

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANTS & TODDLERS

Registration Check List

- Eligibility and Enrollment Form
- Family Household Information
- Child History
- Social Relationship
- Health Assessment

- Emergency Medical Form
- Infant Sleep Arrangement Policy
- Infant Sleep Arrangement Policy
- Emergency Contact List
- Pick-Up Authorization Form
- Toilet Trained Agreement Policy for Preschoolers

- Parent Work Schedule
- Transportation Form (English & Spanish)
- Permission Slip for Walks & Field Trip
- Permission Form for Photograph/Video

- Parking Lot Policy
- Policy Agreement Form
- Plans for Child Not Picked Up at Closing
- Nutrition Assessment
- Family Needs Assessment Form

- Care-4-Kids Application
- Parent Questionnaire

- Parent Agreement Form
- Food Allergy Alert Form
- Lunch Form in (English & Spanish)
- Birth Certificate or Passport*

- Health Insurance*

- Proof of Income: Recent Tax Document first page, Current Pay Stubs & Proof of Residency*

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Registration Application Form

Application must be completed to be considered.

Date Accepted: _____ **Gender:** _____

Child's Name: _____
Last First Middle Initial

Child's Date of Birth: _____

Address: _____
Number Street

City/Town State Zip Code

Home Telephone Number: _____

Alternate Number: _____

Parent Email Address: _____

Place of Birth: _____

Child lives with: _____ Both Parents _____ Mother _____ Father
_____ Grandparent(s) _____ Foster parent _____ Other

Ethnicity: _____ American Indian or Native Alaskan _____ White _____ Black
_____ Hispanic _____ Asian or Pacific Islander

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Family Household Information

Mother/ Guardian Name: _____ **D.O.B.** _____

Place of Employment: _____

Employer's Address: _____

Business Telephone: _____ **Alternate Number:** _____

Working Hours: _____ **A.M.** _____ **P.M.**

Father's Name: _____

Place of Employment: _____

Employer's Address: _____

Business Telephone: _____ **Alternate Number:** _____

Working Hours: _____ **A.M.** _____ **P.M.**

Head of household: _____

Family Size _____ **What Language is spoken at home** _____

Are you attending school? _____ **Training program** _____ **if yes,**

Where _____ **Hours** _____

Childcare hours needed: _____ **A.M.** **to** _____ **P.M.**

Note: Childcare hours are provided according to your work schedule.

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Gross Family Income Before Taxes

	Type	Amount	Weekly/ Monthly
Father	_____	_____	_____
Mother	_____	_____	_____
Guardian	_____	_____	_____
Other/Specify	_____	_____	_____

Type: Wages, Social Security, Welfare, Unemployment, Child Support, Pension, VA Benefits, etc. (Verification must be presented)

Have you received TANF in the last (6) six month? Yes () No ()

Social Service Office: _____

TANF Case Number: _____

Is your child covered by health insurance? Yes () No ()

If yes, please provide the name of insurance information including policy number:

Signature of Parent/Guardian _____ Date _____

Signature of Director/ Head Teacher _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Emergency Contact list, other than the parents

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Alternate Phone: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Alternate Phone: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Alternate Phone: _____

**I give permission for the names listed above to pick up my child in case of
emergency.**

Parent Signature: _____ Date _____

Director/Head Teacher Signature: _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Pick-Up Authorization Form

People other than parents, who are over the age of 18 are responsible for picking up and drop off.

Child's Name: _____

Parent(s) Name: _____

Phone Number: _____

The following person(s) have my permission to drop off and pick up child to and from Precious Memories Early Childhood Program.

1. Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

Relationship to Child: _____

2. Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

Relationship to Child: _____

3. Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

Relationship to Child: _____

Parent Signature: _____ Date: _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Permission Slip For Walks & Field Trip

Child's Name: _____

I give Precious Memories permission to take my child on walks and field trips, around or the outside of Precious Memories ground and paving lot. **The parking lot is not inspected or approved by the Office of Early Childhood.**

I further give permission for my child to use all the play equipment and participate in all activities of the center.

I understand the nature of the walking trip is for children to participate in program activities such as science, nature, weather, and muscle development.

I understand the purpose of the procedures governing the trip. I/we hereby grant permission for my child to participate. I also understand that unanticipated situations can arise on any trip, childcare-sponsored or otherwise, that are not reasonably within the control of the supervising staff. In such an instance, I agree that Precious Memories Early Childhood Learning and supervising staff will not be held legally responsible in the event of an accident or injury.

Parent/Guardian Signature

Date

Director/Head Teacher Signature

Date

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Parent(s) Work Schedule

Child's Name:

Please provide us with your work schedule, in order for us to contact you if needed. If there are any changes to your work schedule, please inform the Head Teachers or Director of Precious Memories Learning Center.

Work Schedule:

Mother: Monday – Friday Time: _____

Father: Monday – Friday Time: _____

Parent/ Guardian Signature

Date

Director/Head Teacher Signature

Date

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Potty Training Agreement

Potty training is an exciting time for you and your child. We have found throughout our experience that if your child is ready to master potty training, it will only take a few weeks. If it takes longer, they may not be ready, and we may want to try it again a little later. We want this to be a successful time in your child's life, not a frustrating one for all. We know that for this to be successful we need to partner together for your child's best interest. The following are a few of the signs we see when your child may be ready to potty train:

- Shows an interest in the toilet
- Can recognize when their diaper is wet or soiled.
- Stays dry for a long period of time
- Can undress and pull up his/her own pants
- Wants to be independent
- Can use consistent words or gestures to communicate.
- Can try to wipe themselves.

