

**WOODS HOLE DAY CARE COOPERATIVE FALL 2019-2020
ENROLLMENT PACKET**

TODDLER/PRESCHOOL INFORMATION SHEET

CHILD INFORMATION

For office use: Admission date _____ Admission Age _____

Child's Name _____ M_ F_ Date of Birth _____

Address _____

Eye color _____ Hair color _____ Sex _____ Place of Birth _____

Height _____ Weight _____ Race _____ Primary Language _____

Physical description: _____

Known allergies _____ Chronic health condition _____

Special diet _____ Limitations/concerns _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ M_ F_ Parent/Guardian Name _____ M_ F_

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____
(if different than child) (if different than child)

Home Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone # _____

E-mail address _____ E-mail address _____

Bus. Name _____ Bus. Name _____

Bus. Address _____ Bus. Address _____

Bus. Phone # _____ Bus. Phone # _____

Hours at work _____ Hours at work _____

Special instructions on how to reach parent/guardian _____

OTHERS IN FAMILY/RELATIONSHIP

_____/_____
_____/_____

SIGNATURE _____ **DATE** _____

WOODS HOLE DAY CARE COOPERATIVE 2019-2020

TODDLER/PRESCHOOL EMERGENCY INFORMATION

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD AND CAN BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED:

1) Name _____ M_ F_	2) Name _____ M_ F_
Relationship _____	Relationship _____
Address _____	Address _____
Phone _____	Phone _____

3) Name _____ M_ F_	4) Name _____ M_ F_
Relationship _____	Relationship _____
Address _____	Address _____
Phone _____	Phone _____

CHILD'S PHYSICIAN/CLINIC:

Name _____ M_ F_ Phone _____

Address _____

Medical Insurance Carrier and Group Number _____

If none of the above are available, authority is hereby given to the Woods Hole Day Care Coop to contact it's health care consultant, and/or Falmouth Hospital for necessary or advisable medical treatment.

MEDICAL EMERGENCY TREATMENT

I hereby give Woods Hole Day Care Cooperative permission to administer basic first aid and/or CPR to my child _____ and/or take him/her to a medical facility
 (child's name)

to receive emergency medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen when I cannot be reached or when delay would be dangerous to my child's health.

SIGNATURE _____ **DATE** _____

WOODS HOLE DAY CARE COOPERATIVE 2019-2020

TODDLER/PRESCHOOL PERMISSIONS

FIELD TRIP PERMISSION

I hereby give permission for any staff member of the Woods Hole Day Care Coop to take my child _____ on walking field trips to participate in off-site activities. (Child's Name)

When a field trip destination is too far for walking I hereby give permission for my child _____ to be transported by the trolley (summer) or teachers (Child's Name)

and parents with the appropriate child restraints and car insurance.

Besides giving this general field trip permission you will receive, before each off site activity, a special permission form which must be filled out before your child will be able to participate in the trip/activity.

Field Trip's will include but are not limited to the following destinations:

- Thornton Burgess Society, Other schools, Small stores, ie: fish store, bookstore etc., Grocery store, Local parks, Nature walks, Small farms, Fire station, Post office, Aquarium, Police station, Restaurants, Local library

SIGNATURE _____ DATE _____

TRANSPORTATION PLAN AND AUTHORIZATION PERMISSION

Child's Name _____

- My child will arrive at the program: ___parent drop off, ___supervised walk, ___unsupervised walk, ___public/private - van/bus, ___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/bus, ___program bus/van, ___contract/van, ___private trans. arranged by parent, ___other

SIGNATURE _____ DATE _____

WOODS HOLE DAY CARE COOPERATIVE 2019-2020

TODDLER/PRESCHOOL PERMISSIONS CONT.

CONFIDENTIAL PERMISSIONS

I would like my name, address and phone number included on the parent list for distribution to parents of children attending the program. _____yes _____no

I give permission to have my child photographed at school functions. _____yes _____no

SIGNATURE _____ DATE _____

ORAL HEALTH PARTICIPATION PERMISSION

Woods Hole Day Care Cooperative must offer tooth brushing (which happens in the winter program) if:
a child has been in care more than 4 hours or
a child consumes a meal

The regulation states:

Toothbrushes:

- o Must be individually labeled
- o Stored in a safe and sanitary manner
- o Open to air without touching

Please indicate below whether or not you would like your child to participate in the tooth-brushing program.

_____ I DO NOT want my child to participate in the tooth-brushing program.

_____ I DO want my child to participate in the tooth-brushing program and I will supply the toothbrush.

CHILD'S NAME _____

SIGNATURE _____ DATE _____

WOODS HOLE DAY CARE COOPERATIVE 2019-2020

TODDLER/PRESCHOOL PARENTAL ASSISTANCE

ASSIST IN EMERGENCY SITUATIONS

There are times when day care emergency situations come up unexpectedly where we would need parental help: for example:

At the time of the emergency the day care staff will go down the list to recruit help. There are different ways that you can help. Please indicate your choice below.

I would feel most comfortable with one or both of the following choices.

_____ - helping with the children in the classroom.

_____ - helping with the chores that need to be done according to the emergency.

For example: go make phone calls if the phone does not work, get equipment needed, caring for unenrolled siblings of children of volunteering parents, etc.

ASSIST IN CLASSROOM ACTIVITIES

Do you have any special talent/hobbies you would like to share with the children sometime during the year?

