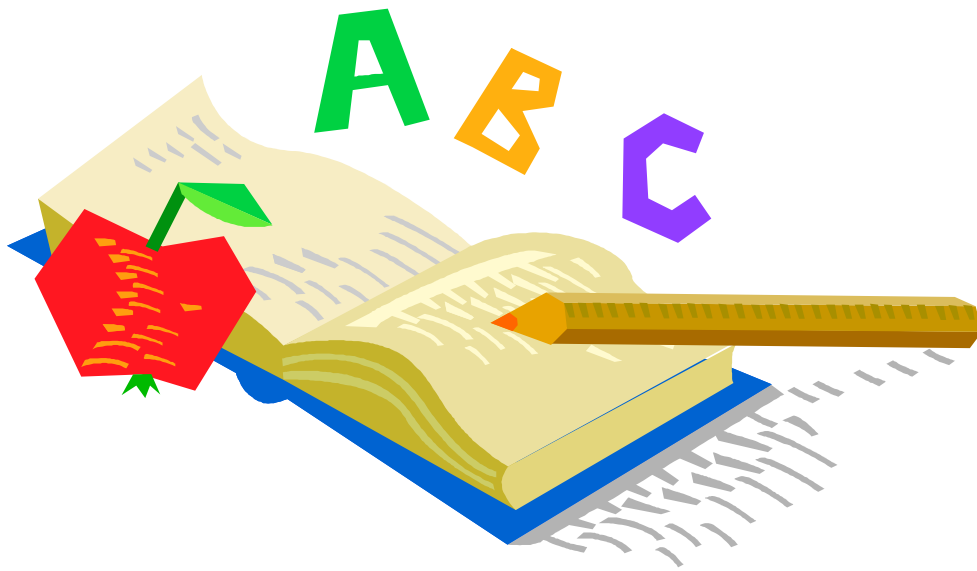




# Handbook

**For Childcare, Camps  
& Preschool**



We help children soar!

**(860)350-9121**

**17 Pickett District Road ~ New Milford**

**[www.TopFlightSportsCenter.com](http://www.TopFlightSportsCenter.com)**

Dear Parents,

We are delighted that you have chosen Top Flight's Childcare & Camps. Our staff is confident that your child will have an outstanding experience filled with friendships and memories to last a lifetime. Please take time to read the details of this handbook and the enclosed paperwork to ensure that you and your child, will be prepared for the first day of childcare, camp or Preschool.

## **OPERATING POLICIES**

### **Educational Philosophy**

As with all of our programs, a single philosophy guides everything we do; nothing is more important than a child's self esteem. We strive to develop happy, healthy, responsible kids.

Top Flight Childcare is a full service program serving ages 3—12 years.

The program is designed to provide a stimulating, safe environment that emphasizes healthy minds, bodies, and attitudes through creative educational experiences while meeting the full and part time needs of families in New Milford and surrounding communities.

The happiness, safety and well-being of the children are our primary objectives. We strive to provide a warm and nurturing environment for children.

### **State Licensed**

Top Flight Childcare is licensed by the State of Connecticut. The license is displayed in the office. We are periodically inspected by regulatory agencies to ensure the best for your child in the areas of education, health, safety, and other specific requirements mandated by Connecticut Department of Public Health and Addiction Services.

### **Equal Opportunity Provider**

Top Flight Childcare is an equal opportunity provider. Applications for enrollment are accepted without regard to race, religion, sex or national origin.

### **Programs**

Top Flight Childcare & camps offers full and part time options for 3-12 year olds. The curriculum is designed with the individual child in mind. It is centered around monthly and weekly themes that encourage active participation in a creative environment. Program goals actively address the child's gross and fine motor skills, cognitive, physical, and emotional developmental needs. All of our programs are available on a term basis. You register your child for a 9-10 week term and tuition is due at the start of the term. There are 4 terms throughout the school year. The summer is available on a week by week basis, and you need only register for the weeks you require care. For a complete listing of term dates and pricing refer to our website [www.topflightsportscenter.com](http://www.topflightsportscenter.com). Children are given the opportunity to swim in our pool, play in Planet Play, go through obstacle courses in the gym all under the supervision of our staff.