Once your child stays dry for several hours and uses the toilet on their request, it's time to start!

Precious Memories staff will:

Encourage, support and praise all the success that your child achieves during their potty-training experience.

- We will expect accidents and treat them as teachable moments.
- We will watch for and identify signals that may help us make it on time next time as well as encourage children to be independent in changing their own clothes.
- We will take children to the bathroom at regularly scheduled times during each day and on demand when necessary.
- Communicate to parents daily regarding our bathroom experiences. This communication will come in a way as a personal conversation or writing on the child's daily note.
- Commit up to 1 month to the process of potty training unless parents inform us that the experience is not able to be a positive one at this time.

Parents agree to:

- Provide at least 3 changes of clothes, including pants, underwear and socks daily. Please have an extra pair of shoes in their cubby as well.
- Soiled clothing will go in the child's cubby to be taken home.
- Have their child wear elastic waist clothes. No buttons, snaps, belts, or one-piece clothing.
- Leggings, sweatpants and elastic waist pants are best. No dresses for girls, it's hard to coordinate holding up the dress and sitting on the toilet at the same time. The children should be able to easily pull up and down their own clothing.

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

- Potty training should begin at home on the weekend before we start the process at school. We ask that underwear rather than pull-ups be worn, as pull ups don't let the child "feel" wet.
- Provide diapers for nap time.

We will communicate with the family as to how potty training is going. We will potty train for a period of 3-4 weeks and then assess how the child is doing. If we do not feel that the child is ready, we will put them back into diapers and try again at a later date. If the child is ready, it should only take a few weeks!

When this signed agreement is returned, we will start the potty-training process here at school.

Parent Signature: _____

Date: _____

Director/ Head Teacher Signature: _____

Date: _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Payment Contract

I _____, agree to the payments schedule of Precious Memories. I also understand that if my payments are in arrears, my child will not be admitted in the program. All unpaid balances will be sent to the collection agency for further action.

Parent/ Guardian Signature: _____ Date: _____

Director/Head Teacher: _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Policy Agreement

I _____, have read and understand the policy
(Name of Parent(s) or Guardian)

of Precious Memories Early Childhood Learning Center.

Parent/Guardian Signature: _____ Date: _____

Directors/Head Teacher Signature: _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Child's History

Child's Name: _____

Other's living in the child's home (siblings, grandparents, etc.)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pet: _____ Yes _____ No

Language child speak:

Language used primarily in the home: _____

Language(s) child speak: _____

Health:

What communicable diseases has your child had? _____

What is the birth order of your child? _____

Note other serious illness or hospitalization: _____

Note any physical disabilities: _____

Note any allergies, including food allergies: _____

Note any medication given regularly: _____

Toilet Habits:

_____ Is your child toilet trained? _____ Have frequent accidents?

Sleeping Habits

Bedtime _____ Rising Time _____ Nap Time _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Social Relationship:

Does your child spend time with his/her parents: _____ Yes _____ No?

If the child lives with one parent, how often do they see their other parent
_____?

Has your child had frequent play experiences with peers? Yes ___ No?

Generally, how were these experiences? _____

How is your child's temperament? _____ Friendly _____ Aggressive _____ Other
(describe) _____

How does your child adjust to new situation? _____

How does your child relate to strangers? _____

Has your child been in childcare before? _____

What makes your child angry or upset? _____

How does your child show his/her feelings?

Who disciplines your child? _____ How?

What is the best way to handle your Child?

What are your child's fears?

Do you have any concerns about your child's development? _____ Yes _____ No

If you have any concerns regarding your child, please note below:

Parent Signature/Guardian: _____ Date: _____

Director/ Head Teacher Signature _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

PLANS FOR CHILD NOT PICKED UP AT CLOSING

PARENTS ARE ALLOWED ½ HOUR AFTER CLOSING TO PICK UP THEIR CHILD. TWO STAFF WILL BE ON LICENSED PREMISES WITH THE CHILD AT ALL TIMES. A STAFF PERSON WILL TRY TO CONTACT THE PARENT AT WORK/HOME. IF WE ARE UNABLE TO REACH THE PARENT, THE EMERGENCY NUMBERS PROVIDED BY THE PARENTS WILL BE USED.

THE PEOPLE ON THE LIST WILL BE CONTACTED. **ADULTS WHO ARE AUTHORIZED TO PICK UP CHILDREN MUST BE 18 YEARS OLD OR OLDER.** IF WE ARE UNABLE TO CONTACT ALL OF THE ABOVE PEOPLE WITHIN **FORTY-FIVE MINUTES**, THE NEXT ALTERNATIVE IS TO CONTACT THE POLICE AND THE DEPARTMENT OF CHILDREN.

Parent Signature: _____

Date _____

Director/ Head Signature: _____

Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

Emergency Medical Policy and Permission

INFANT & TODDLERS

Child's Name _____

Physician _____

Telephone _____

I hereby grant permission for Precious Memories staff to take whatever steps may be necessary to obtain emergency medical care, if warranted, at Bridgeport or St. Vincent Hospital, or the nearest emergency medical facility when there is an emergency. These steps may include, but are not limited to the following:

1. Trained staff will administer emergency first aid as needed.
2. Attempt to contact a parent or guardian.
3. Accompany child to the Bridgeport Hospital located five minutes away from our program.
4. Attempt to contact parents through any of the person's listed on the emergency Information form you completed for us.
5. If we cannot contact you or your child's physician, we will do anything or all Following: (a) call an ambulance, (b) call another physician, (c) have the child taken to an emergency hospital in the company of a staff member.
6. In the likely event that surgery or another medical treatment is necessary and Parents cannot be contacted; your permission signed below will be accepted.
7. Any expense incurred under item # 5 above will be borne by the child's family If not, Precious Memories related.
8. The childcare center will not be responsible for anything that may happen as a result of false information given at the time of the enrollment.
9. The center will not be responsible for anything that may happen because of false information given at the time of enrollment.