ASSIST ON FIELD TRIPS

If you wish to help drive on field trips we will need

- copy of your car insurance stating:

1) Injury per person: \$100,000 2) Injury per accident: \$300,000 3) Property damage: \$5,000

SIGNATURE _____ DATE _____

WOODS HOLE DAY CARE COOPERATIVE 2019-2020

PARENTAL AGREEMENTS

CHANGE OF SCHEDULE POLICY

I understand:

- If I plan to withdraw my child from the school or decrease the number of hours per week that he/she attends, I will give a 30 day notice to the Director and Billing Treasurer.
- Billing and schedule changes will not take effect until 30 days after written notice is received.
- I will give the Cooperative as much notice as possible if my child uses more than a total of 85 hours of care per week.
- If I require an extended absence of more that 45 days I may withdraw my child for this time by providing the Director and Billing Treasurer with 30 days notice.
- The Billing Treasurer will not process withdraws or changes to a reduced schedule that is effective for fewer that 45 days.
- If my child withdraws from the program their place will not be held open if there is a waiting list for that time slot.

SIGNATURE _____ **DATE** _____

PARENT HANDBOOK

I have read the current available revision of the Parents' Handbook and agree to abide by the terms, conditions and policies therein. I understand the school-year program is licensed by the Early Education and Care Department (EEC) and the summer camp is licensed by the State Department of Public Health. (DPH)

SIGNATURE _____ **DATE** _____

WOODS HOLE DAY CARE COOPERATIVE 2019-2020 TODDLER/PRESCHOOL COOPERATIVE CHORES

CHILD'S NAME _____

Woods Hole Day Care Cooperative is a non-profit cooperative program, which indicates that many chores will be done by the clients that choose to enroll their children. We are lucky to have so many parents interested in being involved in their child's day care program. The center is a very warm and inviting place to be for children, parents and teachers alike. We welcome you to our group and look forward to working with you.

The following is an explanation to help assist you in your choice of parental responsibility. Please look this over and decide what will work best for your family.

**1. Please choose ONE position from WITHIN ONE of the following groups:
(1. executive board, or 2. leadership, or 3. leadership committee positions):**

1. Executive board positions: (required to help with one move)

- President** (Overall management responsibility which includes, but is not limited to, adhering to the bylaws, financial responsibility and policy making along with running the monthly board meetings)
- Vice President** (Act as personnel director)
- Treasurer** (Overall Financial management of the Day Care)
- Billing Treasurer** (Keeps records of all tuition, bill all clients and keep accurate billing records, including money owed and received, handle billing-related issues, confirm client schedules)
- Secretary** (Schedule meetings. Take minutes of Board and other meetings, assisting in correspondence and recording)

2. Leadership positions: (required to help with one move) (each position needs 2-4 helpers)

- Recruitment/Marketing/Advertising Director** (work with school director, teachers, parent board, and website manager on recruitment and enrollment for school)
- Fundraising Director** (Oversee all duties having to do with all fundraisers at the Coop or for the Coop; attend all fund raising events and coordinate applications for major grants for WHDCC)
- Social Director** (Oversee organization of major social events in the school calendar (e.g. graduation, holiday party, and seasonal pot-luck dinners) Initiate ad hoc social event as the whim takes you.)
- Facilities Director** (Oversee and coordinate all maintenance projects)
- Tech Support Director** (Assist with purchasing, installation and maintenance of all tech products.)
- Website Director** (Update and maintain the WHDCC website)
- Move Director** (Organize and direct the Spring move from Woods Hole to the Church and the Fall move from the Church to Woods Hole, coordinate with school director)

3. Leadership committee positions: (choose one of the following committees, as well as help with one move)

If you chose to be on a committee you will need to give 3 top choices and the director will place you in one of your choices.

- Recruitment committee** **Fundraiser committee** **Social committee**
 Facilities committee **Tech committee** **Website committee**

Other Responsibilities:

- **Move** - Under the guidance of the move director, assist in **one move per year**
 Spring move - mid **June 2020**, Fall move - late **August 2020**.
Please think about which will be best for your family. You will be asked to **sign up in the spring 2020**.
- **Other chores** - **Beyond the move you may be asked to help with some of the following events:**
- Fundraisers, social events, open houses or other recruitment events, maintenance chores around and in the school building to keep it a safe place and in compliance with regulations
- I understand that the Woods Hole Day Care Cooperative needs to have parental help in a cooperative spirit. I agree to carry out the selections above during the school year 2019-2020. If I cannot full fill my obligations I understand there will be a penalty charge on my bill.

PARENT SIGNATURE _____ **DATE** _____

**WOODS HOLE DAY CARE COOPERATIVE 2019-2020
TODDLER/PRESCHOOL EMERGENCY CARD**

(Please complete thoroughly as this form goes on field trips with your child)

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

Child's Home Address: _____

_____ Phone: _____

INSTRUCTIONS TO REACH PARENTS/GUARDIAN

1. _____ M_ F_
(Name, Address, Phone #)

2. _____ M_ F_
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

_____ M_ F_
(Doctor's Name, Address, Phone #)

EMERGENCY CONTACT PERSON(S)

1. _____ M_ F_
(Name, Address, Phone #)

2. _____ M_ F_
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give Woods Hole Day Care Co-op permission to administer basic first aid and/or CPR to my child _____ and/or take my child _____, (Child's Name) (Child's Name) to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

ALLERGIES, CHRONIC HEALTH CONDITIONS:

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy # _____

Participating Hospital: _____

Special Instructions: _____

PARENT SIGNATURE _____ **DATE** _____