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&

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Child's Name: _____ D.O.B: _____ Age: _____

Guardian's Information:

Father: _____ Mother: _____

Address: _____ Address: _____

Home Telephone: _____ Home Telephone: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Work Name: _____ Work Name: _____

Address: _____ Address: _____

Work #: _____ Work #: _____

Emergency Contacts (When parents/guardians cannot be notified)

1. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

2. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

3. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

Child's Physician/Clinic: _____

Address: _____ Telephone: _____

Your Child's Identifying Marks (required by EEC)

Eye Color: _____ Hair Color: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Identifying Marks: _____

Parent Signature: _____



Individuals Authorized to Pick Up My Child

I understand that Pre-Adventure Early Childhood Center will not release my child to anyone other than his/her parent or legal guardian (unless restricted with a copy of a legal and valid court issued restraining order), if I do not follow the procedures below. Parents may not be listed here unless divorced, separated or not legally married.

1. I must list the person(s) I authorize my child to be released to at the bottom of this page.
2. I will inform the center director either in person or by telephone before the child is released.
3. I will fill out an "Authorization to Release Child" form in advance, unless other arrangements have been approved by the center director.
4. The designated "pick-up" person(s) must be able to prove his/her identity with a photo ID, etc.



I authorize the following individuals to pick up my child with prior approval:

Mother: _____ Father: _____

1. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

2. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

3. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

Comments/Restrictions:

Parent Signature: _____



Name of Child: _____ D.O.B: _____

I/We authorize the staff, who are certified in First Aid and CPR for infants and young children, employed at Pre-Adventures Early Childhood Center (PAECC) to administer any basic First Aid and CPR to my child if necessary. I understand should a medical emergency occur while my/our child is attending PAECC or on a field trip off the premises, I/we give permission for PAECC to arrange for emergency treatment necessary to preserve the health of my/our child until we can be present to assume responsibilities. I/we understand that no guarantees have been made to me/us as the effect of such treatment. I/we agree to be responsible for all reasonable charges in connection with care and treatment given during such emergency. I/we understand that the PAECC has accident insurance available should my/our insurance not cover the emergency; or should we not have proper insurance.

Name of Health Insurance: _____

Group/Policy#: _____ Agreement #: _____

I/we understand that no emergency treatment will be given without parental consent except in a life threatening situation. Since informed consent must be given at the time of an accident, I/we understand that I/we must leave telephone numbers where I/we (or a responsible adult designated by me/us) may be reached each day.

Emergency Plan to be Followed: In case of medical emergency while my/our child is attending PAECC, I/we agree that the following procedures will be followed:

1. The center will try to contact the parent(s) first(or designated adult(s))
2. The center will arrange for emergency transportation to Leominster Hospital to the nearest emergency medical facility.
3. The center will contact the person (or one of the persons) listed here, starting in the order listed here:

Name: _____ Tel: _____ Relation: _____

Name: _____ Tel: _____ Relation: _____

Name: _____ Tel: _____ Relation: _____

4. The center may also contact my/our child's health care provider if necessary.

Health Care Provider: _____ Tel: _____

I give my emergency contacts, listed above, permission to discuss my child's medical records as well as the acting director of PAECC.

Parent's Signature: _____



Transportation Plan

Child's Name: _____ D.O.B: _____

My child will arrive at the program by:

- _____ Supervised Walk
- _____ School Bus Drop Off in the Afternoon
- _____ Supervised Program Bus to 80 Pleasant St.
- _____ Parent Drop Off in the Morning
- _____ Other: _____

My child will depart from the program by:

- _____ Parent Pick up at the end of the Day
- _____ School Bus Pick Up in the morning
- _____ Supervised Program Bus from 80 Pleasant St.
- _____ Parent Pick-up in the Afternoon
- _____ Other: _____

I give permission for my child to be released from PAECC as stated above. I give permission to the following people to receive my child at the end of the day. If no one is authorized to pick up your child please write, "NO ONE" below.

1. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

2. Name: _____ Relationship to Child: _____

Address: _____ Telephone #: _____

Any other transportations requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission must be valid for one program year from the date of signature below.

Parent Signature: _____

Date Signed: _____



Medicine Policy

PAECC does not wish to administer any medicines to children. However, we realize that it may be necessary for us to do so. We will administer medicines only if our policies are followed. Here's how:

1. All medicines must be original pharmacy containers with the child's name and instructions clearly labeled on the container.
2. The parent must fill out and sign the center's "Authorization to Administer Medicine" form.
3. The center director must be informed in person or by telephone before any medicine can be administered (do this if you do not give the medicine directly to the center director).
4. All "non-prescription" medicine (Tylenol, cough syrup, etc.) require a written order from the child's health care provider and the "Authorization to Administer Medicine" form.
5. The family must apply any applicator or measuring device needed to administer medicine.

Please review all Emergency Care, Illness and Medication Policy information in the center's "Parent Handbook."

This is to certify that I/we have read, understand and will comply with the center's plans for Emergency Care, Illness and Medication of my/our child while at the center.

Parent Signature: _____

Parent Signature: _____

Permission To Take Child Off Premises:

PAECC, is given permission to take my child on excursions from PAECC on any given day. Some of the types of activities may include: Field Trips Nature Walks Library Visits
Enrichment Activities

I understand that these events are designated to help my child understand his/her community life, nature and/or to gain knowledge about the world PAECC will notify me in advance of any field trips or excursions that will involve transportation, or that are more than a short (walking) distance from the center. I will be given the chance to approve or disapprove of my child's participation in any off site event.

Parent's Signature: _____

Website/Photograph Permission Slip

I/we hereby give PAECC permission to film, video and/or photograph my child. I understand that these videos or photos may be used on the child care centers company website: www.adventurekidsinc.com or in my child's classroom.

Parent/Guardian Signature: _____ Date: _____

I/we do NOT approve: _____ Date: _____

