

1. Children's Health Form from Doctor's Office***Notice of Massachusetts School Immunization Law***

The Massachusetts School Immunization Law, Chapter 76, Section 15 requires the following immunizations/screenings for children to attend a licensed preschool or daycare:

1. DPT - 4 doses
2. Polio - 3 doses
3. MMR (measles, mumps, rubella) - 1 dose
4. Hepatitis B - 3 doses
5. Hib - 3 or more doses
6. Lead Test - annually
7. Varicella (chicken pox) – 1 dose

The state also requires each child to have an up-to-date form on file at all times during the school year. Therefore, each family must also submit new health forms on the anniversary of their child's last physical.

A physician's certificate is the only acceptable evidence of immunization/screening. This certificate must contain the month and year each dose of vaccine was administered, the date and results of the lead screening, and completion of the physical exam. Please be sure that your doctor has ***signed and dated the form within the past 12 months.***

Thank you for your cooperation with this very important matter. Please call the school office at 1-978-263-4547 if you have any questions.

CHILDREN MAY NOT ENTER SCHOOL IF THIS PAPERWORK IS NOT COMPLETE.

Child's Name _____

School Year 20____ - 20____

2. OCCS Child's Face Sheet/Enrollment Form

Child Information

Program: Acton Cooperative School

Child's Name: _____ Eye Color: _____ Skin Color: _____

Home Address: _____ Hair Color: _____ Height: _____

Telephone: _____ Sex: _____ Weight: _____

Date of Admission: _____ Age at Admission: _____

Date of Birth: _____ Primary Language: _____

Identifying Marks: _____

Allergies/special diets: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Telephone: _____ Home Telephone: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Bus. Telephone: _____ Bus. Telephone: _____

Hours at Work: _____ Hours at Work: _____

Additional Information

Child's Physician/Clinic: _____
(name, address, phone number)

Chronic Health Conditions: _____

Special Limitations or Concerns: _____

School Age Only: _____ Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature

Date

3. Field Trip Permission

I hereby give permission for my son/daughter _____ to accompany the Acton Cooperative School on all regularly scheduled field trips during the school year. I understand that advance notification of these trips will be given and that the cooperating parents will provide proper supervision and chaperones. I further understand that the school makes no regulations concerning insurance for the people driving in car pools. This is purely an individual matter and each person should check with his own insurance company to determine his coverage. We require that all children wear proper seat belts when being transported to and from school by car pool.

Signature of Parent

Date

4. Publicity Release Permission

I hereby give permission for the use of my child's photograph to be used in publicity for the purpose of registration advertisements for the school, public relations, fund-raising events, etc. These publications will not under any circumstances reveal the name or personal information of our students.

Signature of Parent

Date

5. Authorization and Consent

5.1 Student's Medical Emergency Information

Student Name	
Student Date of Birth	
Home Address	
Child's Home Phone	
Parent #1 Name	
Parent #1 Address	
Parent #1 All Phones (H,W,C)	
Parent #2 Name	
Parent #2 Address	
Parent #2 All Phones (H,W,C)	
Clinic/Pediatrician's Name	
Clinic/Pediatrician's Address	
Clinic/Pediatrician's Phone	
Allergies, Chronic Health Conditions?	
Insurance Company Name	
Insurance Policy Number	
Participating Hospital	
Special Instructions	

5.2 Illness/Medical Emergency Treatment Authorization

In an illness or emergency situation, the school will call the numbers listed in the "Illness/Emergency Contact Calling Chain". However, in the event the parent/guardian(s) cannot be located, the child may be transported to a hospital by ambulance.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I understand that the Acton Cooperative teachers are trained in the basics of First Aid and CPR, and I authorize them to administer First aid and/or CPR when appropriate to my child _____ and/or allow my child to be transported by ambulance to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent's Signature

Date

5.3 Illness/Medical Emergency Calling Chain

Contact Order	Contact Name	Phone Numbers (H,W,C,P)	Relationship to Child	Notes (Days of week at work, "Do not call")
1 (Parent #1)				
2 (Parent #2)				
3				
4				
5				

5.4 Release Clause

In the event your child becomes ill, the Acton Cooperative School will phone the contacts listed on your calling chain. If the parent/guardian cannot be reached, it may become necessary to release your child to one of the contacts on your list. I hereby authorize the Acton Cooperative School to release my child _____ to any of the persons listed in the above "Illness/Emergency Calling Chain":