Child's physician or clinic needs to be notified in case of an emergency if parent or guardian can not be reached. Please note below this information.

Physician's/Clinic's Complete Name _____ **Date**

Physician's/Clinic's Complete Address

Parent/Guardian Signature: _____ Date: _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

**INFANT & TODDLERS
Nutrition Assessment**

Child's Name: _____ Date: _____

Do you, as parent/guardian, have food or nutrition concerns for your child?
Yes _____ No _____. If yes, please explain:

Does your child require a special diet? Yes _____ No _____. If yes, please explain:

Does your child have food allergies or intolerances? Yes _____ No _____. If yes,
please explain:

Does your child take daily medication or vitamin supplements? Yes _____ No _____.
If yes, please explain:

Describe your child's typical eating behaviors. (check all that apply)

- ____ appropriate mealtime behavior
- ____ eats well.
- ____ eats poorly.
- ____ sits calmly and pay attention to eating.
- ____ socializes with others during mealtime.
- ____ uses appropriate eating skills.

Is your child's growth pattern (height and weight) normal? ___ Yes, ___ No. if no,
please explain: _____



Staff Observations Date _____

Eating Behavior:

- ____ eats well ___ socializes with others during mealtime
- ____ eats poorly ___ uses appropriate eating skills
- ____ sits calmly

Height _____ Weight _____ Date _____

Height _____ Weight _____ Date _____

Parent Signature _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

Family Needs Assessment Form

Date: _____

Child's Name: _____ Family Name: _____

Phone: _____ Parent' work Phone: _____

Ethnicity: _____ Primary Language: _____, (other than English) assistance required? Yes ___ No ___.

Do you have a need for?

Medical help? Y ___ N ___

Dental help? Y ___ N ___

Mental Health Help? Y ___ N ___

Is your child insured by Husky or a private insurance? Y ___ N ___.

Does your child have a disability? Y ___ N ___.

Is your child receiving any service(s)? Y ___ N ___.

If yes, please specify what type of service _____.

Do you have a need for food assistance, such as WIC? Y ___ N ___

Family Literacy: Whats the highest grade completed by each family member.

Name

Grade Completed

_____	_____
_____	_____
_____	_____
_____	_____

Do you have a need or interest in more information for any of the following?

Basic Literacy (improving English, Reading, and Writing skills)? ___Y ___N

ESL-English as a Second Language (for speakers of other languages) ___Y ___N

Job Training (to up-grade skills or learn new work skills) ___Y ___N

Adult Education (to learn practical, craft, work-related, or literacy skills ___Y ___N.

Parent Signature _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

**Permission for Photograph/Video Taping & Posting Children Activities
on Program Website.**

Precious Memories Early Childhood Learning Center has video cameras in all classrooms that tape the daily activities of the children. On occasions, the teachers will take pictures of the children participating in the program's educational activities within their classrooms or on field trips. Some of these pictures are posted in the classrooms and on the program website for viewing.

I understand the children's classrooms are being recorded daily and sometimes pictures are being taken of the children doing their educational activities within the classroom or on field trips. I am aware that these pictures will be posted in the classrooms or on the program website.

Parent Signature: _____ Date _____

Director/Head Teacher Signature: _____ Date _____

I give Precious Memories Permission to post my child's picture engaging in educational activities in the classroom or on the program 's website.

Permission given _____ Permission not given _____

Parent Signature: _____ Date _____

Director/ Head Teacher Signature: _____ Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

ACCEPTED AND PROHIBITED DISCIPLINARY MEASURES:

All program staff will be instructed in the use of the following disciplinary measures to encourage the development of self-esteem in the children:

1. The preparation and supervision of the children prevents conflicts before they arise.
2. The use of words and mediation to settle disputes and conflict among children.
3. The use of a positive approach to discipline.
4. Provide an environment which encourages and supports positive interactions.
5. Consistent and developmentally appropriate limits and expectations for children which reflect their understanding and safety.
6. Use of redirection techniques to encourage appropriate behavior.
7. If all fails, the separation of a child from the situation or from other children to an alternate place or activity within the classroom until the child is ready to discuss the situation and to rejoin the other children.
8. Staff will continuously supervise children during disciplinary actions.
9. The emotional support needed to assist a child in achieving his/her self-control.

Prohibited disciplines include:

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. In addition, **teaching staff must never use physical punishment including, but not limited to, spanking, slapping, pinching, shaking, or striking a child, jerking; squeezing; kicking; biting; excessive tickling; and pulling of arms; hair; or ears; requiring a child to remain inactive for a long period of time.**

Staff must not engage in psychological abuse such as shaming; name calling; ridiculing; humiliation; sarcasm; cursing at, making treats, or frightening a child, ostracism, or withholding affection. Coercion is not allowed such as rough handling, (shaking, pulling, grasping, of any body parts); forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or other from harm; physically forcing a child to perform an action (such as eating or cleaning up). Never use treats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.

I have read, discussed, and understood the disciplinary policy of Precious Memories.

