



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**



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 event 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: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

**Emergency Contacts (*In order to be contacted*)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for 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)

SG/LG/SAEmergencyMedicalConsent20100122



**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

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**

SG/LGTransportationAuthorization20100326

**WALKING PERMISSION SLIP**\_\_\_\_\_ **I DO** \_\_\_\_\_ **I DO NOT**

... give my child, \_\_\_\_\_, permission to attend spontaneous outings within walking distance of the Berkshire Family YMCA her classroom teachers. I understand that a separate field trip policies and permission slip which requires vehicle transportation will be sent home prior to the field trip with a field trip description.

Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUDIO/VIDEO RELEASE**

\_\_\_\_\_ I consent and authorize \_\_\_\_\_ I do not consent and authorize  
... the use and reproduction of any and all photographs or video footage taken of my child, \_\_\_\_\_, for the Berkshire Family YMCA. I understand that I receive no reimbursement for allowing my child's photo to be taken or for the use of the photo video.

Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUNSCREEN PERMISSION SLIP**

I give Berkshire Family YMCA staff permission to apply sunscreen to my child for protection from the sun.

Child's name: \_\_\_\_\_

Name of sunscreen: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SWIMMING POOL PERMISSION**

In order for us to allow your child to participate during our swim time, we need you to sign below. There is always a lifeguard on duty and staff members in the pool area. Thank you.

Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENROLLMENT AGREEMENT**

- ☐ I agree to make weekly childcare payments every Monday at the Welcome Center at my local Berkshire Family YMCA branch.
- ☐ **Consistent late payments will result in termination of my child's slot.**

Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Department of Early Education and Care

THE COMMONWEALTH OF MASSACHUSETTS

### Family Child Care, Small Group, Large Group and School Age Child Care Licensing

#### POLICY STATEMENT: Oral Health

---

*606 CMR 7.11 (11)(d): Educators must assist children in brushing their teeth whenever they are in care for more than four hours or whenever they consume a meal while in care.*

##### Background and Regulatory Intent:

This regulation is intended to increase awareness of the importance of good oral health practices for the Commonwealth's children. National research indicates that dental caries (tooth decay) is the most chronic childhood disease, five times more common than asthma. If untreated, dental caries results in cavities, pain, infection and, in some instances, devastating consequences for a child's overall health, including sickness and mortality. Primary (baby) teeth have a much thinner layer of enamel compared to adult teeth. Therefore, young children are more at-risk for tooth decay, which usually progresses more quickly than it does in adult teeth. Untreated dental caries can inhibit learning, speech, and eating, leading to problems in school and poor nutrition. U.S. children lose more than 51 million school hours due to dental-related illness, according to a 2000 report of the Surgeon General.

The Catalyst Institute's 2008 study on the oral health of Massachusetts' children found that more than one-in-four kindergarten children had evidence of dental decay, with nearly half of those children having untreated dental decay. The proportion of children from low-income families with untreated decay was at least double that of comparable groups.<sup>1</sup>

Dental caries and oral disease are almost entirely preventable. According to the Centers for Disease Control and Prevention (CDC), "When done routinely and properly, tooth brushing can reduce the amount of plaque which contains the bacteria associated with gum disease and tooth decay."

##### Application of this requirement to licensed programs:

- This regulation applies to all licensed programs that children attend for more than four hours per day.
- This regulation also applies to all licensed programs where children have a meal (not a snack)<sup>2</sup> while in care, regardless of the length of time the children are in care.

<sup>1</sup> White BA, Monopoli MP, Souza BS. Catalyst Institute *The Oral Health of Massachusetts' Children* January, 2008

<sup>2</sup> 606 CMR 7.12(10)(b) requires that children in care for less than four hours receive nutritious snacks. Children in care for more than four hours must receive meals in addition to snacks.



- Programs where children eat more than one meal must assist children with tooth brushing only once during the program day.
- Tooth brushing need not follow a meal; it can be scheduled at any time that best fits the program's curriculum.
- This regulation does not apply to licensed school age programs when children are in care only before and/or after school. It does, however, apply during school vacation weeks and the summer months if children attend for more than four hours per day or have at least one meal during the program day.
- A program that relies on parents to provide tooth brushes or tooth paste for their children must have extra supplies on hand should a child forget to bring the needed supplies to the program.
- Programs that elect to charge parents a fee to cover the cost of tooth brushing supplies must limit their fee to a nominal amount. Fees must not be applied in a manner that may discourage parents from having their child participate in tooth brushing. Programs that elect to charge fees must be "soundly administered" as required by 606 CMR 7.04(1). Any fee information must be included in the written fee schedule provided to parents, as required by 606 CMR 7.08(6)(g). **Please note** that programs may not charge parents receiving a subsidy through an EEC contract or voucher additional fees, beyond the parent fee established by EEC.
- Programs must encourage children to brush their teeth and assist them in doing so. Children must not be forced to brush their teeth.

