

Registration-Print

My Little Island Preschool Registration

"*" indicates required fields

Photo Authorization

We would like to capture photos of your children in their daily activities to be used for our Facebook page, bulletin boards, etc..

Choose One: *

- ☐ Yes, I authorize photos of my child(ren), to be taken and published for use by the provider.
- ☐ Yes, I authorize photos of my child(ren), to be taken but only to be shared with me and NOT published in any form.
- ☐ No, I do not authorize photos of my child(ren), to be taken OR published in any form

Policy and Procedure Outline

Clothing: Children should wear comfortable clothes and shoes that allow them to play freely, get dirty and they can easily put on/off with little or no help. Outdoor play happens twice a day weather permitting. Please make sure that your child is dressed appropriately, with hats, mittens and boots. A complete change of clothes should be left in your child's cubby in case of an emergency. Rest time: Your child will be given a rest mat to lay on. If he/she likes to lay with a blanket please send a small one in that will fit in the cubbies. They will be sent home periodically for washing. Meals: Please send in a full lunch, a snack and two drinks ex. Juice boxes, water bottles or sippy cups. Leftovers will be sent home. Please no candy! Illness: A child showing signs of illness will be sent home as soon as transportation can be found. Parents are asked to report any diseases that may be communicable. I will notify all families when a communicable disease is present. Please keep your child home if you suspect your child is ill, has a temperature over 99.0, communicable disease, head lice, conjunctivitis, diarrhea, vomiting, flu or a cold. If your child starts an antibiotic they should remain home for the first 24 hours. Please call me by 8:30 if your child will be absent or late. Medication: I will administer a prescription or non-prescription medication to a child that I have a written order by a physician and the written permission of the parent. All medication should be clearly labeled with written directions for its administration. Hand washing: Before eating or handling food, after using the bathroom, after wiping noses, mouth and sores. First Aid: Basic first aid and CPR will be administered by myself. In case of an emergency rescue and the parent will be called. Costs for medical care and transportation are assumed by the parent. Tuition: Tuition is due the first of each month. Five days prior I will send home a bill for that month. Please make checks out to Patti Carreiro. Failure to pay by the fifth of the month will result in a late fee. Toys: Each month we will have a theme based show and share day. If your child is having a hard time leaving a toy at home they may bring only ONE toy from home that is labeled with their name, is age appropriate, safe and can be shared with friends. NO movies, books, or stuffed animals. Vacation: Tuition is still due during vacations, holidays, sick days and tardiness.

Consent *

☐ I have received a copy of all MA state Holidays and understand the school will be closed on those days and tuition is still due. I have also received a copy of tuition policies and agree to them.

Pool Waivers

Every afternoon weather permitting we will be having swimming lessons in the pool. The pool will only be filled to 4 feet of water straight across and each child will have to wear either arm bands or a swimming vest. I will provide the arm bands. If you do not wish for your child to be apart of the swimming lessons they will still get water time with sprinklers. **No child will have access to the pool unless written permission is given and a staff member is taking them up to the pool for a swimming lesson. Pool is always locked.

Choose One: *

- ☐ I give My Little Island and my child permission to use the pool. I understand that I have full liability and that My Little Island is not responsible for any medical expenses that may incur during swim lessons.
- ☐ I do not wish to have my child use the pool for swimming lessons.

Family Child Care Enrollment / Face Sheet

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes. **Children's Records must be maintained for at least five (5) years after a child has left the program.