Parent's Signature

Date

Child's Name _____

School Year 20____ - 20____

6. Teacher's File Form

Child's given name: _____

Name of child to be used in school: _____

Date of Birth: _____

Names and ages of brothers and sisters: _____

Do you suspect any slight problems (visual, auditory, speech, muscular)? _____

Are there any allergies or food restrictions? _____

Do you foresee a separation problem? If so, how will your child react? _____

What kinds of situations are the most stressful or fearful for your child? _____

When under stress or pressure, what is your child's most characteristic behavior? _____

Child's Name _____

School Year 20____ - 20____

What kinds of activities does your child enjoy at home and with whom? _____

How do you see your child (i.e., out-going, aggressive, shy, etc.)? _____

In what area(s) are you particularly interested in having your child develop? What do you want your child to get out of this school experience? [Note: Please understand it is not our policy to stress structured academics (i.e., drilling, numbers, alphabet, etc.) We do combine this in our program, but it is done in an informal manner through games, objects, discussion and other methods.]

What kind of classroom atmosphere do you prefer? _____

Please add any comments that might further our understanding of your child. (Use back of page or extra sheet if necessary). _____

Child's Name _____

School Year 20____ - 20____

7. Developmental History *(please answer where relevant)*

Child's Name: _____ Birth Date: _____
Last, First

7.1 Personal History

Type of Birth: _____ Any complications? _____

Age child began: Sitting _____ Crawling _____ Walking _____ Talking _____

Special words to describe needs: _____

Language spoken in the home: _____ Any history of colic? _____

Does child use pacifier or suck thumb? _____

Does child have a fussy time? _____ If so, when? _____

How do you handle this time? _____

7.2 Health

Has child had any serious illness or hospitalization (describe)? _____

Does child have allergies (asthma, hayfever, insect bites, medicines or food)? _____

Are any medications given regularly?)? _____

7.3 Eating

Are there any special feeding problems (including special diets)? _____

Favorite foods? _____ Foods refused? _____

7.4 Toilet Habits

What is used at home? Potty chair _____ Special child seat _____ Regular seat _____

Does child indicate bathroom needs? _____

Word for urination? _____ Bowel Movement? _____

Is the child afraid of the bathroom? _____ Does the child have accidents? _____

7.5 Sleeping Habits

Does the child take naps? Mornings from _____ to _____ Afternoons from _____ to _____

What time does the child go to bed for the night? _____ Any nighttime awakenings? _____

What does the child take to bed? _____

What time does the child awake in the morning? _____

Mood upon awakening? _____

7.6 Social Relationships

Has child had experiences playing with other children? _____

By nature is he/she: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

How does child relate to new people? _____

Does child play well alone? _____ What is child's favorite toy? _____

Is child frightened by: Animals? _____ Rough children? _____ Loud noises? _____

Dark? _____ Storms? _____ Anything else? _____

Who does most of the disciplining? _____

What is the best way of handling the child? _____

How do you comfort the child? _____

7.7 Daily Schedule

8. Parent Interests

As members of a cooperative school, each family shares time, talents, and resources in order that all phases of our school (facilities, equipment, program) may be of high quality. In addition to routine helping in your child's classroom, you may be called on during the year for special help.

Parent's Name: _____

Occupational Training and Experience: _____

Hobbies, Interests: _____

Parent's Name: _____

Occupational Training and Experience: _____

Hobbies, Interests: _____

Email address: _____

Could you help with any purchasing discounts? _____

Do you have power tools? _____

Do you have access to a truck or trailer? _____

What musical instruments do you play (indicate which parent)? _____

9. PARENT RESPONSIBILITIES (parent copy)

The success of a cooperative nursery school depends on the commitment the parents make to the school. For this reason we are asking each family to fully understand the expectations of our school. *Please sign and return one copy to the school and save the other copy for your reference.*