Parent Signature: _____ Date _____

Director/Head Teacher Signature: _____
Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

PARENT FEEDING SCHEDULE FOR INFANTS

Child's Name _____

Feeding Schedule, Please Select One:

Every 2hrs	Every 3hrs	Every 4hrs	Every 5hrs

TYPE OF MILK:

Formula _____ **Breast Milk** _____ **Whole/ Soy/ Other** _____

Parent/Guardian Signature: _____ Date _____

Director/ Head Teacher Signature: _____

Date _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

INFANT & TODDLERS

INFANT SLEEP ARRANGEMENT POLICY

The standards outlined below will be followed at **Precious Memories Early Childhood Learning Center** placing infants under twelve months of age to sleep. All staff are to be diligent in their awareness and implementation of infant safe sleep practices for all children under the age of 12 months. We recognize the importance of being vigilant in the adherence of best practice and state regulations regarding safe sleep. All staff responsible for the supervision of infants will ensure the following:

- Infants shall be physically observed at least every fifteen minutes to assess the infants' breathing, color, temperature, and comfort.
- Infants are placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular child
- The mattress is snug fitting and covered by a tightly-fitted sheet unless the child has written documentation from a medical provider specifying a medical reason for an alternative sleep position or alternate piece of equipment.
- When infants can easily turn over from the supine to prone position (back to front), they will be put down to sleep on their back; but then allowed to adopt whatever position they prefer for sleep.
- No items including, but not limited to, pillows, soft bumpers, toys and blankets, including weighted blankets, weighted sleepers, and weighted swaddles, shall be placed with an infant in a crib or hung over the side of the crib or other piece of equipment designed for sleeping except for a pacifier without attachments unless the child has written documentation from a medical provider specifying a medical reason for its use.
- Bibs and garments with ties or hoods shall be removed from infants that are placed to sleep.
- No toys or objects shall be attached to sleeping or rest equipment.
- No infant shall be put to sleep on a sofa, bed, couch, soft mattress, waterbed, or other soft surface.
- No infant shall be put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a medical provider specifying a medical reason for their use.
- No infant shall be swaddled unless the child has written documentation from a medical provider specifying instructions and a timeframe for swaddling the infant.
- No child under 3 years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard.

Note: The program staff shall document that the child's parent(s) has been informed of the child's programs policies and procedures for sleep arrangements prior to enrollment and reviewed as needed during the period of child's enrollment.

Parent Signature: _____ **Date:** _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

Infant Sleep Arrangement Policy

- Back to sleep in a crib with a snug fitting mattress and sheet, alternate sleep position/equipment with medical documentation
- Back to sleep but allowed to adopt whatever position they prefer for sleep
- No items in or on crib without doctor's note, no bibs, hoods, or ties and nothing attached to pacifier
- Sleep in crib/pack and play only unless written note from medical provider
- No infant shall be swaddled unless written note from medical provider with instructions and a timeframe for swaddling the infant.
- Infants under 12 months physically observed at least every 15 minutes
- No child under 3 years of age shall have access to any jewelry that poses a hazard, including teething bracelets and/or necklaces
- Policy posted in a conspicuous location where infants sleep

Documentation that parents are informed of policies and procedures for safe sleep prior to enrollment and as needed during enrollment

Parent Signature: _____ **Date:** _____

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

**Thirty-Two to Thirty-Six Months Authorization Agreement Form for
Preschool Enrollment**

We are a preschool who accept children ages three and four-years-old. Under Public Act 19-121 section 14, we are deemed to accept children aged thirty-two to thirty-six months with written authorization between parents and our childcare director. It is important to note that your child will be considered three years of age, and all regulations including ratio and group size for three-year-old would apply.

Upon receiving a signed authorization your child will be placed with his/her classmates with adequate supervision. Our curriculum will also be adjusted to fit your child's learning needs.

I have read and understand the parent agreement forms.

Parent Signature: _____ **Date** _____

Director Signature: _____ **Date** _____

PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER

Parking Lot Policy

Precious Memories' parking lot is **private property** and is **not licensed, approved, or monitored by the Connecticut Office of Early Childhood (OEC)** as part of the program's licensed childcare space.

In accordance with OEC licensing regulations, **only OEC-approved indoor and outdoor spaces may be used for routine childcare activities**. The parking lot is **not considered a licensed play or learning area** and may **not** be used for unsupervised child activities.

The parking lot may only be used by children **under the following limited conditions**:

- The area is **temporarily closed to all vehicle traffic**
- Access is **restricted and controlled by staff**
- The activity is **program-approved, planned, and directly supervised**
- Use is limited to special events or structured activities (e.g., family events, supervised bike days)

At all other times, including arrival and dismissal:

- The parking lot is **not a play area**
- Children are **not permitted** to run, play, or ride bikes
- Parents/guardians are responsible for **direct supervision** of their child
- Children must remain **with and under the control of their parent/guardian**

In accordance with OEC safety expectations:

- Children are under **parent supervision** until they are signed in and officially accepted into care
- Children return to **parent supervision** immediately upon sign-out
- Precious Memories is not responsible for incidents occurring in the parking lot **outside of supervised, program-approved activities**

For safety, all parents, guardians, and authorized pick-up persons must:

- Follow posted traffic and safety guidelines
- Never allow children to walk, run, or play freely in the parking lot
- Hold younger children's hands and ensure children remain close at all times

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

Failure to follow this policy may result in corrective action to ensure compliance with safety standards and OEC expectations.

Parking Lot Usage Policy Acknowledgment

I acknowledge that I have read and understand the Precious Memories Parking Lot Usage Policy. I understand that the parking lot is private property and is **not licensed or approved by the Connecticut Office of Early Childhood (OEC)** for routine childcare use. I understand that I am responsible for supervising my child during arrival, departure, and any time the parking lot is open for vehicle use. I agree to follow all safety and supervision requirements outlined in this policy.

