

## Clothing Suggestion

In order for your child to enjoy and participate in the program, please have him/her dressed for the weather. We go outside twice a day weather permitting. If it has rained, please send boots for puddles, if it snows, please send in snow pants, hats, mittens, boots, etc. Please label all clothing.

If the day is extremely cold, please send in an extra sweater and hat, we will be going outside even if only for a few minutes. Children really need fresh air and gross motor activities daily. Our consultant pediatrician says that if a child is well enough to come to school the child should be able to go outside as long as he/she stays dry. Therefore, we ask you leave a complete change of clothing including socks, at all times. Please replace the items as soon as they are used. Also, please keep in mind we reserve the right to not accept or send home a child who does not have the supplies they need for the day.

We appreciate your cooperation.

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

Date: \_\_\_\_\_

## Contingency Plan for Emergency Situation

In the event of an emergency situation, the Directors will contact appropriate authorities. Whenever possible, the center will try to remain open. This plan will be distributed to parents upon enrollment. All emergencies will be handled within a reasonable amount of time, depending on the individual circumstances (including time of day/ and or time of year). We will ensure EEC regulations are met, including room temperature and sanitation issues.

**FIRE, NATURAL DISASTER, OR CENTER EVACUATION-** We will contact local authorities by use of center phone or employee's cell phone to determine whether to evacuate or shelter in place in the event of a natural disaster. In the case of evacuation, all escape routes are posted at each approved exit and destination shall depend on wind direction and the nature of the emergency. A designated meeting place will be the baseball field across the street on W. Ayer St., or if inside shelter is necessary we will walk to Heavenly Donuts located on 126 Merrimack St, Methuen Ma. Parents will be notified by the use of cellphone and a note will be posted on the front door if possible.

**POWER OUTAGE-** Emergency lighting and flash lights are available in the center. In the event that the power will not be restored within a reasonable amount of time, the parents will be contacted and informed of the situation.

**LOSS OF HEAT-** Parents will be notified in the event that the center's temperature does not meet minimum requirements. Management will make a decision whether to close.

**LOSS OF WATER-** Bottled water will be bought and put at all handwashing, toileting/diapering and dishwashing stations. If the situation cannot be resolved in an acceptable period of time, the parents will be contacted and the center will close with Management's approval.

**MISSING CHILD-** Manager is contacted immediately and incident is reported. Police are to be notified. The manager will then contact the parent. Staff will continue to supervise the children while a designated staff member continues to search for the child. Staff and management will follow the direction and procedures given from the local police.

In case of natural disaster, we will contact 911, and the lieutenant on duty at the Methuen Police Department will notify the appropriate agencies.

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

Date: \_\_\_\_\_

### Diaper Changing Procedure

1. Put gloves on
2. Lay out the child's diaper and needed supplies prior to placing the child on the table.
3. Place a clean section of changing table paper on the changing table under the child. This paper should be large enough to completely cover the changing table surface.
4. Take off soiled diaper and place it aside on the paper \* Always keep one hand steadily on the child.
5. Using a wipe, wipe the genital area front to back. Place the wipe aside until putting it into the diaper pail \* Continue this step until child is clean.
6. Apply ointment if required and provided by parent. Written permission from parents is required for all topical ointments. Remove soiled gloves.
7. Put on a clean diaper
8. Remove child from table, wash child's hands and place him/her in the appropriate play or sleep area.
9. Fold disposable diaper and wipes in paper and place in diaper pail.
10. Wash hands thoroughly with soap and water.
11. Place child's special supplies in his/her storage area and prepare for the next diaper change by washing down the changing table thoroughly.
12. Log the diaper change on the child's daily sheet.
13. The common changing area can only be used for diaper changes.

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

Date: \_\_\_\_\_

## Diaper Cream/Ointment Authorization

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Name of diaper cream/ointment: \_\_\_\_\_

Condition for applying cream topically  when rash is present?  after every bowl movement?  with every diaper change?  Other (explain): \_\_\_\_\_

Amount to be applied: \_\_\_\_\_ information provided regarding application of diaper cream/ointment must be consistent with product label.

I have used the provided product on my child without side effects Yes  No

Possible side effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All diaper creams/ointments will be stored at room temperature. Ointments not specifically meant for use in diaper area require permission from your child's doctor. Any ointment that has been prescribed by physician must have the Medical Authorization Form completed for application/administration; the Diaper Cream/Ointment Authorization form will not be valid.

