

Child's Name _____ DOB _____
Classroom _____ Start Date _____
Drop off time _____ Pick up time _____

Office Use Only

INFORMATION FOR TODDLER / PRE-SCHOOL ENROLLMENT PACKETS

1. a.) Enrollment Packet List b.) GCC/SACC Children's Records Instruction & 2-1 Children's Record Checklist
2. Child's Face Sheet/ Enrollment Form
3. Developmental History
4. First Aid & Emergency Medical Care Consent Form
5. Emergency Card Information
6. Physical & Immunization Record Release Form
7. Authorization to Release Form
8. Transportation Plan and Authorization
9. Topical Non-Prescription Medications Permission Form
10. Permission Slip to Take Child on Walks or Excursion by Bus
11. Specialist Resource Teacher, Student Teachers, Intern Release Form
12. Information Release Form for Agencies & Programs
13. Media / Photo Release form
14. Facebook information sheet
15. Parent Information
16. Nut-Free Environment Letter
17. TS Gold info - Creative Curriculum
18. TS Gold Family Site invite
19. Listing of Service Available in the Community with Phone Numbers
20. BUW Photo Release
21. FY 20 Demographic Sheet
22. FY 20 Application for Free and Reduced Meals/Child & Adult Care Food Program Enrollment Forms (28-1,28-8)
23. ASQs Consent; ASQ and ASQ S-E

GCC/SACC CHILDREN'S RECORDS INSTRUCTIONS

These instructions are to assist you in completing the required children's records checklist. A copy of the current checklist must be submitted to the licensor on the day of the licensing.

1. Child's Name: List all children by name, and below each name indicated the child's date of birth.
2. Developmental History: Indicate with a v if on file.
3. Progress Reports: Indicate the date of the last progress report on file.
4. Physical Examination: Indicate the date of last physical examination noted on form
5. Lead Screening: If a child is younger than 9 months old, indicate NA (non applicable). If a child is 9 months or older, indicate with a v that documentation of lead screening is on file.
6. Immunization Record: Indicate with a v if immunizations are on file and up to date
7. Cover Sheet: Indicate the child's date of admission into the center (this is significant for progress report date and physical).
8. First Aid/ Emergency Hospital/ Child Release: Indicate the date the consent form was signed by the parent or guardian.
9. Field Trip/Off-Site: If a "blanket" permission form is on file for regular neighborhood walks/regular off-site facilities, indicate the date the consent form was signed by the parent or guardian.
10. Injury/Incident Reports: If pertaining to the child, indicate with a v that the information is on file.
11. Medication Records: If pertaining to the child, indicate with a v that the information is on file.
12. Referrals: If pertaining to the child, indicate with a v that the information is on file.
13. Transportation Plan: Indicate the date the plan was signed by the parent or the guardian.
14. Permission to Leave: Indicate the date the consent was signed by the parent or the guardian.

Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Child's Face Sheet

Child's Information:

Child's Name _____ Date of Birth _____
Home Address _____ Place of Birth _____
Phone # _____ Primary Language _____ Age at Admission _____
Date of Admission _____

Child's Identifying Information (required by DEEC):

Eye Color _____ Hair Color _____ Sex _____ Height _____
Weight _____ Skin Color _____ Identifying Marks _____
Other in Family (siblings) _____

Parent/Guardian Information:

Name _____ Relationship to Child _____
Place of Birth _____ Birth Date _____
Home Address _____ Phone # _____
Business Name _____ Occupation _____
Hours at Work _____ Bus. Phone _____
E-Mail Address _____

Parent/Guardian Information:

Name _____ Relationship to Child _____
Place of Birth _____ Birth Date _____
Home Address _____ Phone # _____
Business Name _____ Occupation _____
Hours at Work _____ Bus. Phone _____
E-Mail Address _____

Additional Information:

Child's Physician _____ Phone # _____
Allergies/Special Diet _____
Chronic Health Conditions _____
Special Limitations or Concerns _____
Current Medications _____

Parent/Guardian Signature

Date

Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Developmental History

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

Note: Please provide information for Infants and Toddlers marked () as appropriate to the age of your child.

