



Milestones

Childcare & Preschool

Milestones Childcare & Preschool LLC

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ENROLLMENT PACKET 2022

Hello Milestones Families!

We are very excited to welcome you and your family to our program!

Please fill out the attached paperwork and return to Milestones Childcare & Preschool LLC at your earliest convenience.

We will also require a copy of your child's most recent physical and immunization upon start of care.

Please let us know if you have any questions whatsoever!

Thanks so much!

-Milestones Administrative Team

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Additional Information

Child's Physician: _____

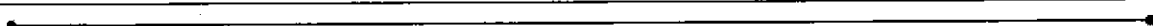
Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____



School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

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



Parent/Guardian Signature

Date

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THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

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

DEVELOPMENTAL HISTORY

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

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

*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: _____

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EATING HABITS

Special characteristics or difficulties: _____

*If infant is on 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 a spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____ other: _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

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

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____

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

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

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

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's position with your caregiver.

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When does your child do to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking ect) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other childcare/daycare: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, ect.) _____

How do you comfort your child? _____

What is your method of behavior management/discipline at home? _____

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

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, ect. _____

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

(Parent/Guardian Signature)

(Date)

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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 even of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronis Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name: _____

Address: _____

Relationship to Child: _____

Home Phone _____ Cell Phone: _____

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

Name: _____

Address: _____

Relationship to Child: _____

Home Phone _____ Cell Phone: _____

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

Name: _____

Address: _____

Relationship to Child: _____

Home Phone _____ Cell Phone: _____

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

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent/Guardian Signature

Date (valid for one year)

AUTHORIZED PICK-UP LIST

The people listed below have my authorization to pick up my child from the program, Milestones Childcare and Preschool LLC. I will inform my child's director/teacher, each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below, if I am unavailable. I also realize that they will be required to provide proper identification each time that they arrive at the center. If an individual is not listed on this form, a telephone call WILL NOT be sufficient to release the child to that individual. If special accommodations need to be made for the child to be picked up by someone not listed on this list, written notification must be made by the parent in advance.

Parent/Guardian #1 Signature _____

Parent/Guardian #1 Signature _____

Child's Name: _____

Please print below:

- 1) Name _____ Relation to Child _____
Address: _____
Phone (Work, Home, Cell): _____
- 2) Name _____ Relation to Child _____
Address: _____
Phone (Work, Home, Cell): _____
- 3) Name _____ Relation to Child _____
Address: _____
Phone (Work, Home, Cell): _____
- 4) Name _____ Relation to Child _____
Address: _____
Phone (Work, Home, Cell): _____

These people are NOT allowed to pick up my child. PLEASE NOTE: A copy of the court decision for custody cases MUST be on file in order for the program NOT to release a child to his/her non-custodial parent.

Name: _____ Relation to Child: _____

Address: _____ Phone: _____

Name: _____ Relation to Child: _____

Address: _____ Phone: _____

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THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- 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
- Program Bus/Van
- Contract Van
- Private Trans, Arranged by Parent
- Other

Parent/Guardian Signature _____ Date _____

Refer to first aid and emergency medical care consent form for release information

Milestones Childcare & Preschool LLC

Photography Release

I, _____, parent/guardian of _____ (child's name), **GIVE** permission for Milestones Childcare & Preschool LLC to take photographs of my child. These photographs may be used for advertising purposed on their website and social medica.

Parent/Guardian Signature

Date

OR

I, _____, parent/guardian of _____ (child's name), **DO NOT GIVE** permission for Milestones Childcare & Preschool LLC to take photographs of my child. These photographs may be used for advertising purposed on their website and social medica.

Parent/Guardian Signature

Date

Milestones Childcare & Preschool LLC

Hand Sanitizer Release

Due to the 2020 COVID Pandemic, we will require written permission from all families to use hand sanitizer with at least 60% alcohol when soap and water can not be used. The Department of Early Education & Care requires all licensed schools in the state of Massachusetts to obtain in each child's file permission for your child to use alcohol hand sanitizer due to the COVID Pandemic.