Parent/Guardian Name: _____

Director Signature: _____

Date: _____

PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER

Parent Agreement

Days and Hours of Operation

The center is open Monday through Friday from 7 a.m. to 5:00 p.m., year-round. We follow the (name of town) school schedule for holidays and vacations. Tuition is due weekly regardless of any absence, sick days, and including programs' closing.

Admission

Our program serves children 24 weeks to 5 years old. A \$70.00 non-refundable registration fee, along with one week's tuition security deposit is due upon registration. Tuitions payments are to be made weekly, and due the Friday before the week of care. If your weekly fee is not made. Your child may not return until payment is made in full. **a late fee of \$15.00 will be charged for every five minutes.** We understand circumstances can hinder parents from picking up their child on schedule from time to time, however if the parent knows that he/she will be late and made prior arrangement(s) with us a **\$10.00** fee will be added for every five minutes (until the child) is picked up. If a parent continuously picks up his/her child late, the child will be dismissed from the program. Each child entering the center must have an updated physical form, signed and dated by his/her pediatrician, including current immunization documentation. Children who are not school age, must have their physicals updated yearly. Children who are of school age are required to have a physical upon entering Kindergarten and then as required by the school district for which that child attends and acceptable to the local education authority.

Payment Policies:

It is standard practice to charge for national holidays that fall during our normal hours of operation. The director will complete a tuition contract for the days and hours requested before your child begins school. The director and the person that will be responsible for the payment must sign the contract. Payments must be made to the school's director each week, unless other arrangements have been made with the director. Full payment, as stated in the contract, is due even if your child is absent. Missed days cannot be made up. **Tuition is due on the first day of your child's school week. If payment is still not received by Tuesday morning, your child will not be able to return to school the following day unless accompanied with a payment.** If the tuition is past due, your child will not be allowed in the program. Once again, all legal and collection fees incurred in the collection of tuition are the responsibility of the parent.

LATE FEE

A late charge of **\$15.00** will be charged for each **(5) minutes**, if a child is not picked up at the normal closing hour. If parents continue to be late, the child will be dismissed for the program.

Payment Options:

Precious Memories only accept **Credit Card, Check, Money Order, or Cashier's Check for payments.**

PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER

Parent Agreement

Agreements with Parents

- Please call and let a staff member know if your child is going to be absent for any reason.
- An adult must accompany your child to and from his/her classroom and sign them in and out each day, adult must be 18 or older.
- Please leave at least 2 spare outfits in your child's cubby labeled with their name on it. Parents must supply diapers, and label bottles for baby formulas, etc.
- Toys are not to be brought from home except on specified days.
- Parents are not allowed to supply bedding for cribs. The program will provide snug bedding for cribs.
- Any changes in address, phone number, employment, etc. must be given to the director in writing.

In case of inclement weather, a text notification will be sent to all parents and parents can also contact the 24-hour answering service or listen to radio station **99.9 or WICC 600 a.m., and WEBE 108 F.M. and view the Television Channel 8 and 12 for closings or delays.** In case an emergency occurs, the center will contact you or the authorized adult listed on your authorization form to pick up your child if necessary.

Program Emergency Phone Line:

In the event our phone line goes down due to inclement weather or loss of Wi-Fi. All parents can have access to our program through our designated phone for emergencies. The Program's emergency phone numbers are: PM1- 203-873-7798, PM2-203-522-9049, PM3-203-873-1892, and PM4-203-673-9579.

Damage to Property:

Children are expected to treat all property within our facility with respect, including but not limited to toys and furniture. The parent(s) or guardian will be responsible for the willful destruction of any property at our facility.

Custody Battles:

We at Precious Memories Childcare center consider the children's safety as our number one priority. We ask all parents(s) to please notify the director if there are any custody hearings or changes in pickup authorization for your child. However, if the center does not have any legal documents on file stating the parent(s) is not authorized to pick his or her child, the center cannot hold the child, because that parent(s) still has legal custody.

Field Trips:

Throughout the year, your child will have the opportunity to participate in several field trips. Each trip will include a detailed permission slip outlining the destination, date, time, and method of transportation. These slips will be sent out well in advance, allowing families ample time to prepare and submit any necessary payments. If your child

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

Parent Agreement

Prohibited disciplines include:

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. In addition, **teaching staff must never use physical punishment including, but not limited to, spanking, slapping, pinching, shaking, or striking a child, jerking; squeezing; kicking; biting; excessive tickling; and pulling of arms; hair; or ears; requiring a child to remain inactive for a long period of time.** Staff must not engage in psychological abuse such as shaming; name calling; ridiculing; humiliation; sarcasm; cursing at, making treats, or frightening a child, ostracism, or withholding affection. Coercion is not allowed such as rough handling, (shaking, pulling, grasping, of any body parts); forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or other from harm; physically forcing a child to perform an action (such as eating or cleaning up). Never use treats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.

I have read, discussed, and understood the disciplinary policy of Precious Memories.

requires one-on-one supervision during trips, a parent or designated family member will need to accompany the child. If you have difficulties providing a designated person, please coordinate with the center ahead of time to make other arrangements.

Important Reminders:

- Signed permission slips are mandatory. Children without a signed slip will not be allowed to attend the trip.
- Permission slips must be submitted by the stated deadline.
- If you have questions or concerns about any aspect of a field trip, please contact the center director.
- To maintain proper supervision ratios, all staff will attend the trips. As a result, the center will be closed during the time of each field trip.