General Information

Date of Admission**Age at Admission****Date of Discharge****Reason for Discharge****Child's Full Name ***

First

Middle

Last

Nickname**Date of Birth *****Eye Color****Hair Color****Sex****Height****Weight****Address ***

Street Address

Address Line 2

Massachusetts



City

State

ZIP Code

Phone**Primary Language of Child****Allergies/Special Diets****Name of Parent(s)/Guardian(s)****Parent(s)/Guardian(s) Phone****Parent(s)/Guardian(s) Email *****Primary Language of Parent(s)/Guardian(s)****Home Address (if different)**☐ Same as previous

Street Address

Address Line 2

Massachusetts



City

State

ZIP Code

*Parent(s)/guardian(s) business address/location during child care***Parent/Guardian Name**

First

Last

Where**Phone****Cell Phone****Instructions****Parent/Guardian Name**

First

Last

Where**Phone****Cell Phone****Instructions**

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name

First

Last

Phone**Cell Phone****Address**

Street Address

Address Line 2

Massachusetts



City

State

ZIP Code

(2) Name

First

Last

Phone**Cell Phone****Address**

Street Address

Address Line 2

City

Massachusetts



State

ZIP Code

TRANSPORTATION PLAN/AUTHORIZED PICK-UP

My child will arrive to the program by

- ☐ Parent Drop-Off
- ☐ Supervised Walk
- ☐ Unsupervised Walk
- ☐ Public/Private Van
- ☐ Bus
- ☐ Private Transportation Provided by Parent

My child will depart the program by

- ☐ Parent Pick-Up
- ☐ Supervised Walk
- ☐ Unsupervised Walk
- ☐ Public/Private Van
- ☐ Bus
- ☐ Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name

First

Last

Phone**Cell Phone****Address**

Street Address

Address Line 2

City

ZIP Code

Massachusetts



State

Name

First

Last

Phone**Cell Phone****Address**

Street Address

Address Line 2

City

ZIP Code

Massachusetts



State

*Anticipated Days/Time of Attendance***Monday - Arrival Time****Monday - Departure Time****Tuesday - Arrival Time****Tuesday - Departure Time**

Wednesday - Arrival Time**Wednesday - Departure Time****Thursday - Arrival Time****Thursday - Departure Time****Friday - Arrival Time****Friday - Departure Time****Saturday - Arrival Time****Saturday - Departure Time****Sunday - Arrival Time****Sunday - Departure Time****If applicable: Name of School Child Attends**

Please make copies of any custody agreements, court orders, restraining orders and give them to Mrs. Patti. (if applicable)

Additional Notes**Written Acknowledgement of Receipt of Parent Handbook ***

☐ I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

Parental Visit Notice *

☐ I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

Child's Physician or Health Care Professional

Name

First

Last

Phone

Address

Street Address

Address Line 2

Massachusetts



City

State

ZIP Code

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

Medical Insurance Information (OPTIONAL)**Subscriber's Name****Type of Insurance****SCHOOL AGE ONLY****Current School****School Address**

Street Address

Address Line 2

Massachusetts



City

State

ZIP Code

Physical Examination and Immunizations *

☐ 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.

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care. *Note: Please provide information for Infants and Toddlers (marked ") as appropriate to the age of your child.

CHILD'S NAME**DATE OF BIRTH**

First

Last

mm/dd/yyyy



DEVELOPMENTAL HISTORY

Age began sitting**Age began crawling****Age began walking****Age began 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?*****Does your child eat with Spoon?****High chair?****Fork?****Hands?****TOILET HABITS*****Are disposable or cloth diapers used?*****Is there a frequent occurrence of diaper rash?*****Do you use: baby oil?*****Do you use: baby powder?*****Do you use: 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 program**

Do you use a potty chair at home?**Do you use a special child seat at home?****Do you use a regular seat at home?****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 (include when and how long)?**

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 physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your educator. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

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 walking 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

What would you like your child to gain from this child care 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?

Permissions (for each child enrolled)

General Permission-(Basic Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By consenting below, I am allowing my child to be taken off the child care premises.

Off Premis Excursions

☐ I hereby give (educator/assistant) permission to take my child off the premises of the family child care home for the following excursions:.

Specific places my child is allowed to go:

example: walks, Lt. Island beach, etc.

Using the following forms of transportation:

example: bus, van, car, etc.

Off Premis Excursions

☐ I do not want my child to be taken off the child care premises.

Permission (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

CPR / First Aid

☐ I hereby give consent for the educator/assistant to give CPR to my child and permission to administer basic first aid 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.

