



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Sunshine Preschool Registration Form

| | |
|--------------------------|--|
| Interoffice Only | |
| Tw Oaks #: _____ | |
| BSRCC Member? Y N | |
| Date of Admission: _____ | |
| Age at Admission: _____ | |

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

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Gender: ___ Male ___ Female

Names of any siblings enrolled in Berkshire South programs _____

Is an IEP or behavior plan or are other services in place for this child? Yes ___ No___ If yes, please provide a copy, to help us best meet each child's needs in the classroom.

| |
|----------------------------------|
| Parent/Guardian 1 |
| Name: _____ |
| Home Phone: (____) _____ - _____ |
| Cell Phone: (____) _____ - _____ |
| Work Phone: (____) _____ - _____ |
| E-Mail: _____ |
| Mailing Address: _____ |
| _____ |
| City, State: _____ |
| Zip: _____ BSRCC Member? _____ |
| Primary Language _____ |

| |
|----------------------------------|
| Parent/Guardian 2 |
| Name: _____ |
| Home Phone: (____) _____ - _____ |
| Cell Phone: (____) _____ - _____ |
| Work Phone: (____) _____ - _____ |
| E-Mail: _____ |
| Mailing Address: _____ |
| _____ |
| City, State: _____ |
| Zip: _____ BSRCC Member? _____ |
| Primary Language _____ |

Only complete this section if applicable. Please place an 'X' for all that apply.

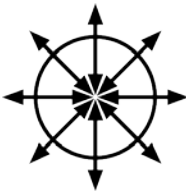
If parents are living apart, with whom does student live? ___ Parent 1 ___ Parent 2 ___ Other: _____

Who has legal custody? ___ Parent 1 ___ Parent 2 ___ Other: _____

Names of Non-Custodial Parent(s): _____

Please provide a copy of any documented legal restrictions this individual has in relation to the student and/or student information (e.g. records, attendance, dismissal, restraining order, etc.).

**** Please note: It is the responsibility of the custodial parent to provide supporting documentation (e.g. court orders, etc.) which verify this individual's limited access to the student and/or student information. If verifying documentation is not on file with the program, BSRCC staff is unable to restrict a parent's rights to access student and/or student information.**



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

I would like my child, _____, to attend the **2018 Sunshine Preschool Program** at Berkshire South Regional Community Center. I will be financially responsible for the following weeks/days.-

Rates:

___ 2 days per week Member Fee \$312 per month Guest Fee \$360 per month
___ 3 days per week Member Fee \$464 per month Guest Fee \$536 per month
___ 5 days per week Member Fee \$776 per month Guest Fee \$896 per month

Days: M___ T___ W___ Th___ F___ I can be flexible _____

___ I have enclosed the **\$25 registration fee** with this form (this annual fee of \$25 per family must be paid in order to process application)

Pre-Registration is required. No child will be enrolled without a complete registration packet, including physical form and immunizations, on file.

Payment is due upon receipt of invoice, before the start of the month. Please call our business office at 528-0397 to make other payment arrangements.

I Understand:

- I am financially responsible for the days I have chosen for my child.
- There is no reimbursement for sick, snow or cancelled days, and I am responsible for an annual commitment to the program. Any changes must be put in writing and will only be recognized after a 30 day period. During the period the director will review the request and make a final determination.
- BSRCC is unable to provide care to families with a past due balance of more than 30 days.
- I will abide by all policies and procedures as stated in the Parent Handbook.
- Refunds will not be given for late arrivals, early departures, or missed days.
- Any student remaining at Sunshine after closing (5:30 p.m.) will be assessed a \$5.00 charge for the first 5 minutes and \$1.00 per minute thereafter, which will be added to the following month's invoice.

For shared payment arrangements, please fill out both lines below and provide all information for both parties. To set up other arrangements, please contact our business office.

Person responsible for payment: _____ % or amount _____

Person responsible for payment: _____ % or amount _____

Billing email address(es): _____

Billing Address(es) _____

_____,
City/Town

State

Zip Code

To pay by monthly Electronic Funds Transfer, please check this box.
BSRCC's business office will contact you to set up payment.

Signature of person responsible for payment _____ Date _____

Sunshine Preschool Registration



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name _____ Date of Birth _____

I authorize Berkshire South Regional Community Center Staff, trained in the basics of CPR and first aid, to give my child first aid care including 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 Berkshire South Regional Community Center Staff to arrange transport for my child to the nearest medical care facility and/or to _____, and secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____

Phone Number: _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions and/or health conditions: _____

Dietary Restrictions? _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Please list any rescue medications prescribed for your child (i.e. EPI Pen, Inhaler): _____

Regular medications: _____

If your child requires emergency medication or is to receive medication while attending our program, you MUST have one Medication Authorization Form for EACH prescription or over the counter medication you send with your child.

Is there an Individual Health Plan for student with a chronic health condition? _____ If yes, please attach.

Parent/Guardian Emergency Contact Information:

Name _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Hours: _____

Parent/Guardian Emergency Contact Information:

Name _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Hours: _____

Parent/Guardian Signature

Date

Sunshine Preschool Registration

Child's Name _____

Date of Birth: _____

Berkshire South Regional Community Center Child Release Policy

I understand that Sunshine will not release my child to any other person unless I notify the program in advance, following the guidelines below.

- If the person picking up my child is listed on this form, I must notify Sunshine staff.
- If the person picking up my child is not listed, I must notify Sunshine in writing.
- Identification may be requested of any person picking up my child and will certainly be requested of any person unknown to the staff.
- If no one besides the listed parent/guardian is authorized to pick up my child from the program, I must indicate on this form by writing "NO ONE."
- Please attach copies of any custody agreements, court orders, and restraining orders pertaining to the child.
- Emergency Contacts are permitted to sign your child out of the program unless otherwise noted.