### **Full Time Childcare & Camps**

Available for ages 3-12 years. Hours are Mon-Fri, 7AM-6PM. Most school holidays, all early dismissals and delayed openings are included. Extra charges apply for "snow days" and the holiday and spring vacation breaks if your child attends.

### **On Demand Childcare**

Part time child care is available. You tell us the days and times you require childcare. We do require 24 hour notice if your child's schedule does happen to change. Charges are only incurred when your child attends. There is always a minimum charge for 1 hour. All on demand customers are asked to put down a deposit at the beginning of each term. Children will clock in and out on our childcare time clock. Charges will be computed based on those punches and charges will be deducted from the deposit on your account.

## **4 Year Preschool**

Discover the pride that your child will develop and express as they learn to do it by themselves. This program focuses on cognitive and language development, creative exploration and gross and fine motor development. It is designed to prepare the children for their Kindergarten experience. The children will take part in such activities as creative theater workshops, art lessons, creative dance and movement, introduction to reading and math readiness skills. The program is M,W, F hours are 9AM-1PM. Tuition is on a term basis. Each term is 9-10 weeks long and payment is due prior to the start of the term

## **3 Year Preschool**

With an emphasis on dramatic play, interest and discovery tables, number and letter recognition, social, emotional and character development, your child will begin to explore the world around them. A Tuesday, Thursday program. Hours are 9AM-1PM. Tuition is available in 4 term installments. Terms are 9-10 weeks. Payment is due at the start of the term.

## **Summer Camp**

Sun and Fun! Top Flight provides a joyful, fun-filled camp program for ages 3-12 years. Our children enjoy outside activities, arts and crafts, swimming, obstacle courses and much more. Field Trips will be scheduled as well as special guests and events. There are many childcare options to choose from. Fulltime care (7AM-6PM Mon-Fri) or Regular camp (9AM-4PM Mon-Fri), or Preschool camps (9AM-1PM with a 5 days/wk , 3 days/ week or 2 days/ week option).

## **Clothing**

Your child will be active both indoors and out. It is important to be dressed in comfortable, practical (washable) play clothes that will adapt to food spills, paint, sand and water. Clothing should be easy for your child to manage by themselves. While our staff is helpful to the children, the child must be self sufficient in the bathroom. We ask that you label jackets, sweaters, hats, bathing suits, towels, and other clothing that might be removed. Children are required to wear shoes. **Please provide shoes your child can put on and remove themselves. Please send sufficient changes of clothing for possible accidents.**

## **Outdoor Play**

Fresh air and exercise are important to a child's good health. During inclement weather, we plan indoor activities. We carefully monitor outdoor play and provide adequate water and shade. Please be sure your child has appropriate clothing for all seasons. Hats, gloves, snow pants and boots are needed during winter months. During the summer months, sunscreen for your child's protection is recommended. **You must apply sunscreen before your child attends school/camp.**

## **Lunches and Snacks**

Student should bring their own lunch and snacks. They should have the appropriate amount of food and drinks depending on the number of hours they are in school. Example: children attending a full day should have at least 3 juice boxes (including water) to go with their two snacks and lunch. Snack is offered at 9:30am, lunch is offered at 12:00pm, and the afternoon snack is offered at 3:00pm. **All preschool children are required to have a cold pack in their lunch box. Please pack utensils if needed.**

## **Birthdays**

If you wish to arrange a birthday treat for your child's group, please arrange the date and time with his/her teacher. **Due to allergies please don't bring anything in that has nuts or chocolate.**

## **Disaster and Fire Drills**

Top Flight has well-defined plans for both fire and weather/disaster evacuations. Fire drills are held regularly. Should an emergency require evacuation of the center occur, you will be notified immediately.

