

Erdman Preschool Summer Program 2018



I look forward to fun-filled days at Erdman's Summer Program where your child will explore, create and play with friends. Each session we meet on our shady playground for outdoor play, arts & crafts, stories, games and music. On the occasional rainy day we will be inside at Erdman Preschool. Snack and fresh water are provided.

Tuesdays - Wednesdays - Thursdays

9:00 AM - 12:00 PM (AM Sessions)

1:00 PM - 4:00 PM (PM Sessions)

Session 1*: June 19-21 (AM) Summertime Fun	Session 4*: June 26-28 (PM) Stars & Stripes	Session 7: July 24-26 (AM) Puppet Pals
Session 2*: June 19-21 (PM) Summertime Fun	Session 5: July 10-12 (AM) By the Sea	Session 8: July 31-Aug 2 (AM) Nature Fun
Session 3*: June 26-28 (AM) Stars & Stripes	Session 6: July 17-19 (AM) Trick or Treat Time	Session 9: August 7-9 (AM) Pirate Week

**The June 19-21 and June 26-28 sessions are reserved for children currently attending Erdman Preschool.*

Each session is \$90 for the first child, the second child in the family attending the same week is \$80.

The fee is due with your application to confirm your spot.

For Erdman Families tuition payments must be current to register for our summer program.

Checks should be made payable to Erdman Preschool. No cash will be accepted.

Credit will not be given for missed days.

Registration is based on a first come, first serve basis and will be accepted starting 4/2/17.

There is a 10 child minimum per week.

If you must cancel and the spot gets filled, you'll receive full reimbursement. If it does not fill, no credit will be given.

Applications and forms are available at the Erdman Preschool office and online @

<http://www.erdmanpreschool.com/Summer.html> and as of 4/2/17.

SUMMER PROGRAM CHECKLIST:

For All Children (due prior to start of the session)

- Application
- Full payment due with registration form; check payable to Erdman Preschool
- Physician's Form listing immunization and lead testing (dated within one year of session date)

For Children New to Erdman (due prior to start of the session)

Application, first payment, updated physician's form (see above)

- MA DEEC Authorization and Consent
- Developmental History and Background Information
- First Aid and Emergency Medical Care Consent Form
- Transportation Plan and Authorization

Location: Erdman Preschool
330 First Parish Road (Rear)
Scituate, MA 02066

Contact: Patricia Litz
Through 6/12/17: 781-545-9309
erdmanpreschool@verizon.net
6/12/17 - 8/9/17 : 339-933-8791 home
supergrammie3@comcast.net

Erdman Preschool Summer Program 2018 Application



Child's Name: _____
 Address: _____
 Phone: _____
 Birth date: _____
 Email: _____
 Allergies: _____
 Mother's Name: _____ Phone: _____
 Father's Name: _____ Phone: _____

Previous school/camp experience:

Schedule: Tuesdays, Wednesdays & Thursdays
 AM Sessions 9 - 12
 PM Sessions 1 - 4 (Session 2 & 4 only)
 Cost: \$90/week due with application
 \$80/week for 2nd child in family same session
 Checks payable to **Erdman Preschool**

Check Session(s) Choice

<input type="checkbox"/>	Session 1	June 19 - 21 AM	Summertime Fun
<input type="checkbox"/>	Session 2	June 19 - 21 PM	Summertime Fun
<input type="checkbox"/>	Session 3	June 26 - 28 AM	Stars & Stripes
<input type="checkbox"/>	Session 4	June 26 - 28 PM	Stars & Stripes
<input type="checkbox"/>	Session 5	July 10 - 12 AM	By The Sea
<input type="checkbox"/>	Session 6	July 17 - 19 AM	Trick or Treat Time
<input type="checkbox"/>	Session 7	July 24 - 26 AM	Puppet Pals
<input type="checkbox"/>	Session 8	July 31 – Aug 2 AM	Nature Fun
<input type="checkbox"/>	Session 9	August 7 - 9 AM	Pirate Week

ERDMAN PRESCHOOL
AUTHORIZATION AND CONSENT FORM
MA DEEC ENROLLMENT

My child _____ has been accepted in Erdman Preschool's Summer Camp which meets from 9:00 AM until 12:00 PM Tuesdays, Wednesdays and Thursdays. The tuition will be \$90/week and is to be paid at the time of sign up. I have read the Summer Playschool information in the introductory letter.

Child Information

Child's Name: _____ Date of Birth: _____
Child's Home Address: _____
Home Phone Number: _____ Age at Admission: _____ Date of Admission: _____
Primary Language: _____ Identifying Marks: _____
Sex: M or F Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Skin Color: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____ Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____ Email Address: _____
Business Name: _____ Business Address: _____
Business Phone Number: _____ Hours at Work: _____
2. 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? Please circle Yes or No 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? Use back for more space: _____

The school has my permission to take _____ on walking trips in the school area, including the Scituate Public Library, in which the group participates during the school year. I understand that I will be notified in advance and must sign a permission slip for trips requiring transportation by car.