We appreciate your cooperation in helping us ensure a safe and enjoyable experience for all children.

Hours of Operation & Building Security and Access:

Precious Memories is a full-day, full-year program operating Monday to Friday from 7:00 a.m. to 5:00 p.m. We provide early-care and education services for children, offering 10 hours of care per day, five days a week, for 50 weeks each year. For the safety and security of our children, the building doors are always locked. To enter, parents must ring the bell and speak through the intercom, clearly stating who they are picking up. To ensure the best experience for your child, **all children must arrive by 9:30 a.m.**

Administrative Oversight:

We strive to ensure that the day-to-day operations of our program are aligned with the current Connecticut Statutes and Regulations for Child Care Centers and Group Child Care Homes, the Program Policies, Plans and Procedures, Program Philosophy and best

PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER

Parent Agreement

practice. Our program works hard to ensure that all children, families, and program staff have a positive experience.

Most concerns can be resolved by:

1. Discussing the issue with the classroom teacher.
2. Discussing the issue with the program director or director’s designee.

Name of Designated Director: _____ **(Information posted next to parent communication board)**

➤ Telephone #: _____ Email: _____

Name of Alternate Person in Charge: _____ **(Information posted next to parent communication board)**

➤ Telephone #: _____ Email: _____

1. At times if a concern or issue that is raised may need more attention, a meeting between the parties can be set at a mutually agreed upon time with the parties which can include the parents/ guardians, classroom teacher/ program staff, the head teacher/ alternate person in charge, and the director. We appreciate other perspectives and are committed to continuous quality improvements that will make the experience within our program a positive and nurturing one for all.

1. If during this meeting there should be an impasse and a resolution that cannot be reached, the matter will be brought to the attention of the administrative leadership team which includes the executive director.
2. If the problem is not resolved, you may contact the Connecticut Office of Early Childhood Licensing Division.
3. In case of an emergency, the program will notify the Licensing Division as soon as the emergency is under control.

- ✓ By phone to the Complaint Desk at (800) 282-6063 or (860)500-4450 or
- ✓ By filing online at www.ctoec.org/contact-us/file-a-complaint

Abuse & Neglect

In case of abuse/neglect or life-threatening situations the program will call 911 or the Department of Children and Families (DCF) at (800) 842-2288 and the OEC Division of Licensing.

All inspection reports and corrective action plans are available for your review:

- ✓ At your childcare program
- ✓ Online at www.211childcare.org, or
- ✓ By FOI request from the OEC Licensing Division:

PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER

Parent Agreement

Meals and Snacks

“Snack” means a light meal containing two (2) meal components/ food items

“Meal” means the food served and eaten in one sitting containing three (3) meal components/food items for breakfast and five (5) meal components/food items for lunch.

The center will provide breakfast, lunch and snacks including milk and 100% fruit juice. Menus are posted on the family information board and on ProCare for parents to view. Parents with children who have special arrangements regarding their child’s lunch is responsible for supplying their child’s lunch box. Be sure to label their lunch and provide an ice pack for items that may be perishable.

Provisional Enrollment

The first 30 days will be regarded as a trial period, in which either party may terminate the contract without notice. After the first 30 days of enrollment, please see the withdrawal policy in the handbook.

Family Involvement/Access to Program and Facility

Our center has an open-door policy. Parents and guardians are encouraged to visit their children whenever possible. The center also plans periodic educational and fun field trips. Volunteers are more than welcome.

Withdrawal and/or Disenrollment of Children

Parents or guardians must provide the center with 2 weeks’ written notice prior to withdrawing their child from the center. All tuition owed must be paid in full. Likewise, if possible, the program will provide the same courtesy if care for a child must be disenrolled for any reason. The program will work with all children and families to avoid a child’s disenrollment.

Medication Policies *See full medication policy for details.

Confidentiality: All information received or given will be kept confidential. No information will be shared without parent consent.

Health Policy:

Precious Memories requests that parents DO NOT send his/her child to the center if he/she has a new cold. Unless the cold has been diagnosed as an allergy; if the child vomits, has a temperature, diarrhea, gross nasal discharge, red throat, and reddened eyes in the morning or the previous night, PLEASE NOTIFY THE TEACHER IF YOUR CHILD WILL NOT BE IN SCHOOL. Should a child become ill during the day, the child will be made comfortable in an area of the center until he or she is picked up. If the child has a temperature of 100 or above the parent will be notified to pick up his/her child from the center. Once the child is sent home, due to continuous vomiting, high

**PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING
CENTER**

Parent Agreement

temperature, diarrhea, etc., your child needs to stay home for 24 hours until all symptoms of illness are gone.

Contagious Disease:

Please notify the TEACHERS IMMEDIATELY if your child has a contagious disease. We need to notify our parents that their child has been exposed. Children will not be allowed in the center without a doctor's note stating it is safe for the child to attend the center. Depending on the disease, we will discuss the appropriate action to follow.

Immunization:

Precious Memories request your child's immunization records on or before the first day of school. A child will not be accepted in the program without the proper immunization documents. These records should be signed and dated by your child's physician. The physical must have occurred within the last year. An annual seasonal influenza and Hepatitis A vaccines is required for children 6months to 4years. All children born on or after January 1, 2009, ages 12 to 23months are required to have 1 dose of Hepatitis A vaccine; two doses are required for 24 months and older. If a child has not received the flu vaccine, he/she will be excluded from our program for the duration of influenza season, until they receive at least one dose of the influenza vaccine. Children with religious exemption shall be permitted to attend the program except in the case of a vaccine-preventable disease outbreak within our program.