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

Emergency Card Information

REMINDER: This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.

Child's Name:

First

Last

Date of Birth

mm/dd/yyyy

**Phone****Child's Home Address**

Street Address

Address Line 2

City

Massachusetts



State

ZIP Code

Instructions to Reach Parent or Guardian

1. (Name, Address, Home and Cell Phone #)

Instructions to Reach Parent or Guardian

2. (Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

(Physician's Name, Address, Phone #)

Emergency Contact Person

1. (Name, Address, Home and Cell Phone #)

Emergency Contact Person

2. (Name, Address, Home and Cell Phone #)

Emergency Medical Treatment**CRP / First Aid**

☐ I hereby give educator/assistant 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.

Medical Insurance Information (Optional)**Subscriber's Name****Type of Insurance****Policy Number****Other pertinent medical information:**

Please download and send the [Physician Record Request PDF](#) to your child's physician to fill out and return back to us.

Pandemic Contract**COVID-19 ***

☐ The novel Coronavirus, Covid-19, has been declared a worldwide pandemic by the World Health Organization. Covid-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Patti Carreiro, owner of My Little Island Preschool has put in place preventative measures to reduce the spread of Covid-19; however, the preschool cannot guarantee that you or your child(ren) will not become infected with Covid-19. Further, attending could increase your risk

and your child(ren)'s risk of contracting Covid-19. In the event that My Little Island closes temporarily due to a pandemic, the FULL tuition will be charged in order to hold the Child(ren)'s spot and ensure the survivability of My Little Island Preschool. By signing this agreement, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by Covid-19 by attending preschool and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by Covid-19 at the Preschool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, preschool employees and families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to personal injury, disability, loss claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the preschool ("Claims"). On my behalf I hereby release, covenant not to sue, discharge, and hold harmless the Preschool, its employees, agents, representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Preschool, its employees, agents, and representative, whether a Covid-19 infection occurs before, during, or after participation in any Preschool activity.

[My Little Island Preschool Health Policy and Procedure](#)

[CLICK HERE](#) to view the MLHI Health Policy PDF.

Policies & Procedures *

☐ I acknowledge receipt and understanding of the above My Little Island Health Policies and Procedures which include but are not limited in scope to the above information and any new Epidemic related guidance by the Department of Early Education and Care and State of Massachusetts.

[My Little Island Preschool Contract](#)

Tuition is due by the first of each month, if you are new to the program tuition is due by the First Day of school made out to Patti Carreiro.

Contact: My Little Island only has the use of the business Facebook page for our private group, by phone 508-737-2142, or Email mylittleislanddaycare@yahoo.com during business hours 8-3 Monday-Friday.

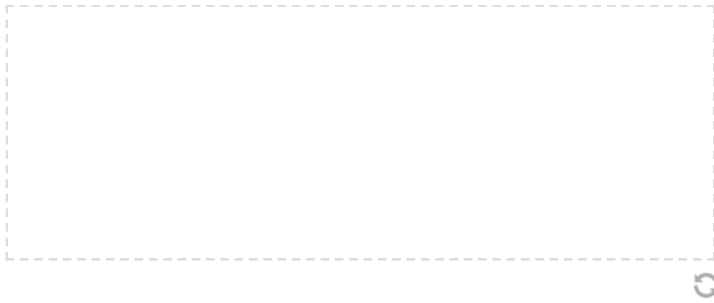
Social Media: The use of Social Media to slander another student or My Little Island is prohibited.

Pick-Up: Pick up is by 2:00 p.m. Please make every effort to be here by 2 p.m.

Contract *

☐ I agree to the contract detail above.

Signature *



My Little Island Preschool Termination Policy

In some circumstances, My Little Island Preschool and our enrolled families have to part ways. This could occur for any of the following reasons:

1. Continual Late tuition payments
2. Inability to meet needs
3. Disruptive Behavior
4. Inability to provide required materials for their child
5. Misalignment of values
6. Slander or defamation of My Little Island and its staff
7. Consistent late pick-up
8. Violent Behavior
9. Abuse of staff
10. Failure to provide appropriate and required child records

Withdrawal Policy: A two-week written notice addressed to My Little Island Preschool director "Patti Carreiro" is required to withdraw a child from the program. Parents are required for the tuition of these two weeks, whether My Little Island services were rendered or not.