## **Parent Involvement/Visits**

We encourage you to visit often, join us on field trips and share your skills and talents with us. Our staff is eager to involve you wherever and whenever possible. Informal conferences are encouraged and arranged whenever you need them. Preschool parents receive a weekly lesson plan to inform you of special educational themes and ideas. Many notices and events of parental interest are posted on the bulletin board to keep you posted regarding our activities. We have an open door policy and parents are encouraged to visit frequently. Please be sure to check in with the Front Desk.

## **Personal Belongings**

**We discourage your child from bringing toys from home because of potential for loss and breakage.**

All of your child's clothing should be labeled. Should your child lose clothing or a possession, check with the teacher immediately. Top Flight is not responsible for lost or damaged items.

## **Arrivals**

Top Flight opens at 7:00 AM and children will not be accepted before then. Preschool activities officially begin at 9:00 AM and we ask that parents drop off children before that time if possible. Summer camp drop off is at 8:45 AM. Please be sure to sign your child in on the appropriate sign in sheet as well as clocking him/her in as well. Top Flight can not be responsible for children who are not properly signed in or clocked in.

Always say good-bye to your child even if tears are eminent. It is important to let them know that you have not vanished and that you will return. Please advise the teacher of any pertinent information regarding your child's behavior.

## **Departures: Full Time Children**

Top Flight Childcare & Camps closes promptly at 6:00 PM. All children must be picked up before that time. Parents of children not picked up by 6:00 PM will be charged a **late fee of \$30.00 for every 15 minutes per child or part thereof** beyond 6:00 PM. Please be sure to sign your child out and clock him/her out for the day. Any child not signed out or clocked out will be charged up until 6PM(when childcare closes). If your child is signed up for any of our camp programs, they must be picked by the time their program ends or they will be subject to this same late fee. (i.e. If your child is enrolled in a 9AM-4PM camp their pickup time is between 3:45-4:00 PM. If they are picked up after 4:00 you are subject to the late fee).

When a delay is inevitable, please contact the center and inform the staff. Please note that this does not, however free you of the late charge. Please call the front desk at (860) 350-9121 or the childcare emergency line at (860) 210-9059.

## **Departures: Part Time Children**

The educational preschool hours are between 9:00am-1:00pm. All children in the Preschool program must be picked up by 1:00pm. The above highlighted late fee policy applies for children picked up after 1:00 PM. If you are interested in having your child remain in the care of Top Flight beyond 1:00pm, you need to schedule that at the front desk.

No child will be released from the program to an unauthorized person. Prior written permission from the parent and satisfactory personal identification must be obtained prior to the release of your child. To avoid unnecessary delays, please take care of arrangements in advance.

Parent who are habitually late picking up their child may be requested to seek alternate care which better meets their scheduling needs.

**Top Flight Preschool abides by all legally served court orders. We must have a notarized court order on file regarding parental custody matters.**

## **Mandated Reporters**

We are required by law to report suspected child abuse and neglect to proper authorities within 12 hours of suspected abuse.

## **Registration**

Customers are required to register for a term of childcare. Terms average 9-10 weeks and are broken into 4 terms throughout the school year. The summer is available on a weekly basis. Registration is offered online at a significant discount for all of our programs. You must register online before the term begins in order to get this discount. All major Credit cards, Debit cards and electronic check payments are accepted online.

## **Tuition**

Students register for a September-June School year. Tuition is due in 4 term installments, each term is 9-10 weeks long. Tuition is always due prior to the start of the term. Top Flight offers an online registration price with a discounted price available only online. July and August (Summer Camp) are available on a weekly tuition basis. Part time Childcare (On Demand Childcare) is also available. A deposit is required at the time of registration and at the start of each term. Your hourly rate is then deducted from the deposit when charges are computed every two weeks. On demand is only available during the school year.

