

# G.A.T.E.S. 2 EDUCATION

1064 South Main Street, Bellingham, MA 02019

508-657-1087

Dear Parent(s) / Guardian(s):

On behalf of the administration and staff, we would like to thank you for considering us as part of your child's development!

It is not only our desire to serve this growing community, but also to meet the needs of both our children and their parents. We believe that in order to successfully care for our children, we must also continuously consider the needs of our parents and community as well.

It is our goal to provide your child with both the comforts of "home-like" care and the appropriate developmental techniques and enrichment of a large-based childcare center. We know that through the perfect balance between these two practices, your child will be nurtured and encouraged to develop to their full potential. G.A.T.E.S. 2 Education was established to provide the peace of mind that all parents seek when deciding on childcare - to know that their child will be secure and well-cared for in a safe, friendly and nurturing environment.

G.A.T.E.S. 2 Education is more than just a job to our staff; it is indeed a passion, dedicated to producing an environment full of love and support. Licensed through the Massachusetts Department of Early Education and Care, our center and staff have been trusted by parents for almost a decade!

Enjoy the peace of mind you deserve and welcome to our family! We look forward to being of service to you!



Jayne Marie Farquhar

Owner/Director - G.A.T.E.S. 2 Education



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## PARENT / STUDENT DAILY CHECKLIST

Parents are required to ensure that the following items are accessible for each child and supplied on a daily basis:

- Diapers / Pull-Ups [If child is not FULLY potty-trained]
- Wipes
- Ointments / Desitin Etc.
- Pacifiers MUST be attached to clearly labeled lanyards
- Bottles
- Bibs
- Sleeping Bag or Blanket for nap-time
  - \* Please bring these home over the weekend to wash and dry each Friday
- FULL change of clothing, including pants, shirt, socks and underpants - This is REQUIRED regardless of your child's potty-training level
- Proper SEASONAL clothing - We go on daily walks/outside weather permitting. Children MUST ALWAYS wear shoes at the center. No flip-flop style sandals are allowed.

ALL personal belongings that come into the center must be marked with your child's name. Eating utensils, cups and dishes can be supplied. If any of these items are brought from home, they must be marked with your child's name to avoid mix-ups with other children.

G.A.T.E.S. 2 Education will not be held responsible for misplaced items that are not clearly labeled.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

# G.A.T.E.S. 2 EDUCATION

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## CHILDREN'S RECORDS CHECKLIST

Name:

DOB:

DOA:

Name:						
DOB:						
DOA:						
Facesheet	1					
Emergency Medical Consent * Release	2					
Annual Consents [3]	3-5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
One-Time Consents [4]	6-9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Medications & IHCP (if applicable)						
Referrals (if applicable)						
Incident/Injury Report(s) (if applicable)						
Custody Agreements (if applicable)						
Date of Last Progress Report						
Annual Checklist	13					

### Children Younger Than School Age

Developmental History	10-12					
Date of last Physical Exam						
Lead Screening						
Immunizations						
Developmental Placement (if applicable)						



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

## FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

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Child's Full 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
Allergies or 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 <input type="checkbox"/> NO <input type="checkbox"/>

Name	Address	Relationship to Child
Home Phone	Cell Phone	Do you give permission for child to be released to this person? YES <input type="checkbox"/> NO <input type="checkbox"/>

Name	Address	Relationship to Child
Home Phone	Cell Phone	Do you give permission for child to be released to this person? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

**X** \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date (Valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

## OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: G.A.T.E.S. 2 Education, 1064 South Main Street, Bellingham, MA 02019		
Name of Educator(s) responsible for child:	Name of off-site location/address:	
Date:	Mode of Transportation:	
Time Leaving:	Time Returning:	Fee associated (if any):
<p><b>**NOTE**</b> Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever he/she is off the premises in care of the program.</p>		

Section 2 - Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity:	
Child's Name:	Child's Date of Birth:
Parent/Guardian's Name:	Phone Number:
I authorize child care program staff to secure necessary emergency medical treatment:	
Name of child's Physician, Address, Phone Number:	
Child's allergies, health conditions, or Individual Health Plan:	
Health Insurance Plan and Policy #:	
Emergency Contact Name:	Contact #:

**X** \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This form must accompany each child on the off-site activity

# G.A.T.E.S. 2 EDUCATION

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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 Full Name:	
Arrival	Departure
<input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private/Van <input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Private Trans. arranged by parent <input type="checkbox"/> Other	<input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private/Van <input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Private Trans. arranged by parent <input type="checkbox"/> Other

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Child's Full Name:	
Arrival	Departure
<input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private/Van <input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Private Trans. arranged by parent <input type="checkbox"/> Other	<input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private/Van <input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Private Trans. arranged by parent <input type="checkbox"/> Other

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

# G.A.T.E.S. 2 EDUCATION

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## AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS

Child's Name: \_\_\_\_\_

I give permission for G.A.T.E.S. 2 Education staff to apply the following topical products (**non-prescription**) to my child; whether center provided or parent provided:

- | Yes                      | No                       |                      |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sunscreen            |
| <input type="checkbox"/> | <input type="checkbox"/> | Insect Repellant     |
| <input type="checkbox"/> | <input type="checkbox"/> | Diaper Rash Ointment |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:               |

X \_\_\_\_\_

Parent/Guardian Signature

Date

## WATER ACTIVITIES PERMISSION FORM

My Child has permission to participate in the following type of water activity:	<ul style="list-style-type: none"><li>• Water Table (In &amp; Outdoors)</li><li>• Sprinkler</li><li>• Wading Pool &gt;2 inches</li></ul>
Location of activity :	G.A.T.E.S. 2 Education 1064 South Main Street Bellingham, MA 02019

X \_\_\_\_\_

Parent/Guardian Signature

Date

Permission must be updated at least annually.



# G.A.T.E.S. 2 EDUCATION

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## ORAL HEALTH / TOOTH BRUSHING

In January 2010, Massachusetts Department of Early Education and Care 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]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide families with information and resources regarding good oral health
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

## TOOTH BRUSHING PERMISSION FORM

- I authorize the teaching staff at G.A.T.E.S. 2 Education to brush my child's teeth after lunch.

A parent-provided, clearly labeled, toothbrush, toothpaste and travel case will be stored with your child's lunch items as they need to be brought home daily and returned each morning.

I agree to replace the toothbrush every three months or whenever my child is ill.

- I do not wish to have my child participate in tooth brushing while in care at G.A.T.E.S. 2 Education.

X \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

This one time authorization will remain in effect until a new authorization is signed.

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## PARENTAL AWARENESS OF RECORDINGS

I am aware that G.A.T.E.S. 2 Education utilizes recordings and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam, while in the center for observation / security purposes.

I am aware that photos of my child may be displayed within the center and non-identifying photos may be utilized on the G.A.T.E.S. 2 Education media accounts.

In the event that a photo of my child is used for promotional or print-based media, I will have the opportunity to approve said picture.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

This one time authorization will remain in effect until a new authorization is signed.

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## NUT-FREE ZONE

Dear Parent,

This letter is to inform you that a student in your child's classroom has a severe food allergy to peanuts/nuts. It is important that there is a strict avoidance to this food in order to prevent a life-threatening allergic reaction. We are asking your help to provide the students with a safe school environment. Any exposure to peanuts/nuts may cause a life-threatening allergic reaction that requires emergency medical treatment.

To reduce the chance of this occurring, we are asking that you do not send any peanut or nut containing products to school with your child that will be eaten in the classroom. If your child has eaten peanuts/nut before coming to school, please be sure your child's hands and face have been thoroughly washed.

We appreciate your support of these procedures.

I have read and understand the peanut/nut free classroom procedures. I agree to do my part in keeping the classroom peanut and nut free.

X \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

In addition, if my child has an allergy, I authorize that my child's name may be posted in the classroom as a reminder to staff to prevent allergic reactions. This is very important to keep your child as safe as possible.