All susceptible students will be excluded from our program based on public health officials' determination that the school is a primary site for disease exposure, transmission and spread into the community. An annual physical or an immunization exempt form is required for your child to attend the program. A copy of the physical or exempt form is confidentially kept in your child's file. If you need a medical home, health insurance, or dental service, or any other additional services please notify the program director for assistance.

Allergy Free Environment

To better protect the children due to food allergies, Precious Memoires is a nuts environment.

ID Requirement:

Other than the parent(s), an ID is required for pickup of any children within our program. Staff will cross reference signatures



State of Connecticut Department of Education

Early Childhood Health Assessment Record

(For children ages birth–5)



To Parent or Guardian: In order to provide the best experience, early childhood providers must understand your child’s health needs. This form requests information from you (Part 1) which will be helpful to the health care provider when he or she completes the health evaluation (Part 2) and oral health assessment (Part 3). State law requires complete primary immunizations and a health assessment by a physician, an advanced practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to entering an early childhood program in Connecticut.

Please print

Child’s Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
------------------------------------	-------------------------	---

Address (Street, Town and ZIP code)

Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
--	------------	------------

Early Childhood Program (Name and Phone Number)	Race/Ethnicity
---	----------------

Primary Health Care Provider:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino of any race
-------------------------------	--

Name of Dentist:

Health Insurance Company/Number* or Medicaid/Number*

Does your child have health insurance? Y N If your child does not have health insurance, call **1-877-CT-HUSKY**

Does your child have dental insurance? Y N

Does your child have HUSKY insurance? Y N

* If applicable

Part 1 — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if “yes” or **N** if “no.” Explain all “yes” answers in the space provided below.

Any health concerns	Y	N	Frequent ear infections	Y	N	Asthma treatment	Y	N
Allergies to food, bee stings, insects	Y	N	Any speech issues	Y	N	Seizure	Y	N
Allergies to medication	Y	N	Any problems with teeth	Y	N	Diabetes	Y	N
Any other allergies	Y	N	Has your child had a dental examination in the last 6 months?	Y	N	Any heart problems	Y	N
Any daily/ongoing medications	Y	N				Emergency room visits	Y	N
Any problems with vision	Y	N	Very high or low activity level	Y	N	Any major illness or injury	Y	N
Uses contacts or glasses	Y	N	Weight concerns	Y	N	Any operations/surgeries	Y	N
Any hearing concerns	Y	N	Problems breathing or coughing	Y	N	Lead concerns/poisoning	Y	N
Developmental — Any concern about your child’s:						Sleeping concerns	Y	N
1. Physical development	Y	N	5. Ability to communicate needs	Y	N	High blood pressure	Y	N
2. Movement from one place to another	Y	N	6. Interaction with others	Y	N	Eating concerns	Y	N
			7. Behavior	Y	N	Toileting concerns	Y	N
3. Social development	Y	N	8. Ability to understand	Y	N	Birth to 3 services	Y	N
4. Emotional development	Y	N	9. Ability to use their hands	Y	N	Preschool Special Education	Y	N

Explain all “yes” answers or provide any additional information :

Have you talked with your child’s primary health care provider about any of the above concerns? Y N

Please list any **medications** your child will need to take during program hours:

*All medications taken in child care programs require a separate **Medication Authorization Form** signed by an authorized prescriber and parent/guardian.*

I give my consent for my child’s health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child’s health and educational needs in the early childhood program. Signature of Parent/Guardian	Date
--	------

Part 2 — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation, physical examination and immunization record.

Child's Name _____ Birth Date _____ Date of Exam _____
(mm/dd/yyyy) (mm/dd/yyyy)

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider.

*HT _____ in/cm _____ % *Weight _____ lbs. _____ oz / _____ % BMI _____ / _____ % *HC _____ in/cm _____ % *Blood Pressure _____ / _____
(Birth-24 months) (Annually at 3-5 years)

Screenings *According to Bright Futures Periodicity Schedule

<p>*Vision Screening</p> <p><input type="checkbox"/> EPSDT Subjective Screen Completed (Birth to 3 yrs.)</p> <p><input type="checkbox"/> EPSDT Annually at 3 yrs. (Early and Periodic Screening, Diagnosis and Treatment)</p> <p>Type: <u>Right</u> <u>Left</u></p> <p style="padding-left: 20px;">With glasses 20/ 20/</p> <p style="padding-left: 20px;">Without glasses 20/ 20/</p> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Referral made to: _____</p>	<p>*Hearing Screening</p> <p><input type="checkbox"/> EPSDT Subjective Screen Completed (Birth to 4 yrs.)</p> <p><input type="checkbox"/> EPSDT Annually at 4 yrs. (Early and Periodic Screening, Diagnosis and Treatment)</p> <p>Type: <u>Right</u> <u>Left</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> Pass <input type="checkbox"/> Pass</p> <p style="padding-left: 20px;"><input type="checkbox"/> Fail <input type="checkbox"/> Fail</p> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Referral made to: _____</p>	<p>*Anemia: at 9 to 12 months and 2 years</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">*Hgb/Hct:</td> <td style="width: 30%;">*Date</td> </tr> </table> <p>*Lead: at 9 and 35 months; at 36-72 months, annually if enrolled in a public assistance program, and PA 22-49 and in PA 23-31.</p> <p>*History of Lead Level ≥ 3.5 ug/dL <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	*Hgb/Hct:	*Date
*Hgb/Hct:	*Date			
<p>*TB: High-risk group? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Test done: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____</p> <p>Results: _____</p> <p>Treatment: _____</p>	<p>*Dental Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Referral made to: _____</p> <p>Has this child received dental care in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>*Result/Level: _____ *Date _____</p> <p>Other: _____</p>		