Developmental History

At what age did your child begin:

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? If so, when? _____

*Does your child have a fussy time? If so, 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 or constipation? _____

*Has toilet training been attempted? _____

*Describe any particular procedure to be used for your child at the center. _____

What is used at home:

Potty chair _____ Child seat: _____ Regular seat: _____

How does your child indicate bathroom needs (include special words):

Is your child ever reluctant to use the bathroom? _____ Does the child have accidents? _____

Sleeping Habits

*Does your child sleep in a crib/bed? _____

Does your child become tired or nap during the day? _____ If so, when/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? _____

When does your child get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on walking 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 waking, 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
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, and phone number:

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____ Home Phone _____ Cell _____

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

Name _____

Address _____

Relationship to child _____ Home Phone _____ Cell _____

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

Name _____

Address _____

Relationship to child _____ Home Phone _____ Cell _____

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

Name _____

Address _____

Relationship to child _____ Home Phone _____ Cell _____

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 Signature

Date

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Emergency Card Information**

Child's Name: _____ DOB: _____

Child's Home Address: _____

Home Phone Number: _____

Instructions to Reach Parent/ Guardian

1. _____
Name, Address, Phone #

2. _____
Name, Address, Phone #

Pediatricians or Source of Health Care

1. _____
Doctor's Name, Address, Phone #

Emergency Contact Person(s)

1. _____
Name, Address, Phone #

2. _____
Name, Address, Phone #

3. _____
Name, Address, Phone #

Medical Emergency Treatment

I hereby give NORMAN ROCKWELL EARLY CHILDHOOD CENTER 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.

Insurance Information

Company Name: _____ Policy #: _____

Participating Hospital: _____

Special Instructions: _____

Parent/Guardian Signature

Date

Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
88 South Street
Pittsfield, MA 01201
Phone (413) 442-0490 Fax (413) 442-0369

Physical & Immunization Records Release Form

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

Children's records are required by the Department of Early Education and Care for children enrolled in Norman Rockwell Early Childhood Center. Information shared will include child's last physical and date of visit, record of immunizations, lead test results, chronic medical problems, opinion concerning general health and appearance, and information on the child's physical or mental health as it relates to child care.

I, _____, hereby authorize _____
(Parent/Guardian Name) (Name of Pediatrician)

to release/exchange physical and immunizations records with Child Care of the Berkshires, Inc. and Norman Rockwell Early Childhood Center.

Please fax records to: 413-442-0369

(Print Parent/Guardian Name)

(Relationship to Child)

(Parent/Guardian Signature)

(Date)

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Authorization to Release Form**

Child's Name: _____

Parent's Name: _____

I hereby authorize Norman Rockwell Early Childhood Center to release my child to the following persons (other than parents):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please Note:

- CHILD WILL NOT BE RELEASED TO ANYONE UNLESS PARENT NOTIFIES THE CENTER.
- No one under the age of 16 may be an authorized contact person unless pre-approved by CCB/NR EEC.
- A copy of any court orders that restricts to whom the child can be released must be on file with Child Care of the Berkshires, Inc.

Parent/Guardian Signature

Date

**The Commonwealth of Massachusetts
Department of Early Education and Care
Small Group/Large Group
Transportation Plan & Authorization**

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

My child will arrive at the program by:

A.M.

- Parent drop off
- Supervised walk
(who will walk the child _____)
- Unsupervised walk
- Public/private - van/bus/schoolbus
- Program bus/van (CCB)
- Contract van (Kidzone)
- Private trans. arranged by parent
- Other

My child will depart from the program by:

P.M.

- Parent pick up
- Supervised walk
(who will walk the child _____)
- Unsupervised walk
- Public/private - van/bus/schoolbus
- Program bus/van (CCB)
- Contract van (Kidzone)
- Private trans. arranged by parent
- Other

In an effort to ensure our center is appropriately staffed for the number of children at any given time during the day, please fill out your work/school schedule below:

Work/School Schedule - 1st Parent/Guardian: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Work/School Schedule - 2nd Parent/Guardian: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

If your child utilizes our transportation, and an instance arises where you will be dropping off or picking up, the center requires advance notice. If this is the case, please keep in mind the time your child is usually dropped off or picked up to be brought home on our bus/van. We understand there are extenuating circumstances, but please try to keep times as close to your child's schedule as possible.

Parent/Guardian Signature

Date

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Topical Non-Prescription Medications Permission Form**

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

I do hereby give permission to the staff of Norman Rockwell Early Childhood Center to apply topical non-prescription medications (i.e. Vaseline, A&D, Desitin, sunscreen, etc.) on my child as needed.