Emergency Contacts (in addition to parents/guardians listed on reverse)

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

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

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

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

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

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

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

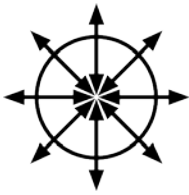
Address: _____

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

Please feel free to add any additional emergency contacts on a separate sheet.

Parent/Guardian Signature

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Transportation Plan & Authorization

Child's Name: _____

Usual Arrival Time: _____

My child will arrive at the program:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other: _____

My child will depart from the program:

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other: _____

Parent Signature: _____ Date: _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

Permission Form

Use of Building

My signature below verifies that I give my child to permission to use each area that is checked while attending Sunshine Preschool. I understand that my child will be supervised by educators while using all areas.

- Sunshine Preschool Classroom
- Splash Pool
- Gymnasium
- Auditorium
- Kitchen & Lounge

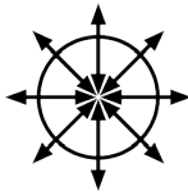
- Play Structure
- Meeting Room
- Trails & Grounds
- Arts & Crafts Room
- Stay & Play Area

Offsite Activities

Several times throughout the year, our class will go on field trips. Some of the trips are within walking distance, and others require transportation. When we do have a field trip, you will be notified about it beforehand. I do do not give my child permission to participate in offsite activities. I recognize that I will be notified in advance of all field trips and that I will be asked to fill out a permission form for each scheduled field trip and that transportation for offsite trips will be provided in BSRCC vehicles with qualified drivers.

Parent/Guardian Signature

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Permission Form

Child's Name: _____

Oral Hygiene

With concerns about the increase in tooth decay (cavities) among young children, the Massachusetts Department of Early Education and Care (EEC) has adopted a regulation for child care settings, to promote oral health and prevent tooth decay. Please check if you do _____ or do not _____ want your child to brush their teeth each afternoon.

Visitors

As part of the program's activities, childcare professionals not employed by Berkshire South Regional Community Center may observe the children during the day. In all cases, the confidentiality of information related to the children will be maintained and the children remain under the supervision of their classroom teachers. At no time will these observations change or hinder your child's involvement in his/her daily program. Please check if you do__ or do not__ give permission for your child to be observed.

Class List

Please check if you do __ or do not__ want your name, mailing address, e-mail address and telephone number included on the class list to be shared by all the families in Sunshine.

Sunscreen & Insect Repellent

We play outside daily, as much as possible. During the warmer months, when skin is more exposed, we want to be sure children are protected from the sun and insects.

If you provide us with permission to apply the below items, please send in a bottle of each, labeled with your child's name.

I do__ or do not__ provide permission for Sunshine teachers to apply sunscreen to my child.

I do__ or do not__ provide permission for Sunshine teachers to apply insect repellent to my child.

Photographs

Occasionally we take photographs of the children for classroom bulletin boards and other use within the classroom. Please check if you do _____ or do not _____ authorize the use and reproduction of these photographs for Sunshine use. A separate form is included in this packet to provide permission for use of photographs in BSRCC marketing materials.

Signature: _____

Date: _____

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:** _____

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

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: _____

Favorite foods: _____

Foods refused: _____

Is your child fed held in lap? _____ High chair? _____

TOILET HABITS

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center: _____

*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 become tired or nap during the day (include when and how long)? _____

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/child 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? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. _____

Is there anything else we should know about your child? _____

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

(Parent/Guardian Signature)

(Date)



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Updated 01-11

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MINOR RELEASE **For Media and Photos**

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledgement as received, upon terms herein stated, I here by grant Berkshire South, its Executive Director and any and all staff, her legal representatives and assigns, those for whom _____ is acting, and those acting with her authority and permission, the absolute right and permission to copyright and use, re-use and publish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or fictitious name, or reproductions thereof in color or otherwise made through any media at her studios or elsewhere for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby release, waive any right that a minor or I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection there within or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Berkshire South Regional Community Center, its executive director and any staff her legal representatives or assigns, and all persons acting under her permission or authority or those whom she is acting, from any and all liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof even though it may subject the minor to ridicule, scandal, reproach, scorn and indignity.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents therein.

Date: _____ Minor's Name: _____

Parent or Guardian Signature

Address:

Phone: _____

(Witness)



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Sunshine Preschool Registration Checklist

Registration Packet

- Cover Sheet
- Billing Information
- Medical Information
- Emergency Contacts
- Transportation Plan
- Permission Forms
- Developmental History
- Marketing Photo Release

Additional Items (to be included with packet or physician's office may fax them to 413-528-5260)

- Physical form from physician's office dated within one year
- Immunization Record

If Applicable

- Custody Agreement
- IEP or Behavior Plan
- Allergy Action Plan signed by physician & parent
- Medication Consent form plus medication in bottle with original prescription attached

Your child will need to bring the following items:

- ✓ Lunch (**peanut & tree nut free**). A microwave is available to heat lunches, but we are not able to cook food at school.
- ✓ We provide 2 snacks per day, but if your child has dietary restrictions, please plan to provide snacks for your child.
- ✓ Change of clothes (if toilet training, please send several changes of clothing)
- ✓ Diapering supplies, if needed
- ✓ Blanket for rest time
- ✓ Sunscreen
- ✓ Insect Repellent
- ✓ Clothing appropriate for the weather
- ✓ Swimsuit (and swim diaper if not toilet trained) on Wednesdays as well as a waterproof bag for wet swim items.