I (Guardian Name) \_\_\_\_\_ hereby give permission for the staff at Pitter Patter Academy to apply the above mentioned diaper cream/ointment on my child.

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

Date: \_\_\_\_\_

Valid for one year

### Toilet Training Policy

- Toilet Training is available regardless of age
- Staff will work in conjunction with parents on a realistic toilet training schedule for the child
- Child must remain accident free during waking hours for 2 weeks prior to sending them to school in underwear.
- If child does not have proper “toilet training gear” (plenty of extra clothes and shoes) we will not be able to toilet train the child and will have to put them in a pullup. Please see your child’s teacher to discuss the toilet training transition.

### Toilet Training Procedures

- Children shall be supervised during toilet training, and shall be praised for their efforts and their accomplishment.
- Toilet training will go on with parental cooperation for each child and their readiness to train.
- Toilet training will not be coerced.
- Privacy will be provided.
- Teachers and children will wash their hand with liquid soap and warm running water after using the bathroom. Individual paper towels shall be provided for each child’s use.
- Children should have sufficient extra clothing for each day’s use.
- Communication with the parents will be made on the progress of their child daily, either verbally or on a day sheet.
- Toilet training is available in all classes regardless of age.

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

Date: \_\_\_\_\_

## Transition Plan

Children are placed in the classroom based on age and developmental ability. During this time, the teachers from each class will communicate with each other on child's abilities, needs, behaviors, and family information. The parents are given information on the transition process and what the goals are for the new class.

Pitter Patter Academy will assist the child with any concerns or issues with the transition in a manner consistent with the child's ability to understand.

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

Date: \_\_\_\_\_

## Maintenance of Records

Pitter Patter Academy will keep records legible, dated and signed by the individual making the entry. Child's records will be kept updated and will be retained for five years after leaving the center.

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

Date: \_\_\_\_\_

## Referrals

This is a list of services to support children and their families in need of social, medical, or mental health services.

|  |                |
|--|----------------|
| Department of Children and Family Services   | 1-800-792-5200 |
| Director of Special Ed   | 1-781-338-6201 |
| (Special Education Department- vision, hearing, screening, core evaluations, Early Intervention) |                |
| Department of Public Welfare   | 1-877-382-2363 |
| Early Education and Care   | 1-978-681-9684 |
| MSPCC  | 1-800-442-3035 |
| Parental Stress Hotline  | 1-800-632-2188 |
| Child Care Circuit –Voucher Agency   | 1-978-921-1631 |
| WIC  | 1-978-681-4963 |

Pitter Patter Academy is not recommending the services listed above. They are provided as referrals only. Policies regarding referrals of parents to social services agencies are included in the “Parental Rights” form.

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

Date: \_\_\_\_\_

## Infant Sleep Safe Policy

In an effort to reduce the risk of SIDS, the following policy has been implemented:

1. Infants under 12 months of age shall be placed on their backs on a firm, tight- fitting mattress in a crib or cot to sleep.
2. Waterbeds, sofas, soft mattress, pillows and other soft surfaces shall be prohibited as infant sleep surfaces.
3. All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products must be removed from the crib.
4. The infant's head shall remain uncovered during sleep.
5. When infants can easily turn over from supine to prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
6. Unless a doctor specifies the need for a positioning device that restricts movement within the child's crib, such devices shall not be used.
7. If utilizing infant equipment (swing, bouncy chair, etc.) and the infant falls asleep, staff is required to remove the infant from the equipment and place the infant in their crib in the appropriate position.

As a parent of Pitter Patter Academy child, I acknowledge and have read all the guidelines as stated above.

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

Date: \_\_\_\_\_

## Field Trip and Activities Permission

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

Teacher: \_\_\_\_\_

I grant permission for my child to participate in neighborhood walks. I understand that I will be informed of all planned field trips and that I may withdraw my permission for planned trips if I so desire. I grant my permission for my child to participate in the activities and in the use of the equipment at the center.

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

Date: \_\_\_\_\_

# Sunscreen Permission

I \_\_\_\_\_ give the staff at Pitter Patter Academy

(Parent Name)

permission to apply sunblock to my child \_\_\_\_\_

(Childs Name- Please fill out form for each child)

Teachers will apply sunblock prior to going outside. Pitter Patter Academy will provide all of the children with sunblock.

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

Date: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Oral Health Non-Participation Form

In January 2010, EEC issued new regulations for child care programs that includes a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR7.11 (11)(d)]. This regulation is intended to: \*Help children learn the importance of good oral health \* Provide information and resources regarding good oral health to child care programs and families \* Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parent may choose that their child (ren) not participate in tooth brushing while present at the child care program.