## **Physicals and Health Forms**

All students are required by state law to have had a physical examination. For children 3-5 they must have a physical within 12 months. For children 6-12 they must have a physical within 36 months of the first day of school. Please have your physician complete the enclosed State of CT form and return it no later than two weeks prior to the start of school. You will also find a form enclosed for you to fill out concerning additional information to ensure your child's safety. Children will not be admitted to school unless these forms have been returned in advance for our medical director's review.

## **IRS Statement**

Top Flight Preschool does not provide an itemized statement for tax purposes. We will provide you with our taxpayer identification number for the childcare expenses form. A summary of charges is also available upon request.

## **Refunds**

Enrollment fees are non-refundable.

## **Returned Check Policy**

Top Flight charges a \$20.00 fee for returned checks

## **Notice of withdrawal**

We must receive 30 days written notice prior to withdrawal from Top Flight Preschool. The management of Top Flight reserves the right to terminate a child's enrollment for any reason.

## **Make up Days**

We cannot grant opportunities to make up lost days as a result of absences for any reason.

## **Holidays**

Top Flight Childcare is closed for the following holidays: Labor Day  
Thanksgiving & the Friday after  
Christmas Eve & Christmas & the day after  
New Year's Day  
Good Friday  
Memorial Day  
4th of July

Please refer to our website for exact vacation dates.

### **Preschool**

Please note: preschool follows the New Milford Public School system calendar and will be closed for school holidays, school vacations and we will also adhere to the public schools decision regarding snow days or delayed openings. (i.e. if the New Milford Public school has no school, there will be no preschool. If the New Milford Public school has a one hour delay, preschool will have a one hour delay, etc.)

### **Medical Policy**

In the interest of your child's health and the health of children enrolled in Top Flight we require that ill children be kept at home or that other arrangements be made for their care. Top Flight asks that a child who becomes ill during the school day be taken home within one half hour if the develop any of the following symptoms

Conjunctivitis (Pink Eye)  
Runny nose with green or yellow discharge  
Temperature of 100.1 degrees or higher  
Diarrhea  
Vomiting  
Unidentifiable rash  
Any contagious disease or infection

**Your child may return to Top Flight when they are free from the above symptoms for 24 hours.**

If a child develops any of the aforementioned symptoms while at the center they will be moved to our sick room behind the front desk. The parent will be called and asked to pick up the child immediately. If the child's parent cannot be reached, one of the emergency contact will be called to come and pick up the child. The contacts and permission for the release of the child to the emergency contact person are provided by the parents on Top Flight's emergency forms.

The emergency contact person will be asked for personal identification before the child is release to their custody. It is the parent's responsibility to keep the Emergency Contact information current. It is of utmost importance in case of an emergency. Please notify Top Flight when emergency or pediatrician's telephone numbers change.

An emergency vehicle will be called when deemed necessary if a serious accident or illness occurs. Parent or their designated Emergency Contract will be asked to transport their child in less serious situations.

### **Medical Forms**

Your child's current medical and immunization forms are required as part of the registration package, which must be complete before their attendance begins. These forms must be updated in compliance with Connecticut State Law. It is very important that information regarding your child's physician and designated hospital be on file at Top Flight. All forms must be handed into the office at least 24 hours before your child attends childcare so that the staff can have a chance to review. Forms will only be accepted during office hours Mon-Fri 9AM-6PM.

### **Medication**

In the event that your child is required to take medication during their time at Top Flight we must have an Authorization to Administer Medication form filled out and signed by both you and your physician. All prescription medications must be in the original packaging, complete with directions, pharmacy name and phone numbers, doctor's name and expiration date. No expired medications will be accepted. Medications are required to be locked up. When you arrive please hand over the medication and necessary paperwork to one of our staff. No child is allowed to have medication on their person or in their belongings at any time (not even aspirin). These procedures must be followed for all medications even over the counter cold/allergy remedies.

### **Contagious Diseases**

Childhood diseases and illnesses are part of growing up. You will be notified of any incidence of contagious diseases affecting children at Top Flight. We report such diseases to the local health authorities, as required by law. Children absent due to a contagious disease may not return to Top Flight without a signed statement form a physician indicating they are no longer contagious, and is ready to return to regular program activities. When your child is absent due to illness please notify Top Flight.