***Developmental Assessment:** (Birth-5 years) No Yes **Type:** _____

Results: _____

***IMMUNIZATIONS** Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
If yes, please provide a copy of an Asthma Action Plan

Rescue medication required in child care setting: No Yes

Allergies No Yes: _____
 Epi Pen required: No Yes
 History/risk of Anaphylaxis: No Yes: Food Insects Latex Medication Unknown source
If yes, please provide a copy of the Emergency Allergy Plan

Diabetes No Yes: Type I Type II **Other Chronic Disease:** _____

Seizures No Yes: Type: _____

This child has the following problems which may adversely affect his or her educational experience:
 Vision Auditory Speech/Language Physical Emotional/Social Behavior

This child has a developmental delay/disability that may require intervention at the program.

This child has a special health care need which may require intervention at the program, e.g., special diet, long-term/ongoing/daily/emergency medication, history of contagious disease. *Specify:* _____

No Yes This child has a medical or emotional illness/disorder that now poses a risk to other children or affects his/her ability to participate safely in the program.

No Yes Based on this comprehensive history and physical examination, this child has maintained his/her level of wellness.

No Yes This child may fully participate in the program.

No Yes This child may fully participate in the program with the following restrictions/adaptation: (Specify reason and restriction.) _____

No Yes Is this the child's medical home? I would like to discuss information in this report with the early childhood provider and/or nurse/health consultant/coordinator.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
---	-------------	---

Part 3 — Oral Health Assessment/Screening

Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination Completed by: <input type="checkbox"/> Dentist	Visual Screening Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	Normal <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____	Referral Made: <input type="checkbox"/> Yes <input type="checkbox"/> No												
Risk Assessment <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Describe Risk Factors <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dental or orthodontic appliance</td> <td><input type="checkbox"/> Carious lesions</td> </tr> <tr> <td><input type="checkbox"/> Saliva</td> <td><input type="checkbox"/> Restorations</td> </tr> <tr> <td><input type="checkbox"/> Gingival condition</td> <td><input type="checkbox"/> Pain</td> </tr> <tr> <td><input type="checkbox"/> Visible plaque</td> <td><input type="checkbox"/> Swelling</td> </tr> <tr> <td><input type="checkbox"/> Tooth demineralization</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<input type="checkbox"/> Dental or orthodontic appliance	<input type="checkbox"/> Carious lesions	<input type="checkbox"/> Saliva	<input type="checkbox"/> Restorations	<input type="checkbox"/> Gingival condition	<input type="checkbox"/> Pain	<input type="checkbox"/> Visible plaque	<input type="checkbox"/> Swelling	<input type="checkbox"/> Tooth demineralization	<input type="checkbox"/> Trauma	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental or orthodontic appliance	<input type="checkbox"/> Carious lesions														
<input type="checkbox"/> Saliva	<input type="checkbox"/> Restorations														
<input type="checkbox"/> Gingival condition	<input type="checkbox"/> Pain														
<input type="checkbox"/> Visible plaque	<input type="checkbox"/> Swelling														
<input type="checkbox"/> Tooth demineralization	<input type="checkbox"/> Trauma														
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____														

Recommendation(s) by health care provider: _____

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____ Date _____

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA/RDH	Date Signed	Printed/Stamped Provider Name and Phone Number
-----------------------------------	-------------------------------------	-------------	---

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) _____

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP/DT						
IPV/OPV						
MMR						
Measles						
Mumps						
Rubella						
Hib						
Hepatitis A						
Hepatitis B						
Varicella						
PCV* vaccine					*Pneumococcal conjugate vaccine	
Rotavirus						
MCV**					**Meningococcal conjugate vaccine	
Flu						
Other						

<p>Religious Exemption: _____</p> <p>Religious exemptions must meet the criteria established in Public Act 21-6: https://www.ctoec.org/wp-content/uploads/2021/07/OEC-Vaccination-QA-Final.pdf.</p>	<p>Medical Exemption: _____</p> <p>Must have signed and completed medical exemption form attached. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/CT-WIZ/CT-Medical-Exemption-Form-final-09272021fillable3.pdf</p>
--	---

Disease history of varicella: _____ (date); _____ (confirmed by)

Immunization Requirements for Connecticut Day Care, Family Day Care and Group Day Care Homes

Vaccines	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16-18 months of age	By 19 months of age	2-3 years of age (24-35 mos.)	3-5 years of age (36-59 mos.)
DTP/DTaP/DT	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
Polio	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
MMR	None	None	None	None	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹
Hep B	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
HIB	None	1 dose	2 doses	2 or 3 doses depending on vaccine given ³	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴
Varicella	None	None	None	None	None	None	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}
Pneumococcal Conjugate Vaccine (PCV)	None	1 dose	2 doses	3 doses	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday
Hepatitis A	None	None	None	None	1 dose after 1st birthday ⁵	1 dose after 1st birthday ⁵	1 dose after 1st birthday ⁵	2 doses given 6 months apart ⁵	2 doses given 6 months apart ⁵
Influenza	None	None	None	1 or 2 doses	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶

1. Laboratory confirmed immunity also acceptable
 2. Physician diagnosis of disease
 3. A complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)
 4. As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose
 5. Hepatitis A is required for all children born after January 1, 2009
 6. Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
--	-------------	---