Hand sanitizer with at least 60% alcohol may be utilized at times when handwashing is not available, as appropriate to the ages of children and only with written parent permission to use. Hand sanitizer must be stored securely and used only under supervision of staff. Staff must make sure children do not put hands wet with sanitizer in their mouth and must teach children proper use

I, _____, give permission for Milestones Childcare & Preschool LLC to use hand sanitizer with at least 60% alcohol periodically throughout the day in addition to soap and warm water to clean my child (name of child) _____'s hands while at school.

Parent/Guardian's Signature

Date

Milestones Childcare & Preschool LLC

MASK WAIVER FOR CHILDREN

Due to the 2020 COVID-19 Pandemic, masks are recommended by the Massachusetts Department of Early Education and Care for any child 2+ years of age and older when it is appropriate to wear a mask. This is a recommendation and not a requirement. Staff are required to wear masks when they can not maintain a 6 foot distance. While the recommendation is not required, we will do our best to promote the wearing of a mask for your child if that is your desire. Please indicate by choosing the correct statement below if you would like your child to wear a mask while at school:

I, _____, parent/guardian of _____ (child's name), **WANT** my child to wear a mask when appropriate while attending Milestones Childcare & Preschool LLC. I will provide 3 masks a day and agree to take them home every day to wash and I will return them every day clean & sanitized. I understand that wearing a mask is not a guarantee protection against COVID-19.

Parent/Guardian Signature

Date

I, _____, parent/guardian of _____ (child's name), **DO NOT WANT** my child to wear a mask while attending Milestones Childcare & Preschool LLC. I understand the risk factors due to not wearing a mask.

Parent/Guardian Signature

Date

Milestones Childcare & Preschool LLC

Milestones Childcare and Preschool LLC Parent Handbook Acknowledge & Agreement

I, _____, parent/guardian of _____
have received a copy of the Milestones Childcare & Preschool LLC
Parent Handbook. I have reviewed all of the information and policies in
the Parent Handbook and I acknowledge and agree to the policies
detailed in the handbook.

Parent/Guardian Signature

Date

Milestones Childcare & Preschool LLC

Milestones Childcare and Preschool LLC COVID-19 Handbook **Acknowledge & Agreement**

I, _____, parent/guardian of _____ understand Milestones Childcare & Preschool LLC is taking all of the necessary steps to combat and prevent COVID-19. However, I do understand the risks involved in sending my child to care and I do not hold Milestones Childcare & Preschool LLC accountable in the event of a potential exposure of COVID-19 or a positive case. Milestones will do everything we can to minimize the risk, however, we can not eliminate the risk completely. I have read the Milestones Childcare & Preschool LLC COVID-19 Handbook and I fully understand its content. I am aware that this is a release of liability and I sign it of my own free will.

Parent/Guardian Signature

Date

Milestones Childcare & Preschool LLC

Sunscreen & Bug Spray Permission Form

I, _____, parent/guardian of _____, give Milestones Childcare & Preschool LLC permission to apply sunscreen to my child. The sunscreen I will be providing will be labeled with my child's name. The brand of sunscreen is _____. I am responsible for applying sunscreen prior to drop off in the AM.

Parent/Guardian Signature

Date

I, _____, parent/guardian of _____, give Milestones Childcare & Preschool LLC permission to apply bug spray to my child. The bug spray I will be providing will be labeled with my child's name. The brand of bug spray is _____.

Parent/Guardian Signature

Date

Milestones Childcare & Preschool LLC

DUE TO THE COVID 19 PANDEMIC, TOOTHBRUSHING IS NOT ALLOWED UNDER THE CURRENT GUIDELINES . ONCE WE ARE ABLE TO RESUME, WE WILL! PLEASE PROCEED TO FILL OUT IF YOU DO NOT WANT YOUR CHILD'S TEETH BRUSHED POST COVID-19.

In January 2010, EEC issued a new regulation 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 the child(ren) participate in tooth brushing while they are in child care. However, if you do not want your child to brush his or her teeth while s/he is attending the child care program, please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I do not wish to have my child participate in tooth brushing while in care at:

(Name of Program)

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Date: _____

We will need the following on the first day of enrollment:

- *Copy of most recent physical**
- *Copy of most recent immunization record**

THANK YOU! 