Vaseline Yes No

A&D Yes No

Lotion Yes No

Sunscreen Yes No

Other: _____

* We must follow the directions on the original container, unless otherwise authorized by a written order from the child's physicians.

Parent/Guardian Signature

Date

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Permission Slip**

I hereby give the staff at Norman Rockwell Early Childhood Center permission to take my child: _____ on walks or excursion by bus. Walks/excursions will originate at 88 South St. and consist of walks on North St., South St., and adjacent side streets, including the First Street Common, The Berkshire Museum, and The Berkshire Athenaeum.

Parent/Guardian Signature

Date

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Specialist Release Form**

NR has a Child Development Specialist, a Licensed Social Worker, Students and or/Interns from MSQ, BCC, and Pediatric Development Center.

You (the parents) are being informed that these people will be in the classrooms as part of their learning experience and also as a support for our teachers.

They will have direct contact with the children and the teachers.

They will be supervised by the teachers and are obligated to adhere to the same guidelines concerning confidentiality, as are the teachers.

Parent/Guardian Signature

Date

Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
88 South Street
Pittsfield, MA 01201
Phone (413) 442-0490 Fax (413) 442-0369

Information Release

To: _____
Name of Program or Person

**I hereby authorize you to exchange information with Child Care of the Berkshires, Inc.,
Norman Rockwell Early Childhood Center regarding:**

Child's Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Signed: _____ **Date:** _____

**This release may be revoked at any time by the person signing it and this person has a right to a copy.*



Child Care of the Berkshires, Inc.

Permission to Photograph

Child's name: _____

I GIVE Child Care of the Berkshires, permission to photograph my child/children.

***I understand these pictures MAY be used for the following purposes:*

Please check all boxes that you are giving permission for:

- Classroom usage ONLY and to be shared ONLY with me privately on Class Dojo**
- NRECC Private Facebook group consisting of NRECC parents and staff**
- Promotional material for Child Care of the Berkshires/NRECC**
(Website, Posters, brochures, funding reports, etc.)

Parent/Guardian Signature: _____

Date: _____

I DO NOT give Child Care of the Berkshires, permission to photograph my child.

Parent/ Guardian Signature: _____

Date: _____

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Media Release Form**

I, the undersigned, do hereby grant or deny permission to Norman Rockwell to use the image of my child, _____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Norman Rockwell Facebook Page Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image as described:
 - For promotional and/or press releases purposes.
 - For use on the Norman Rockwell secret group Facebook page (see below).

Parent/Guardian Signature

Date

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Nut-Free Environment**



I understand that Norman Rockwell is a Nut-Free environment. We do not serve peanuts or nut products due to the fact that we have some children with severe peanut/nut allergies. Please do NOT send in any peanut butter or peanut/nut products in your child's lunch.

Thank you.

Facebook Group Invitation

Dear Families,

Please join our enrolled children parent group on **Facebook**. This group is designed for parents/guardians of current families to interact with teachers and staff, get updates on community and family events, reminders from teachers and staff and photos of activities and projects happening in our classrooms! This is a secret group. All members must be invited (look for it in your email!) to be added and then approved by an admin in order to ensure all parents in the group are currently enrolled in our program. If for any reason your child leaves our program, you will be removed from the group.

We invite you to connect with other parents, ask questions when relevant and stay connected with your child's education. Welcome to our group!

Sincerely,

Norman Rockwell Staff

Please provide your email address: _____

Check your email for an invitation!

For Your Information

From Facebook FAQ:

“Even more private than the closed Group is the secret Group. This type of Group is exactly what you would expect it to be... secret. Nobody on Facebook can see a secret Group other than those in the Group. This Group will not appear anywhere on your profile, and only those within the Group can see who the members are and what is posted. These Groups could be used if you are planning an event that you do not want somebody to know about, or if you just want a secure platform to talk with friends. Another example might be a family who wants to share pictures and news with each other on Facebook but without other friends seeing everything.”

When someone invites you to a group and that invitation is approved by a member, administrator or moderator, you'll receive a notification that you've been invited to a group. Certain groups on Facebook have their privacy setting set to secret and may not appear in search results. You can see them once a group member adds you.

