



The Red House Academy
322 Union Street Holbrook, MA 02343
781-767-3110 ~ info@theredhouseacademy.com

Welcome Letter 2018-2019

Dear Families,

We are excited that you are joining our full year school program for the school year of 2018-2019. The enrollment forms required for your child to attend the school are attached. This process of filling out forms can be time consuming, and we thank you for taking the time to fill out all the forms to the best of your ability. These forms are very important to help us to understand your child and to ensure their happiness and wellbeing.

The following forms are required by the state for any child to participate in any child care setting. If there is other information that you feel we should know about, please indicate that to the director in the form of a letter. Important information in regard to your child's developmental needs, IFSP's. Also, if your child has any physical or cognitive related therapies the teachers are more than happy to accommodate the child's needs. If your child is on any daily medications and has any allergies we need to be informed upon enrollment. Please note all submitted paperwork is kept strictly confidential in a locked file cabinet that the director and assistant director only have access to.

All forms including in this packet are due at the time of enrollment. Including, a physical, immunizations and lead test or a letter of exception from their physician stating they're in good health to attend. No child may start without all required paperwork. All forms must be updated every year on their date of first enrolling.

Please let us know if there is anything we can do to help you with this process. We look forward to working with your family.

Thank you,

Jenna Twomey
Director

The Red House Academy welcomes students of any race, color, national origin, ethnic origin, sex, religion, cultural heritage, or disability to all rights (as long as we are able to provide them the care required without financial strain on the school, per state regulation), privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on basis or races, color, national origin, ethnic origin, sex, religion, cultural heritage, political beliefs, marital status, sexual ordination, or disability in administration of its educational policies, administration policies, scholarship and loan programs and other school administered programs.



The Red House Academy

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Dear Families,

Welcome to The Red House Academy! We would like to ask you a few questions that will help us not only meet the needs of your child but also help create a vibrant family-school partnership. You may email your answers back to us or fill out this form and return it to your child's educators, whatever works best for you. We would love your responses back with the enrollment package, so we can start planning!

The Red House Academy Goals

Goals for Children:

The school seeks to:

1. Infuse children with a desire to learn and learn some more.
2. Help children develop the independence to explore with curiosity.
3. Recognize children's unique individualities and get out of the way to allow their learning.
4. Develop the ability for children to advocate for their own needs and interests.

Goals for Families

The school seeks to:

1. Partner with families to realize each child's potential and promote healthy parenting skills.
2. Empower parents to become an integral part of the educational process; their involvement is actively encouraged and welcomed.
3. Cultivate an organic network of families, creating a community linked by friendship, respect and children through participation and family events.

1. Tell us a little bit about what is wonderful about your child. Please include interests, challenges, likes and dislikes, and learning style.
2. What are your, and your child's goals, for this school year?
3. Why is a preschool education important to you and your family?
4. Please tell us about your family: culture, customs, and family traditions, especially any that will carry into the classroom or any that you might share with the class.
5. What does your family do to help your child learn and grow?
6. What topics or themes would your child enjoy learning about?
7. What are some ways you would like to be involved in your child's education and care at The Red House Academy? What hobbies, skills, talents and interests can you share with us in the classroom or in the school as a whole?
8. How can we support the family-school partnership and communication in a way that works best for you?

9. Our program wants to be a welcoming place for families. What are some of your ideas on how we, as parents and educators together, might do that?
10. We want to make it easier for families to communicate directly with each other for social planning, support in parenting and everyday answers to common questions. How can we do that?
11. Volunteer information:
 1. If you would like to be involved in your child's school, how?
 2. What are the best times for you to participate in school?
 - Share a talent, skill or interest in the classroom or all school _____
 - Help with all school evening family events (fall, winter, spring)
 - Other: _____

Is there anything else you would like to share with us?

Thank you for your time and care in filling out this questionnaire. Your answers will be kept confidential in your child's file and shared only with the classroom educators. As always if you have any questions, please see your child's teachers or the Director. Thank you!

