CHILDREN'S CORNER

CHILDREN'S CORNER LEICESTER

Pre-Enrollment Packet

Forms, annual authorizations, and first-day information

Welcome to Children's Corner!

We are excited to welcome your child and family. Please complete every required field and return the packet before your child's first day. Optional authorizations are clearly labeled; an unchecked optional authorization box means permission is not granted.

You may type directly into the blank table cells in Word or print the packet and complete it neatly in ink. Write “not applicable” for any required field that does not apply.

Please send the following before or on the first day:

- A current physical examination, immunization record, and lead screening documentation as applicable.
- A labeled lunch and reusable drink container unless the classroom communicates another arrangement.
- At least two labeled changes of clothing and any requested diapers, wipes, or toileting supplies.
- Age-appropriate rest items requested by the classroom. Infants may not have loose blankets, pillows, stuffed toys, or other loose items in the sleep space.
- Any health, custody, allergy, medication, or individualized care documents that apply to your child.

Please label everything
Clearly label bottles, cups, lunch containers, clothing, rest items, sunscreen, and other personal belongings with your child's name.

If you have questions, contact Hala Laverdure, Director, at 508-514-5199 or hala@childrenscornerccc.com.

Warmly,
Hala Laverdure and the Children's Corner Team

1. Child Enrollment Information

Complete this page for every child enrolling in the program.

Child's legal name		**Preferred name**	
Date of birth		**Age at admission**	
Date of admission		**Child and family language(s)**	

Home address	

Physical description

EEC requires either a physical description or a current photograph. Complete one of the choices below.

Physical description	
Current photograph attached instead	☐ Attached

Enrollment schedule

Days attending	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Usual arrival time	
Usual departure time	

Additional required information

Current school, if school age	
Custody or release restrictions, if any; attach applicable orders	
Special limitations or concerns	

2. Parent, Guardian, and Emergency Contacts

Notify the program promptly whenever this information changes.

Parent/guardian 1

Name		**Relationship to child**	
Mobile phone		**Alternate phone**	
Email		**Preferred contact method**	

Home address	
Employer and business address	
Work phone and usual hours	

Parent/guardian 2, if applicable

Name		**Relationship to child**	
Mobile phone		**Alternate phone**	
Email		**Preferred contact method**	

Home address	
Employer and business address	
Work phone and usual hours	

Emergency contacts

List at least one adult who may be contacted when a parent or guardian cannot be reached. An emergency contact is not authorized to pick up the child unless also listed on the authorized-release page.

Emergency contact 1		**Relationship to child**	
Mobile phone		**Alternate phone**	

Address	

Emergency contact 2, optional		**Relationship to child**	
Mobile phone		**Alternate phone**	

Address	

3. Developmental History: Infants and Toddlers

Complete age-appropriate items. Write "not applicable" where needed.

Development and communication

Words, signs, gestures, or other communication used	
Movement, speech, hearing, vision, or developmental concerns	
Comfort items, soothing methods, and separation routine	
Early Intervention or other services	

Feeding

Current feeding schedule	
Breast milk, formula, or milk instructions	
Bottle, cup, spoon, or self-feeding skills	
Favorite foods, foods refused, allergies, reactions, or feeding concerns	

Diapering and toileting

Diaper products or creams used	
Diapering, bowel, or toileting routines and concerns	

4. Developmental History: All Children

Help us understand your child's routines, strengths, and support needs.

Sleep and daily routine

Usual bedtime and wake time	
Usual nap schedule and length	
Daily schedule, including meals and toileting	

Infant safe sleep

Children younger than 12 months are placed on their backs in an approved sleep space unless a licensed health care practitioner provides a written order for another position. Sleep spaces remain free of loose blankets, pillows, stuffed toys, bumpers, and other loose items.

Relationships, interests, and support

Previous child care or group experience	
Favorite activities, toys, songs, or interests	
Fears, sensitivities, triggers, or calming strategies	
Guidance approaches used successfully at home	
What would you like your child to gain from this experience?	
Anything else we should know?	

5. Health Information and Emergency Medical Consent

A separate medication consent and individual health care plan may be required when applicable.

Health care information

Child's physician or health care provider	
Provider address and phone	
Allergies and reactions	
Special diet or feeding plan	
Chronic conditions, disabilities, or special care needs	
Medications taken at home or school and possible side effects	
Individual Health Care Plan or other care instructions, if applicable	

First aid and emergency medical authorization

I authorize program staff who are currently trained in first aid and CPR to provide first aid and CPR to my child when appropriate. I understand that every reasonable effort will be made to contact me in an emergency. If I cannot be reached, I authorize the program to obtain emergency transportation and necessary medical treatment for my child at the nearest appropriate medical facility.

Child's name	
Parent/guardian name	
Parent/guardian signature	
Date	

This authorization is valid for one year unless withdrawn in writing sooner.

6. Authorized Release, Transportation, and Walks

Children are released only to a parent, guardian, or adult authorized in writing.

Authorized pickup adults

Parents and guardians in Section 2 are authorized unless limited by a court order on file. List additional pickup adults below. Everyone listed is authorized; submit changes in writing.

Authorized adult	Relationship	Phone

Staff may require photo identification and will not release a child based only on a message from an unauthorized person. Provide court orders or custody restrictions that limit release.

Usual arrival and departure plan

Routine program transportation is not included. Any later arrangement requires separate written authorization.

Usual arrival person or method	
Usual departure person or method	
Transportation notes	

Optional neighborhood-walk authorization

This choice is optional. An unchecked box means permission is not granted. Families will be notified before children leave the licensed premises.