You **do not** need to fill out this form to have your child (ren) participate in tooth brushing while they are in child care. However, if you do not want your child to brush his or her teeth while she/he is attending the child care program, please fill out the information found below. A separate form must be filled out each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I **do not** wish to have my child participate in tooth brushing while in care at  
Pitter Patter Academy

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

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions or concerns, please call:

Sherri or Monique at 978-686-6595

## Policy and Procedure for Handling Biting

Biting is a common issue in the toddler room due to several reasons:

1. Teething: Most toddlers acquire their first molars between 12-18 months of age and might bite to relieve teething pain.
2. Cause and effect: Toddlers also bite because of their fascination with the process of “cause and effect”. What usually happens when a child bites? A loud noise occurs and people rush around.
3. Attention: Many toddlers bite to seek attention. Children quickly learn that this negative behavior produces a great deal of attention and even negative attention for a child is better than no attention at all.
4. Express frustration: Toddlers lack the verbal skills necessary to express themselves therefore, biting is a quick and easy way to show their frustration.

### Steps to solving a biting problem

1. Determine why the child is biting.
2. Examine the classroom for ways to reduce the frustration level.
3. There should be limited waiting time (with nothing to do)
4. Avoid the crowding of children.
5. Provide enough activities, toys and materials.
6. Have multiples of favorite toys.

### How to handle the situation when biting occurs

1. Comfort the victim immediately.
2. Clean the bitten area and apply ice.
3. Remove the biter from the group.
4. Remind the biter that the child is crying because his/her teeth hurt him/her.

The parent of the victim will receive a phone call and an accident report (at pickup). The parent of the biter will receive an incident report. These reports must be signed. A copy can be given to parents upon requested. The original copy of the incident & accident report must be passed into the office to be filed. It is the policy of Pitter Patter Academy to not reveal the name of either child.

If it is determined by management that the biting is more than normal toddler behavior, implementation of the termination policy will be discussed and considered while trying to meet the needs of all concerned.

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

Date: \_\_\_\_\_

## Media Release

I, the undersigned, do hereby consent and agree that Pitter Patter Academy, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child upon enrollment. I acknowledge that by signing this media release I give my approval to use these in an educational assessments, instructional videos, or website reviews now or hereafter known, and exclusively for the purpose of Pitter Patter Academy. I further consent that my child's first name and picture may be revealed therein or by descriptive text or commentary.

I understand that there will be no financial or other remuneration for recording, testing, or taking photographs of my child, either for initial or subsequent transmission or playback.

- Yes, you may post pictures of my child on Facebook & Pitter Patter website
- No, please do not post pictures of my child on Facebook & Pitter Patter website
- Yes, you may hang pictures of my child around the classroom & in the building
- No, please do not hang pictures of my child around the classroom & in the building

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

Date: \_\_\_\_\_

## Emergency Care Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

### Instructions to reach Parent/Guardian

1. \_\_\_\_\_  
(Name, Address, Phone #)

2. \_\_\_\_\_  
(Name, Address, Phone #)

### Pediatrician or Source of HealthCare

1. \_\_\_\_\_  
(Doctor's Name, Address, Phone #)

### Emergency Contact Person(s) (other than parent/guardian listed above)

1. \_\_\_\_\_  
(Name, Address, Phone#)

2. \_\_\_\_\_  
(Name, Address, Phone#)

3. \_\_\_\_\_  
(Name, Address, Phone#)

Medical Emergency Treatment: I hereby give Pitter Patter Academy permission to administer basic first aid and/ or CPR to my child \_\_\_\_\_ and/or take my child \_\_\_\_\_, to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Allergies/ Special Diet: \_\_\_\_\_  
\_\_\_\_\_

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

- Reminder this emergency care information is for the educator's classroom/1<sup>st</sup> aid kit. The educator(s) must take this information and 1<sup>st</sup> aid kit with them when leaving the premises.

Permission Check off

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

Year 2019-2020

|   |  |  |
|---|---|---|
| I give my child permission to use Pitter Patter Academy provided sunblock.                                      |   |   |
| I give my child permission to go on walks with their teacher.   |   |   |
| I give my child permission to brush their teeth at school.  |   |   |
| I give my child permission to have their photos taken and posted on Pitter Patter Academy website and Facebook. |   |   |

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

Date: \_\_\_\_\_

(valid for 1 year)