The Commonwealth of Massachusetts
Department of Early Education and Care
Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home 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

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a 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? _____

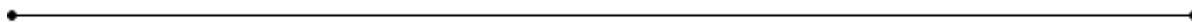


School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***



Parent/Guardian 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 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 the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary 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 _____ Cell _____ |
| |
| Parent/Guardian Name: _____ Phone _____ Cell _____ |
| |

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 require 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 Infants and Toddlers (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 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 a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
- * Does your child eat with 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 any particular procedure to be used for your child at the center: _____
-
- *What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
 - *How does your child indicate bathroom needs (include 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 animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

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)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: _____
Name of Educator(s) responsible for child: _____
Name of off-site location and address: _____

Date of off-site activity: _____ Time Leaving Program: _____ Time Returning to Program: _____
Method of Transportation: _____ Fee associated with activity (if any): _____

****NOTE**** Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity

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

Parent's/Guardian's Name: _____ Phone Number: _____

I authorize child care program staff to secure necessary emergency medical treatment

Name of child's Physician, Address, phone number: _____

Child's allergies, health conditions, or Individual Health Plan: _____

Health Insurance Plan and Policy #: _____

Emergency Contact Name: _____ Contact #: _____

(Parent/Guardian Signature) (Date)

This form must accompany each child on the off-site activity

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:

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

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

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 _____



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Sunscreen and Insect Repellent Permission Form

Your children's health and safety are of primary importance. To protect against the heat, sun injury, and insect-borne disease, the Red House Academy ensures that:

- When in the sun, they wear sun-protective clothing, applied skin protection of SPF 15 or higher that is applied to skin (only with written permission to do so).
- When the public health authorities recommend the use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used. Staff may apply insect repellent no more than once a day and only with written parental permission. Please provide a sunscreen that is suitable for your child's skin and we will keep it with us to ensure they have sunscreen on before they go outside.

Please sign the following:

I _____ (parent's name) give my permission for Red House Academy(staff) to follow the above guidelines for my child while at school.

Child's Name _____ Date _____

Parent's Signature _____



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Media Denial Permission Form

Throughout the course of the school year, opportunities often arise for placing student work, names and /or photos in newsletters, on local cable television, in local newspapers such as the Holbrook Sun and the Patriot Ledger and on the Red House Academy website or electronic media.

Please fill out the form below notifying us of your preference and return this form to the school. I give permission to the Red House Academy to submit my child's work, name, and/or photos to newsletters, to local cable television, to local papers and/or on the Red House Academy website or electronic media:

Student' name: _____

Teacher: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Date: _____

OR

I deny permission to the Red House Academy to submit my child's work, name, and/or photos to newsletters, to local cable television, to local papers and/or on the Red House Academy website or electronic media:

Student' name: _____

Teacher: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Date: _____



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Oral Health Non-Participation Form

In January 2010, EEC issued new regulations for child care programs that include 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 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about 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, parents 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 s/he is attending the child care program, please fill out the information found below. A separate form must be filled out for 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 The Red House Academy

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Date: _____

If you have any questions or concerns, please call: The Director at 781-767-3110

Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes *Check*

all that apply....

Plan was created by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other: _____

Plan is maintained by:

- Director
- Assistant Director
- Child's Educator
- Other: _____

| | |
|--|-------|
| Name of child: | Date: |
| Any change to the child's Health Care Plan? <div style="display: flex; justify-content: space-around;"> YES (indicate changes below) NO (updated physician/parental signatures required) </div> | |
| Name of chronic health care condition: | |
| Description of chronic health care condition: | |
| Symptoms: | |
| Medical treatment necessary while at the program: | |
| Potential side effects of treatment: | |
| Potential consequences if treatment is not administered: | |
| Name of educators that received training addressing the medical condition: | |
| Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant): | |

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

For Older Children ONLY (9 + years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of birth: _____ Back-up medication received? YES NO

Parent signature: _____ Date: _____

Administrator's signature: _____ Date: _____