Parent/Guardian Signature _____ Date _____

Please check desired box(es), sign and date:

The school has my permission to use my e-mail _____ on class lists to facilitate communication among parents.

Parent/Guardian Signature _____ Date _____

The school has permission to submit pictures of my child involved in school activities to local newspapers.

Parent/Guardian Signature _____ Date _____

The school has permission to use pictures of my child involved in school activities for the website, brochure and social media. (Children will NOT be named or tagged.)

Parent/Guardian Signature _____ Date _____

I hereby authorize Erdman Preschool to release my child to the following person (other than parents):

Name _____
Address _____
Relationship to child _____
Telephone # _____

I understand the policy of the school is to release only to the above person/s unless notified in writing.

Parent/Guardian Signature _____ Date _____

ERDMAN PRESCHOOL
DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Child's Name _____ Date of Birth _____
Date of admission _____ Age at admission _____

Personal History

Any speech difficulties? _____
Special words used to describe needs: _____
Language spoken at home: _____
Others in family/household and relationship: _____
Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Health

Any complications at birth, serious illnesses or hospitalizations _____
Special physical conditions, chronic health conditions/disabilities, special needs or **allergies** _____
Regular medications/possible side effects _____

Eating Habits

Describe favorite foods, foods refused and any special characteristics/difficulties: _____
Please indicate your child's eating habits: _____

Toilet Habits

How does child indicate bathroom needs (include special words): _____
Is child ever reluctant to use bathroom? _____
Does child have accidents? _____

Sleeping Habits

When does child get up in the morning: _____ and go to bed at night: _____
Does child become tired or nap during the day? _____
Any special characteristics? _____

Social Relationships

How would you describe your child? _____
Reaction to strangers: _____ Able to play alone: _____
Favorite toys and activities: _____
Fears (the dark, animals, etc.): _____
How do you comfort your child? _____
What type of behavior management/discipline do you use at home? _____
Please describe your child's schedule on a typical day: _____

During the 2018 summer will your child be attending another school program or day care? If yes, please list program(s) and days: _____
What would you like your child to gain from this experience?

Is there anything else you would like us to know about your child, your family, your culture and/or beliefs that will help us plan your child's school experience? You may use the back of this form if necessary. Thank you.

The Department of Early Education and Care requires that this information be on file to address the needs of your child while in our care. 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 call my pediatrician, the school's consulting pediatrician, Dr. Margaret Carolan at Cohasset Pediatrics and/or the Scituate Fire Department to transport my child to the nearest medical facility and/or to _____ and to secure necessary medical treatment for my child.

Parent/Guardian Signature

Today's Date (valid for one year)

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? Please circle: Yes No

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Please circle: Yes No

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Please circle: Yes No

Health Insurance Coverage _____	Policy # _____
Parent/Guardian name _____	Phone _____ Cell _____
Parent/Guardian name _____	Phone _____ Cell _____

ERDMAN PRESCHOOL

PHYSICIAN'S EXAMINATION

Complete this form or provide a CURRENT (not older than one year from date of issue) physician's form which lists immunizations. The State requires that health forms be on file when your child starts school or summer camp.

CHILD'S NAME _____

DATE OF BIRTH _____

NAME OF PHYSICIAN _____

ADDRESS _____

PHONE _____

DATE OF EXAM _____

PHYSICAL EXAM

Height _____ Weight _____

Nutrition _____

Posture _____

Skin _____

Pilonidal Sinus? _____

Eyes _____

Ears _____

Nose _____

Mouth _____

Teeth _____

Pharynx _____

Thyroid _____

Lymph Glands _____

Lungs _____

Heart _____

Blood Pressure _____

Pulse _____

Abdomen _____

Hernia _____

Genitals _____

Skeleton _____

Feet _____

Reflexes _____

Childhood Diseases and Operations: _____

IMMUNIZATIONS	DATES
D.P.T. _____	_____
O.P.V. _____	_____
M.M.R. _____	_____
T.B. _____	_____
H.I.B. _____	_____
Hep B. _____	_____
Blood Lead (mandatory) _____	_____

LABORATORY TESTS		
TEST	DATE	RESULT
Tuberculin _____	_____	_____
Chest X-Ray _____	_____	_____
Hemoglobin _____	_____	_____

URINALYSIS	DATE
Specific Gravity _____	_____
Albumin _____	_____
Sugar _____	_____
Microscopic _____	_____

ALLERGIES: _____

REMARKS: _____

SIGNATURE OF PHYSICIAN: _____ **DATE:** _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name: _____

My child will arrive at the program:

- _____ 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:

- _____ Supervised walk
- _____ Unsupervised walk
- _____ Public/private/van
- _____ Program bus/van
- _____ Contract/van
- _____ Private trans. Arranged by parent
- _____ Other

Parent/Guardian Signature: _____ Date: _____

I give permission for my child to be released from the program at the end of the program day as stated above and/or give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "No One".)

***If a child is protected by a restraining order please submit order to the provider.**

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____