☐	I authorize my child to participate in supervised neighborhood walks and common excursions on foot within the Leicester school campus or nearby neighborhood, including approved playgrounds and outdoor spaces. No vehicle transportation is authorized by this selection. This authorization is valid for one year unless withdrawn in writing sooner.

Signing confirms the pickup list and arrival/departure plan. Neighborhood walks are authorized only if the optional box is checked.

Child's name	
Parent/guardian name	
Parent/guardian signature	
Date	

7. Physician's Statement

Please have the child's licensed health care practitioner complete and sign this page.

The child named below is enrolling in an early education and care program licensed by the Massachusetts Department of Early Education and Care. Please provide evidence of a current physical examination, immunizations, and lead screening in accordance with applicable schedules and requirements.

Child's name		**Date of birth**	
Date of physical examination		**Date of next examination, if known**	

General health and appearance	
Allergies, special diets, chronic conditions, disabilities, or limitations requiring care	
Medication or treatment needs during care	
Other recommendations or restrictions	
Lead screening date, if age-appropriate	
Immunization record attached or previously supplied	

Health care practitioner certification

I certify that I have examined this child and that the information above accurately reflects the child's current health status and needs.

Practitioner name and title	
Practice address and phone	
Practitioner signature	
Date	

Return to
Children's Corner Leicester, 70 Winslow Ave, Door 15, Leicester, MA 01524 | 508-514-5199

8. Optional Photo, Video, and Audio Authorizations

These authorizations are optional and do not affect enrollment.

Check each box you wish to authorize. Each authorization stands on its own. Any box left unchecked means permission is not granted for that category.

☐	I authorize internal program use of photographs, video, and audio recordings of my child. Internal use may include classroom documentation, child portfolios, secure Brightwheel communication with enrolled families, learning displays, and keepsakes.
☐	I authorize public or promotional use of photographs and video recordings of my child. Public use may include the program website, public social media pages, advertising, marketing materials, and public displays.

How the authorization will be used

- The program will not use an image or recording for a purpose outside the category authorized above.
- A child's full name, contact information, schedule, health information, or other identifying details will not be included in public posts or materials without separate written permission.
- Staff may not store or share child images or recordings on personal devices or personal accounts.
- Families and visitors may not photograph, video, or audio-record other children without permission from those children's families and the program.
- Either authorization may be withdrawn in writing for future use. Withdrawal does not require recall of materials already lawfully produced or distributed.

My signature below confirms only the optional authorization box or boxes I checked above.

Child's name	
Parent/guardian name	
Parent/guardian signature	
Date	

9. Optional Sunscreen Authorization

Complete this page only if you want program staff to apply sunscreen.

This authorization is optional and does not affect enrollment. An unchecked box means permission is not granted. Sunscreen will be used only on unbroken skin and according to the product label, the written authorization, EEC requirements, and the program's Health Care Policy.

☐	I authorize trained program staff to apply the parent-provided sunscreen identified below to my child before outdoor activities and to reapply it as directed by the product label while my child is in care.

Sunscreen brand and product name	
SPF	
Known sensitivity or special instructions	

Family responsibilities

- Provide the sunscreen in its original container with the manufacturer's label intact.
- Clearly label the container with the child's name.
- Replace expired, empty, damaged, or recalled product promptly.
- Notify the program in writing of any reaction, sensitivity, change, or withdrawal of authorization.

This authorization is valid for one year from the signature date unless withdrawn in writing sooner.

Child's name	
Parent/guardian name	
Parent/guardian signature	
Date	

10. Food from Home Safety Guide

Families are responsible for sending food that is safe for the child's age, eating skills, and classroom allergy requirements.

Peanut-free program
Do not send peanuts, peanut butter, or food containing peanut ingredients. Follow any additional classroom restrictions communicated because of a child's allergy plan.

Prepare food to reduce choking risk

Food	Required preparation
Grapes and small round produce	Cut grapes and cherry or grape tomatoes lengthwise into quarters. Cut or crush firm berries when needed for the child's age and chewing ability.
Hard fruits and vegetables	Cook hard vegetables such as carrots until soft. Cut apples, pears, celery, and similar foods into small, thin, manageable pieces.
Hot dogs and sausages	Cut lengthwise into quarters and then into small pieces. Do not send round coin-shaped slices.
Cheese	Cut string cheese and other firm cheese into short, thin strips or small pieces rather than sending a whole stick.
Foods not permitted	Do not send popcorn, chewing gum, hard or gummy candy, marshmallows, whole nuts, or other hard, round, sticky, or difficult-to-chew foods.

Packing and service

- Label lunch boxes, bottles, cups, containers, and utensils with the child's name.
- Use an insulated container for hot foods and ice packs for foods that must remain cold unless the classroom communicates another procedure.
- Tell the program about every allergy, special diet, feeding concern, or choking risk before attendance and whenever information changes.
- Staff may decline to serve food that presents a choking, allergy, spoilage, or sanitation concern and will contact the family when a safer replacement is needed.

Please review before the first day
The final packet certification confirms that the family received and reviewed this food-safety guide. No separate initials are required.

11. Packet Certification

Complete this required page after reviewing the enrollment packet and attached program documents.

Required certification

I certify that the information provided in this enrollment packet is accurate and complete to the best of my knowledge. I agree to notify the program promptly of changes to contact information, custody or release restrictions, health conditions, allergies, medications, emergency contacts, or other information affecting my child's care. I understand that the Tuition Agreement, Parent Handbook, Health Care Policy, Emergency Plan, and applicable funding requirements also govern enrollment.

My signature does not grant any optional authorization unless I separately checked the applicable box and signed the applicable authorization page.

Child's name	
Parent/guardian name	
Parent/guardian signature	
Date	
Director/designee	

Before submitting

Confirm that all required pages are complete, all applicable documents are attached, and every required signature and date field has been completed.