If group privacy is set to Closed or Secret, only group members will be able to see things that get posted in the group.

Any member of the group can add photos to a group album. Group photos are only visible to other members, and only group members can be tagged in group photos. Note: Photos that are shared with a group are only visible to people in the group. When you tag your child in a photo that's been shared in a group, the photo won't be added to your child's scrapbook.

All members of a group can chat together in group messages, even if they're not all friends with each other.

You may also see posts from that group in your News Feed. (This should not happen with a secret group, so please let us know if you do).

PARENT INFORMATION

The General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating and enforcing rules and regulations governing the operation of child care centers (including nursery schools), and school age child care programs.

These regulations, 102 CMR 7.00, establish minimum standards for operation of group child care and school age child care programs in the Commonwealth. The regulations require certain things of licensees (child care program owner) in regard to their work with parents. A summary of the required parent information, rights, and responsibilities follows.

Parental Input. The licensee must appropriately involve parents of children in care in visiting the program, meeting with the staff and receiving reports of their children's progress. The program must have a procedure for allowing you to give input and make suggestions, but it is up to the program to decide whether or not they will be implemented.

- **Meeting with parents.**

In group child care programs, the licensee shall assure that the administrator or his designee meets with the parent(s) prior to admitting a child to the program. The parents shall have an opportunity to visit the program's classrooms at the time of the meeting or prior to the enrollment of the child. In school age programs, the licensee shall provide an opportunity for the parent(s) and child to visit the program and meet the staff before the child's enrollment.

- **Parent Information.**

The licensee must provide to the parents upon admission of their child the program's written statement of purpose, including the program philosophy, goals and objectives, and the characteristics of children served; information on the administrative organization of the program, including lines of authority and supervision; the program's behavior management policy; the program's plan for referring parents to appropriate social, mental health, education and medical services for children; the termination and suspension policy; a list of period. You must be allowed to view your child's entire record, even if it is maintained in more than one location. The center must have procedures governing access to, duplication of, and dissemination of children's record, and must maintain a permanent, written log in each child's record which identifies anyone who has had access to the record or who has received any information from the record. This log is available only to you and the people responsible for maintaining the center's records.

- **Amending your child's record.**

You have the right to add information, comments, data, or any other relevant materials to the child's record. You also have the right request deletion or amendment of any information contained in your child's record. If you believe that adding information is not sufficient to explain, clarify or correct objectionable material in your child's record, you have the right to a conference with the licensee to make your objections known. If you have a conference with the licensee, the licensee must inform you in writing within one week of his decision regarding your objections. If the licensee decides in your favor, he must immediately take the steps necessary to put the decision into effect.

- **Transfer of Records.**

When your child is no longer in care, the licensee can give your child's record to you, or any other person you identify, upon your written request. Charge for Copies. The licensee shall not charge an unreasonable fee for copies of any information contained in your child's record.

PROGRAM RESPONSIBILITIES

Providing Information to the Department The program must make available any information requested by the Department to determine compliance with any Department regulations governing the program, by providing access to its facilities, records, staff and references.

- **Reporting abuse or neglect**

All center staff are mandated reporters. They are required by law to report suspected abuse and neglect to either the Department of Social Services or to the licensee's program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

- **Notification of injury**

The licensee must notify you immediately of any injury which requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

- **Availability of EEC Regulations**

The program must maintain a copy of the regulations, 102 CMR 7.00: Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, ask the center to show them to you.

Teaching Strategies GOLD™

Dear Families:

We are very excited to invite you to participate in our program by communicating with us through *Teaching Strategies GOLD™ online!* Accurate assessment of your child's development and learning is an essential part of our program because it enables us to plan meaningful activities that match his or her strengths, needs, and interests. To accomplish that, our program uses the online version of *Teaching Strategies GOLD™*, an exciting assessment, reporting, and planning system. It helps us collaborate with

you as we follow your child's progress and plan our program.

The *Teaching Strategies GOLD™* family site makes it easy to communicate with you about your child's ongoing development and our classroom activities. We hope you will use the family resources available on this online system. There is no fee for you to use them.

Through the family site, you
will be able to:

- Use our **messaging system** and **event calendar** to keep in touch with us and stay up-to-date about what your child is doing at school.

You will also be able to view our **weekly planning forms** so you will know about both special events and our day-today classroom activities.