- **Parent Helping Day** – Approximately one day per month, each parent is scheduled to assist in the classroom and provide snacks and drinks. The parent helper should arrive 15 minutes prior to the start of class for orientation and instructions and plan to stay 15 minutes late to clean up.
- **Alternate** – Keep your alternate day open in case the scheduled parent cannot help. It is the alternate's responsibility to find a parent helper for the class if the scheduled parent helper and the scheduled alternate cannot help. If a parent cannot fulfill their commitment as an alternate, first call other parents in the class to arrange a switch of helping days. If a switch cannot be made, the scheduled alternate must (1) call a Paid Alternate from the list in the Information Book and (2) pay the school \$35 (\$30 - Paid Alternate fee and \$5 - administration costs).
- **Phase-In** – During the first week of school a gradual phase-in schedule is followed with shortened hours to help children adjust to their new school experience. Parents are **required** to stay in the church during those hours on the first day for a phase-in meeting, to meet other parents and be available in case your child has separation difficulties.
- **Work Parties** – There are three work parties during the year; each class is scheduled to be in charge of one. Your class will be assigned to the Start of School Maintenance, Winter or Spring Clean up.
- **Committees** – Each family is assigned to at least one working committee. Some committees have a greater workload than others do, so care will be taken to even out the responsibility.
- **Parent Meetings** – Four meetings are held during the year. Parents are **required** to attend all four meetings. Three of the meetings are held at the church at 7:30 PM.
 - **September** - Orientation Meeting
 - **November** - Wine and Cheese Party (place to be announced)
 - **February** - Budget Meeting
 - **May** - Elections and Committees Meeting
- **Fund Raising** – Each family agrees to support the fund raising events of the year.
- **Field Trips** – Some parents will be asked to accompany their child's class on walking field trips.

I agree to fulfill my commitment to the Acton Cooperative School as described above.

Parent Signature

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(you may keep this page for your reference)

COMMITTEE DESCRIPTIONS

Each family must be represented on at least one working committee. The Committee Coordinator will make assignments based on the Choice Form turned in by parents at the May 1st Parents Meeting. The Chairperson will notify their members over the summer.

Committee/ Member Title	Description	Person Responsible
Room/Calling Parent	Act as first link in telephone calling chain for class; respond to family events of class members (i.e., new baby); organize "Playground Days" before school starts; organize two class coffees for parents; collect money for school activities; and generally act as the "Welcome Wagon" of the school/class.	Chairperson plus 1 parent per class
Schedule Parent	Organize, maintain and oversee schedules for parent helping days and alternate days. Chairperson will distribute information and forms. Schedules must be distributed to parents at least one month in advance.	Chairperson plus 1 parent per class
Health Secretaries	Maintain first aid boxes; meet with Town Public Health nurse as needed; respond to routine health needs of school (i.e., checking for head lice).	3 parents (1 must be a nurse)
Librarians	Maintain and inventory school library, choose books for classes and reshelv returned books.	3 parents
Book Club	Monthly responsibilities include: distribute book club orders to parents; collect all orders and checks; place order with Book Club Company; and distribute ordered books to parents.	2 parents
Fund Raising	Organize and run events to benefit school, specifically in terms of capital equipment. In recent years a solicitation letter to parents has been very successful as the main fundraiser, with one or two other small events.	Board member plus a committee
Computer Support	Handle all computer questions and offer office support.	Committee
Duplicating	Provide copies as needed (if you do not have access to a copier you may take information to a copy center at your own expense). Expect to provide 200-300 copied pages once during the year.	Committee
Sewing	Repair and maintain dress-up clothes in all 3 classrooms.	Committee
Maintenance	Repair/maintain toys and climbing apparatus, usually one small individual job plus one large "committee job" per year.	Committee
Parent Education	Develop educational programs for parents (evening or daytime).	Committee
Membership	Show the school to prospective parents particularly during registration. Committee members choose specific times they will be available to do tours; board member schedules visitors accordingly.	Board member plus a committee
Hospitality	Provide refreshments for Parent's Meetings and Open House.	Committee

11. Paid Positions

Three paid positions are offered to the parents. If you are interested in any of the positions please fill in the following information:

- 1. Baby Sitting for occasional board meetings

- 2. Substitute Teacher

Please list the class(es) and day(s) you would be interested in working:

- 3. Paid Alternate (The paid alternate substitutes for the Helping Parent.)

Please list the class(es) and day(s) you would be interested in working:

12. Committee Choice (please see descriptions on the following page)

Please indicate below your 1st, 2nd, and 3rd choices for the committee in which you would like to participate. Thank you.

Parent Name: _____

Phone: _____

Child's Class: _____

First Choice: _____

Second Choice: _____

Third Choice: _____

Please explain any special circumstances or experience you have that we should know about when assigning your committee: _____

PLEASE RETURN AS SOON AS POSSIBLE SO THAT COMMITTEE SELECTION CAN BE READY FOR PUBLISHING IN OUR YELLOW BOOK.