Parental choice regarding this requirement:

This regulation creates an opportunity to provide families with resources and information about the importance of good oral health. It is also an opportunity to educate young children regarding good dental hygiene practices. However, EEC supports and respects parental choice.

- Individual parents who do not want their child (ren) to brush their teeth while in care must make a request for non-participation in writing. Programs may use the attached sample form. This request must be maintained in their child's record.
  - Like other information in a child's record, this request to opt out of tooth brushing must be updated annually as required by 606 CMR 7.04(9).
- Licensees should inform parents of this non-participation option and give them an opportunity to decide whether their child should brush teeth while in care.
- Licensees cannot require, compel, or solicit parents' decision not to have their child participate in tooth brushing because of the program's reluctance to implement this requirement. Programs must be prepared to assist children with tooth brushing as required by this regulation.



## Oral Health Non-Participation Form

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. 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:** \_\_\_\_\_

If you have any questions or concerns, please call:

\_\_\_\_\_ at \_\_\_\_\_  
 (Contact Person at Program) (Phone Number)





## Automatic Payment Authorization

**BFYMCA Branch:**      **Pittsfield**      **Northern Berkshire**      **Bennington**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize my bank or credit card institution to honor Electronic Funds Transfers or credit card charges against my account for membership/childcare/programs/contributions payments as indicated below. When the bank or credit card institution honors the EFT transfer or credit card charge by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT transfer or credit card charge not be honored by said bank or credit card institution when received by the Y, then it is understood that the payment is to be made by me in the amount of said payment plus applicable service charges. It is further understood that if such payment is not honored by the bank or credit card institution, then the Y, at its discretion, may resubmit the amount due for payment on a future date.

**I choose to utilize the EFT option for monthly (for membership) or weekly (for childcare/camp) payments from my:      Checking      Savings account.**

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I choose to utilize the credit card payment option for monthly (for membership) or weekly (for child care/camp) payments from my:      Visa      Mastercard      AMEX      Discover**

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Sufficient Funds Procedure:** If your check/ACH draft is returned unpaid, it will be collected electronically and you will be assessed a minimum fee of \$25 (or the maximum amount allowed by law). Check writer is also responsible for all other collection costs.

I, \_\_\_\_\_, agree to be charged \$ \_\_\_\_\_ each (choose one)      month or      week. Membership payments are debited on the (choose one)      1st      or      15th of month. Childcare payments are debited each Monday morning. The payment will be charged to the method stated above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**SCHOOL AGE REGISTRATION FORM**

(Please fill out form for each participating child.)

Child's First &amp; Last Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Start Date: \_\_\_\_\_

Parent(s)/Guardian's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_ Alt. Ph#: \_\_\_\_\_

Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Parent(s)/Guardian's Email Address: \_\_\_\_\_

**School Age Care Locations:** (Check one)

- ☐ Downtown - Pittsfield Branch   ☐ Allendale   ☐ Egremont   ☐ Stearns  
☐ Williams   ☐ Richmond   ☐ Northern Berkshire Branch

**School Age Rate:** (Check One)

- ☐ Before School: \$9.58   ☐ After School: \$20.12   ☐ Before & After: \$29.70

**Days of Attendance:** (2-Day Minimum)

- ☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday

**Drop Off Time:** ☐ 6:30AM <sup>(1)</sup> ☐ 7:00AM ☐ 7:30AM ☐ 8:00AM <sup>(2)</sup> ☐ 8:30AM<sup>(1)</sup> 6:30AM Downtown Only Drop Off <sup>(2)</sup> 8:00AM Downtown Latest AM Drop Off**Pick Up Time:** ☐ 3:30PM ☐ 4:00PM ☐ 4:30PM ☐ 5:00PM ☐ 5:30PM**Payment Type:** (Check One)

- ☐ **Private Pay**   ☐ **Voucher\***   ☐ **Financial Scholarship\***

\*Attach a copy of voucher or award letter.

**AGREEMENT**

When payment is required, you must pay a \$50 deposit which will be applied to your first week of care. Payment is expected each week by Monday morning. Failure to make a payment may result in the termination of your child's participation in our program. Schedule changes require a written one-week notice. Termination of a program requires a written two-week notice. If you fail to give a two-week notice of termination, you will be responsible for two weeks of payments beyond the last day of attendance. If you have a voucher that expires or does not cover all days in attendance, you are subject to be billed according to the set prices by the Y for the program attended.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**FOR OFFICE USE ONLY**   ☐ Daxko   ☐ Weekly Billing   ☐ Folder