- View the documentation we enter to show what your child knows and is able to do. That includes photos, scanned artwork, and other electronic samples of his or her work and play at school. You can also share your documentation with us by entering it in the system!
- View reports about your child's development and learning. The "**Development and Learning Report**" shows

your child's current knowledge and skills and what his or her next developmental steps are likely to be. On the basis of

your child's current levels of development, the report also recommends fun activities that are related to our curriculum so that you can support your child's learning at home.

- Prepare for family-teacher conferences by viewing the "**Family Conference Form**" we fill out for your child. During the conference, we will use the information on the form to begin our conversation and together plan ways to support your child's continued development.

To send invitations to use *Teaching Strategies GOLD™* family tools and resources, I need the e-mail address of each adult family member to whom you would like us to give access. Please complete the attached registration form for each person you want us to invite. Then please return it to me.

When we receive your e-mail address, we will send an invitation that can be accepted by clicking on the link in the message. You will be asked to register (at no cost) by selecting a username and password. Once you have registered, you will be able to log in.

You can visit the family site through any computer with access to the Internet. Go to www.TeachingStrategies.com or www.TeachingStrategies.com/gold/parents. When the homepage appears, log in by entering your username and password.

Please feel free to ask us about *Teaching Strategies GOLD™*. I look forward to having this additional resource for partnering with you in your child's education. Thank you for supporting our program!

YES! Please invite me to the Teaching Strategies GOLD family site!

Please complete this form. Include all adults in your family who would like to participate.

Child's Name: _____

Teacher's Name: _____

My Name: _____

Email address: _____

Other authorized adult's name: _____

Email address: _____

Other authorized adult's name: _____

Email address: _____

(Parent/Guardian Signature)

(Date)

CCB DEMOGRAPHICS DATA SHEET FY2020

The services we provide to some families are partially paid by grant funding. We are asked to collect certain information only to show who benefited from this money. We appreciate you taking the time to complete this confidential information. We will not report this information to any other source with your name.

Your Name: _____

Date: _____

Town of Residency: _____

CCB Program: _____

Partner's Name (if applicable): _____

***For additional children, please fill out an additional page.*

I have no children (please check this box if you are currently pregnant)

CHILD ONE:

What ethnicity do you consider this child? (please check **ONLY** one box):

Hispanic or Latino Non Hispanic or Latino Non-Resident Alien Unknown Other

What race do you consider this child? (please check **ALL** that apply):

Asian Black or African American Native Hawaiian/Other Pacific Islander White

American Indian/Alaskan Native Other Multiracial Decline

Child's Date of Birth: _____ What is the gender of this child? Male Female Transgender

Child's Age: _____

Child's City & Country of Birth: _____ Is this child enrolled in a program? Yes No CCB Program:

CHILD TWO:

What ethnicity do you consider this child? (please check **ONLY** one box):

Hispanic or Latino Non Hispanic or Latino Non-Resident Alien Unknown Other

What race do you consider this child? (please check **ALL** that apply):

Asian Black or African American Native Hawaiian/Other Pacific Islander White

American Indian/Alaskan Native Other Multiracial Decline

Child's Date of Birth: _____ What is the gender of this child? Male Female Transgender

Child's Age: _____

Child's City & Country of Birth: _____ Is this child enrolled in a program? Yes No CCB Program:

CHILD THREE:

What ethnicity do you consider this child? (please check **ONLY** one box):

Hispanic or Latino Non Hispanic or Latino Non-Resident Alien Unknown Other

What race do you consider this child? (please check **ALL** that apply):

Asian Black or African American Native Hawaiian/Other Pacific Islander White

American Indian/Alaskan Native Other Multiracial Decline

Child's Date of Birth: _____ What is the gender of this child? Male Female Transgender

Child's Age: _____

Child's City & Country of Birth: _____ Is this child enrolled in a program? Yes No CCB Program:

YOUR INFORMATION:

What ethnicity do you consider yourself? (please check **ONLY** one box):

- Hispanic or Latino Non Hispanic or Latino Non-Resident Alien Unknown Other

What race do you consider yourself? (please check **ALL** that apply):

- Asian Black or African American Native Hawaiian/Other Pacific Islander White
 American Indian/Alaskan Native Other Multiracial Decline