Termination *

☐ I agree to the termination policy above.

My Little Island Preschool Rest Time Policy

Rest Time at My Little Island takes place daily around 12:45 pm and lasts until around 1:15 pm. Naps and rest will be provided in a quiet area that is physically separated from children who are engaged in activity that will disrupt a napping or resting child.

A child who has rested will not be required to remain on a mat.

Mats will be placed so there are clear aisles and unimpeded access for both adults and children on a least one side of each piece of napping and resting equipment.

Matts will be placed directly on the floor and must be stacked when not in use Children's heads will be uncovered during rest time Each mat will be sanitized daily after use and each child will have their own mat to utilize during rest time.

Parents may provide a blanket or comfort toy for their child to assist in falling asleep. These items will be sent home weekly to be washed or when soiled or wet.

During Rest time a My Little Island teacher must be in the room to ensure that all children are being

always monitored.

During rest time the overhead lights will be turned off or dimmed, but there will be smaller lights in the room that keep the room lit enough that everyone and everything in the room is always clearly visible.

During rest time, an audio book, or relaxing music is quietly played in the room for children who do not want to nap but need a relaxing environment during the rest time.

Rest Time *

☐ I agree to the rest time policy above.

My Little Island Preschool Bathroom Policy

Potty Training: We will assist in potty training with the understanding that it will only work if we work together. Your child will not learn if they do not do it while in our care and at home. You must work with your child at home, either during vacation or over a weekend before we will begin potty training here. Clothing should be easy to manage to encourage self-help skills. Buckles, belts, overalls and suspenders, when in a hurry to use the bathroom, may create a problem. We also require that each potty-training child have at LEAST 1 full set change of clothing (more recommended), training pants or pull ups. As with diapers, we do not supply pull- ups. If they are required at any time during the day, you are expected to provide them.

Is your child ready to be Potty Trained? Check those that apply to your child.

- ☐ Follows simple directions.
- ☐ Remains dry for at least 2 hours at a time during the day.
- ☐ Dry after nap time.
- ☐ Regular and predictable bowel movements. (some may have bowel movements every day and some may have them less frequently)
- ☐ Walks to and from the bathroom, pulls down own pants and pulls them up again.
- ☐ Seems uncomfortable with soiled or wet diapers
- ☐ Seems interested in the toilet.
- ☐ Has asked to wear grown-up underwear.

If the child has most of the skills marked, you can assume the child is ready to start potty training. Potty training may best be accomplished by starting at home first and then at childcare. If the child does not have most of the skills marked, then wait a few weeks or months and refer to the checklist again. Toilet training is much easier if the child is truly ready to master this skill.

Bathroom Trips: - A My Little Island Teacher must escort a child to the bathroom.

Instruct the Child verbally to assist in self-cleanup

- Help child to clean any mishaps so bathroom is ready for the next user Ensure child washes hands

Assist in fastening clothes, if needed

At certain times during the school day, all children are lined up to use the bathroom before moving on to the next activity. During this time a teacher will assist the current child in the bathroom while another manages the rest of the children in lining up outside the bathroom. Additionally, at anytime a child asks to use the restroom, the child will be immediately escorted to use the bathroom to prevent any potential accidents.

If a child is fully potty trained (usually our older children) My Little Island Preschool allows those students to fully close the door and utilize the bathroom without teacher assistance. In these circumstances, a teacher will still be posted outside of the bathroom door.

Oral Health Non-Participation

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.

If you have any questions or concerns, please call: Patricia Carreiro at 508-332-8785.

Participation

☐ I do not wish to have my child participate in tooth brushing while in care at My Little Island Preschool

Child's Name:

First

Last

Parent/Guardian's Name:

First

Last

Signature *



SUBMIT

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