

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. This program serves infants, toddlers, and preschoolers. 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.

Complete the fillable PDF electronically, type in the blank Word cells, or print and write neatly in ink. Save an electronic copy and reopen it to check your entries. Write "not applicable" where needed. Use the optional continuation page for longer answers, identifying the section and question. To sign electronically, type your full name in the signature field and enter the date. By typing your name, you intend it as your electronic signature for the acknowledgment, certification, or authorization on that page. You may instead print and sign in ink.

Please send the following before or on the first day:

- Immunization certification. See the practitioner form for physical-exam and lead-screening records and deadlines.
- A labeled lunch and reusable drink container unless the classroom communicates another arrangement. Do not send peanuts or seafood (fish or shellfish).
- 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 or previous child care program, if applicable	
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 sleep on their backs in approved sleep equipment with a firm, flat, fitted mattress and fitted sheet. No soft, loose, or weighted items are permitted. Swaddling is not permitted without a documented medical exception. An alternate sleep position or medically necessary swaddling requires the health care provider's and parent's signatures, the condition, specific instructions, and duration as applicable.

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

Answer the IHP screening question below. A Yes or Unsure answer requires follow-up with the Director. Complete the Individual Health Care Plan only if the Director determines it is required, working with the child's health care practitioner. Required plans, medication authorizations, and staff training must be in place before care begins.

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	
IHP screening	Does this child have a diagnosed allergy, chronic medical condition, disability, medication need, or other health issue that may require an Individual Health Care Plan? ☐ No ☐ Yes ☐ Unsure If Yes or Unsure, explain above and contact the Director before the child's first day. Complete Section 6 only if required.
IHP status for program use	☐ Not required ☐ Required ☐ Received ☐ Director approved Approval or follow-up date: _____

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 and delay would be dangerous, I authorize emergency transportation and necessary medical treatment, including an epinephrine auto-injection for suspected exposure to a life-threatening allergen. Staff may act only within their training and legal authority. Emergency care will not be delayed while staff try to reach me.

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

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

6. Individual Health Care Plan

Complete if the Director determines an IHP is required. The family, program, and licensed practitioner develop and approve the plan. Required medication consents, orders, supplies, and staff training must be in place before care. Obtain the separate EEC Medication Consent Form before administering medication.

Child's name		Date of birth	
Condition or diagnosis		Date diagnosed	

Licensed health care practitioner and phone	
Symptoms, warning signs, and known triggers	
Routine care or treatment needed during the program day	
Medication name, dose, route, timing, and storage	
Medication consent	Separate EEC medication consent attached: ☐ Yes ☐ Not applicable
Potential side effects of medication or treatment	
Potential consequences if treatment is not provided	
Emergency signs, immediate actions, and when to call 911	
Diet, activity, environmental, or participation accommodations	
Required staff training or competency; trainer and date	

Signatures approve implementation by trained staff. Review at least annually and when the condition, treatment, medication, or emergency instructions change. Type a full name and date to sign electronically, or sign in ink.

Health care practitioner name and title	
Health care practitioner signature and date	
Parent or guardian signature and date	
Director approval and date	
Plan review or expiration date	

7. 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.
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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	

8. Physician's Statement

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

Provide immunization certification at admission. Within one month of admission, provide a licensed health care practitioner's statement confirming a complete physical examination within the year before admission and a signed lead-screening statement as required. Record dates below or attach equivalent signed records.

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 this child received a complete physical examination on the date recorded above and that this form accurately reflects the child's current health status and needs. Typing my full name in the signature field is my electronic signature confirming this certification; I may instead sign in ink.

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

9. 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	

10. 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 health and medication policies in the Parent Handbook.

☐	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	

11. Diaper Cream Authorization

Complete and sign this page for every child. If your child does not use diapers or training pants at the program, check Not applicable. An unchecked authorization box means permission is not granted.

☐	I authorize trained program staff to apply the nonprescription diaper cream or ointment identified below to my child's diaper area on normal, unbroken skin, according to the product label and the instructions on this form.
☐	Not applicable. My child does not use diaper cream or ointment at the program.

Diaper cream or ointment brand and product name	Supplied by: ☐ Family ☐ Program
When staff should apply	☐ Every diaper change ☐ At first sign of redness ☐ As needed ☐ Other
Other application instructions	
Amount and application instructions	
Known sensitivity, reaction, or special instruction	

Family responsibilities

- Provide the product in its original manufacturer's container or packaging and label it with the child's name, unless the program supplies the identified product.
- Replace expired, empty, damaged, or recalled product promptly and report any reaction or change in writing.
- A product applied to an open wound or broken skin requires the additional authorization and documentation required by EEC medication rules.

Staff will notify the family at the end of the day whenever a topical medication is applied to a diaper rash. This authorization is valid for one year from the signature date unless withdrawn in writing sooner.

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

12. Sick Child and Medication Policy Acknowledgment

This required acknowledgment applies to every enrolled family. Read the health care, sick-child, medication, and emergency-care policies in Sections 6 and 7 of the Parent Handbook before signing. This page summarizes key responsibilities; the complete policies are in the handbook.

Sick child policy

- I will keep my child home when the child is excluded under the program's illness policy and will promptly arrange pickup when the program contacts me.
- I understand that exclusion may be required when illness prevents comfortable participation, creates care needs staff cannot safely meet, or involves symptoms or a condition that may place others at risk.
- I will follow the program's return-to-care requirements and promptly report communicable illness, significant symptoms, or changes in my child's health.

Medication policy

- I will provide every medication in its original labeled container or original manufacturer's packaging and deliver it directly to program staff.
- I understand that staff may administer medication only after all required parental consent, health care practitioner authorization, instructions, and staff training are complete.
- I will not ask staff to give medication contrary to the label or written health care practitioner order. Except in an extraordinary circumstance allowed by policy and with parental consent, the program will not give a child's first dose.
- I understand that a chronic medical condition may require an approved IHP, separate medication consent, medication supply, and condition-specific staff training before my child may attend.
- I will retrieve unused, discontinued, or expired medication when requested and promptly provide updated authorizations when medication or instructions change.



I acknowledge that I received, read, and understand the Children's Corner Leicester sick child and medication policies and agree to follow them.

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

13. 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.

Peanuts and seafood are not permitted

Do not bring peanuts, peanut butter, seafood (including fish and shellfish), or foods containing these ingredients into the center. Check ingredient labels before packing food. 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.

14. 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 confirm that I reviewed the Food from Home Safety Guide and reviewed and signed the required Sick Child and Medication Policy Acknowledgment. I understand that the Tuition Agreement, Parent Handbook (including its health, medication, and emergency-care policies), 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.

Additional Information

Optional continuation page. Identify the exact section and question. Attach another copy if needed. Health care orders and instructions must be supplied or approved by the appropriate practitioner; this page does not replace required medication consent or practitioner approval.

Child's name	
Section and question	

Additional details

The signer confirms the information above. Type your full name to sign electronically, or sign in ink.

Prepared by	
Role or relationship	
Signature	
Date	