Highest level of education you have completed: (please check **ONLY** one):

- Les than 9th grade 9th-12th grade High School Grad/GED Some College (no degree)
 Associate’s degree Bachelor’s degree Post Grad Decline

Date of Birth: _____ Age: _____ What is your gender? Male Female Transgender

City & Country of Birth: _____ **Primary Language spoken at home:**

PARTNER INFORMATION (If applicable):

Do you live in the same household? Yes No

What ethnicity do you consider yourself? (please check **ONLY** one box):

- Hispanic or Latino Non Hispanic or Latino Non-Resident Alien Unknown Other

What race do you consider yourself? (please check **ALL** that apply):

- Asian Black or African American Native Hawaiian/Other Pacific Islander White
 American Indian/Alaskan Native Other Multiracial Decline

Highest level of education you have completed: (please check **ONLY** one):

- Les than 9th grade 9th-12th grade High School Grad/GED Some College (no degree)
 Associate’s degree Bachelor’s degree Post Grad Decline

Date of Birth: _____ Age: _____ What is your gender? Male Female Transgender

City & Country of Birth: _____

TOTAL NUMBER OF MEMBERS IN YOUR HOUSEHOLD (include only those living with you): _____

MARITAL STATUS OF HOUSEHOLD:

- Married Cohabiting/Living with Partner Single/Never Married Divorced/Separated
 Widowed Other Decline

HOUSEHOLD INCOME (only include income in the household/please include child support/TAFDC/SSI):

- 0-\$10,000 \$10,001-14,999 \$15,000-24,999 \$25,000-34,999
 \$35,000-49,999 \$50,000-74,999 \$75,000 + Decline

DOES YOUR FAMILY RECEIVE ANY OF THE FOLLOWING FINANCIAL SUPPORT?:

- SNAP Benefits (food stamps) WIC (Women Infants Children) Public Housing (Section 8)
 Health Insurance (Medicare/Medicaid) Free or Reduced Lunch Scholarship TAFDC
 Social Security (SSI/SSD) Fuel Assistance Child Care Subsidy Other: _____

PLEASE INDICATE OTHER CCB PROGRAMS THAT YOU HAVE USED:

- FRC Clothing Exchange Parent Child Home Program Parent Education Series FRC
Newsletter
 Healthy Families Home Visiting PAT Group (Parents as Teachers) Parenting Partnership Home Visiting
 Play and Learn Groups Center Based Child Care Young Parent Child Care Program
 Childhood Lead Poisoning Prevention Program Family Child Care

Thank you for your participation.

**Child Care of the Berkshires, Inc.
Norman Rockwell Early Childhood Center
Billing Information**

Dear Parents,

Welcome to Child Care of the Berkshires! We hope that your child's enrollment in our day care program will be a fulfilling experience. You have signed a fee agreement with the director of the program. That fee agreement states that fees are due one week in advance and payable on the Friday before care is given. Monday is the billing date for the week; please keep in mind that in some months there will be 5 Mondays. Initial fees are adjusted as the regular fees increase or decrease. Please refer to your fee agreement concerning our policies regarding vacations, holidays, snow days, etc. All billing and accounts maintenance is performed in the Administrative Office in North Adams. Payments may be made in person at the North Adams Office, the child care center in which your child is enrolled or may be mailed to:

**Child Care of the Berkshires, Inc.
P.O. Box 172
North Adams, MA 01247**

The purpose of your statement is to give you a "snapshot" of your account at one point in time. It is not a bill. You can see charges, adjustment to the account, and payments (with check numbers) for your review. If a statement is not received, nevertheless your weekly payment is still expected. Please feel free to ask any questions you may have. Any payments not made by the last Monday of the month may be subject to a late fee assessed on the account as stated in the fee agreement.