X \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

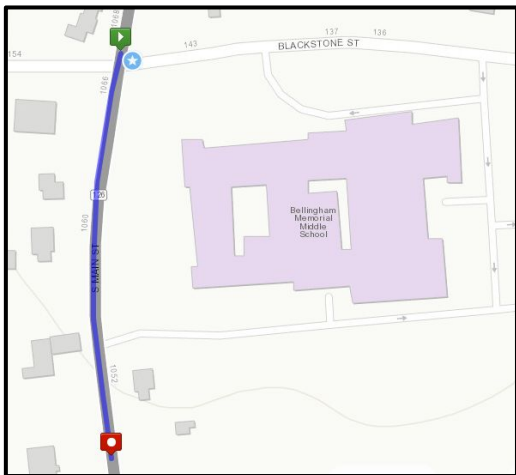
This one time authorization will remain in effect until a new authorization is signed.

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## OFF-SITE PERMISSION FORM - WALKING

Weather permitting, your child may be walking to the following locations:



- Wenger's Farm**  
1048 S Main St, Bellingham
- Bellingham Public Library**  
100 Blackstone St, Bellingham
- Bellingham Middle School - Fields**  
130 Blackstone St, Bellingham

You will be notified on a weekly basis through a classroom newsletter as to the location, dates and times of the scheduled trips.

- My child, \_\_\_\_\_, has my permission to attend the above field trips with G.A.T.E.S. 2 Education via walking. I understand the arrangements and plans will be taken for the care and supervision of the children according to Massachusetts Department of Early Education and Care Regulations.
- I do not give my child, \_\_\_\_\_ permission to attend the field trip.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

This one time authorization will remain in effect until a new authorization is signed.

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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.

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Child's' Full Name

Date of Birth

### DEVELOPMENTAL HISTORY

Age your child began:	Walking	Does your child	Pull up?
Sitting	Crawling	Walk with support?	Crawl?

Language spoken at home?	Special Words to describe needs?
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*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 illness and/or hospitalizations:
Special physical conditions, disabilities:
Allergies [ asthma, hay fever, insects, medicine, food reactions]:

## EATING HABITS

Special Characteristics of difficulties?

\*If infant is on a special formula, describe its preparation in detail:

Favorite Food:

Foods Refused:

Is your child fed held in lap?

Highchair?

Does your child eat with spoon?

Fork?

Hands?

## TOILET HABITS

What type of diapers are used?

Is there a frequent occurrence of diaper rash?

Do you use:

Powder?

Lotion?

Other:

Are bowel movements regular?

How many per day?

Diarrhea?

Constipation?

Toilet Training?

Please describe any particular procedure:

Accidents?

How does your child indicate bathroom needs? (Words?)

## 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 baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden 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 sleeping position with your caregiver.

When does your child go to bed at night?	Get up in the morning?
Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.)	

### SOCIAL RELATIONSHIPS

How would you describe your child'?		
Previous experience with other children/daycare:		
Reaction to strangers:	Able to play alone?	Favorite toys/activities?
Fears?	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.
Is there anything else we should know about your child?

**X** \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

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## ANNUAL UPDATE FORM

The regulations require that all Children's records be reviewed and updated as necessary, but at least once a year. All written permission forms are valid for one year from the date it is signed unless the consent is withdrawn in writing prior to that time.

Please review the information contained in this record and make any corrections. Additional copies are available, if necessary. By signing this form, you are stating that you give the educator(s) permission to:

- Apply the Emergency Medical Care Consent and administer basic first aid and/or CPR on your child
- Off-Site Consent Form
- Engage in on-site water activities / Topical application
- Follow parent-provided Transportation Plan

\*\* The actual permission forms on the Emergency Card/Form that the provider must take with her when she leaves the premises must be signed again.

- I have updated all pertinent health and contact information in my child's record.

<b>X</b> _____	_____
Parent/Guardian Signature	Date
<b>X</b> _____	_____
Parent/Guardian Signature	Date
<b>X</b> _____	_____
Parent/Guardian Signature	Date
<b>X</b> _____	_____
Parent/Guardian Signature	Date