Please direct payment inquiries to:

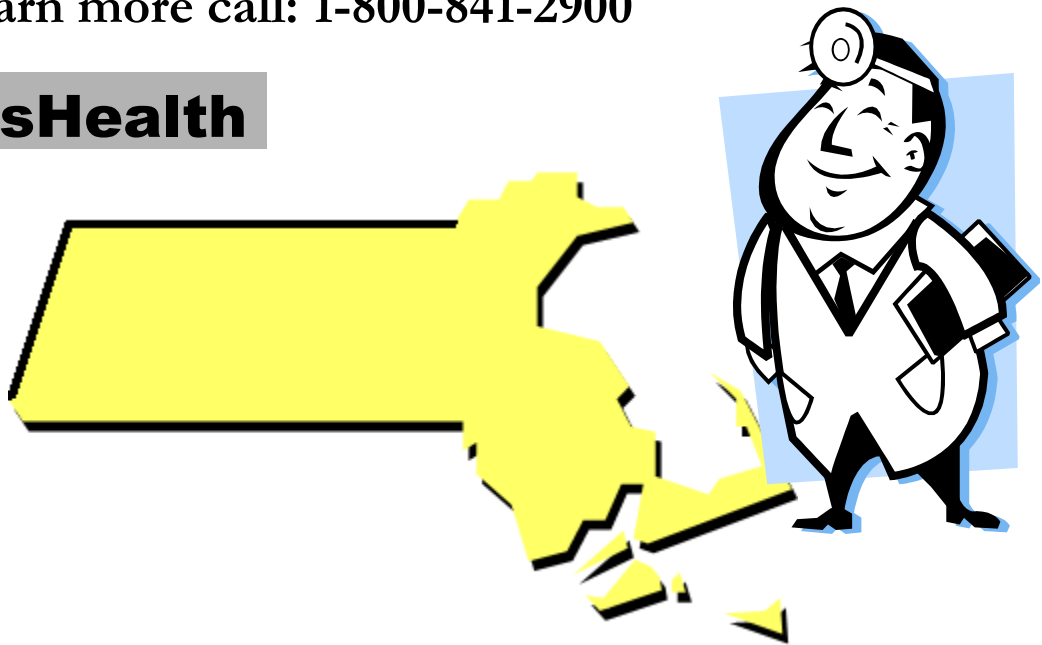
**Lory Atwell
413-663-6593 Ext 49**



If your child is eligible for free or reduced school meals, your child may also be eligible for **free or low cost health insurance** through MassHealth.

To learn more call: **1-800-841-2900**

MassHealth



Si su niño es eligible para almuerzo gratis o reducido, su niño pueda ser eligible para **seguro de salud gratis o de bajo costo** por medio de MassHealth.

Para saber mas, llame al: **1-800-841-2900**

**Covering
Kids**



Ages and Stages Questionnaire (ASQ) Developmental Screening

ASQ Consent Form

The Department of Early Education and Care (EEC) is focused on ensuring that all children in Massachusetts have access to developmental learning opportunities, and that parents and families are provided with knowledge and resources to support their role as their child's first teacher. EEC's Coordinated Family and Community Engagement (CFCE) grantees work directly with parents and families to provide these learning opportunities for young children. One of the developmental learning activities used by CFCE grantees is the Ages and Stages Questionnaire (ASQ) developmental screening tool. This tool allows for families to learn more about their child's progress along five developmental domains, as well as what they can do to support their child's growth at home. CFCE staff are available to assist families with ASQ screening and can provide information, resources, and referrals based on the child's scores.

To ensure that EEC's policies and programs reflect the needs of programs and families, CFCE staff may enter your child's screening information into the ASQ Online database. EEC staff uses aggregate, or totaled, information to determine screening trends, future trainings for CFCE providers, and policies. Aggregate scores tell EEC how many children have been screened within a certain time period, the average age of when Massachusetts children are screened, or if the ASQ English or ASQ Spanish was used. Your child's information and screening scores will never be analyzed or shared at the individual level. If you do not wish to have this information entered online, you may decline this option and still have your child screened with the ASQ tool.

Please read the text below and check the box to indicate whether you and your child agree participate in the ASQ screening:

- By checking this box, I acknowledge that I have read the information provided about the ASQ screening tool:
 - I agree** to have my child screened with this tool to learn more about their developmental progress; and
 - I agree** to have my child's screening information entered into the ASQ online database.

- By checking this box, I acknowledge that I have read the information provided about the ASQ screening tool:
 - I agree** to have my child screened with this tool to learn more about their developmental progress; but
 - I do not agree** to have my child's screening information entered into the ASQ online database.

- By checking this box, I acknowledge that I have read the information provided about the ASQ screening tool and **I decline** to have my child screened with the ASQ.

Name of Parent or Guardian

Name of Child

Signature of Parent or Guardian

Date