## **Discipline Policy**

### **Time Outs**

If a child is being disruptive and interfering with activities going on around them, he/she will be placed in a setting slightly away from the group, where they are still able to observe the group and be under the supervision of a staff member. The length a child will have to be sitting out will be determined by the age of the child. A Staff member will explain to the child why they are being asked to “gather their thoughts” and will speak to the child before they are allowed to rejoin the activities.

### **Bullying/Aggressive Behavior**

Top Flight has a “no tolerance” policy towards bullying or aggressive behavior. This pertains to staff as well as children under our care. Under no circumstances will a staff member use abusive, neglectful, humiliating or frightening punishment. No child will ever be physically restrained unless it is necessary to protect the safety and welfare of the child or others. If necessary this will be done in as gentle a manner as possible, while trying to make sure the child understands why it is necessary. No child will ever be removed from a class room and put into isolation. He/ she will also be under the supervision of a staff member.

If a child is bullying, harassing, or becoming physical with another child or staff, the following steps will be implemented:

1st Time— The child will be spoken to. They will “sit out” for a period of time to think about their behavior. The responsible staff will fill out a form from the Behavioral Log; a copy will be given to the parent/guardian. The original will be filed in the Behavioral Log.

2nd Time— The child will be removed from activities and place behind front desk. The Director will call parents/guardian to make them aware of the situation. A meeting will be held with the Director, child and parent/guardian. A plan of correction will be agreed upon by all parties: (i.e. How can we stop this behavior?, What are the consequences?)

3rd Time—The child will be removed from the program.

### **Inappropriate Language**

Any child who is speaking inappropriately will have their parents called to come pick up their child. The child will have a one day suspension from the childcare program ( this does not mean the day of pickup, but the next scheduled childcare day). If this becomes a recurring problem, it will be treated in the same manner as bullying or aggressive behavior.

## 4 Year Old Preschool Daily Activities

9:00a.m.-9:30a.m. Children Arrive/ Planet Play

### Free Play

Manipulatives– fine motor skills development, blocks, drawing, puzzles, legos, and cars

Socialization– communicating and playing with other children/ages

Play Area– imaginary/ creative play, house, kitchen, workshop, etc.

9:30a.m.-10:00a.m. Wash up/ Snack

10:00a.m-11:15a.m. Centers (art, circle, science, math, fine motor)

**Art:** Cutting– using scissors

Gluing– controlling amounts and applying to proper areas

Painting– mixing colors from primary colors

Coloring– drawing their own designs. Controlling crayons/ markers/ pencils

Stenciling– pencil tracing

\* All of these are in preparation for writing

\* Projects have alphabet, colors, and shapes incorporated.

**Circle:** Calendar– number recognition, counting precisely, one number at a time, days of the week, how to figure out the day, month and season

Weather– dressing, recognizing weather changes, today's weather, yesterday's weather, understanding appropriate clothing

Discussion– what do you have to say? One person talking, everyone else is listening, taking turns, sharing

Flannel Board– Stories, games and counting (alternating daily)

Books– misc., fairy tales, nursery rhymes

Songs– ABC's finger play, holiday or misc.

**Math:** Patterns– recognizing, categorizing, geometric shapes

Numbers– recognizing, counting, classifying objects, shapes and numbers

Project– based on the number we are working on

**Science:** Circle Time– exploration into different aspects of science( fish, Space, Earth, plant life, mammals, reptiles, etc.)

Projects– based on the topic worked on during art time

Story/ Film– referring to science topic

Telling Time– children's input and reflection of understanding the topic.

Cooking– creating and mixing something new

**Fine Motor:** lacing, tracing, coloring, writing, puzzles etc.

11:15a.m.-12:00p.m. Free Play (Outdoor/ Planet Play) or Pool - depending on the day

Outdoor Play– we have access to playground across the street or field

Planet play– will use depending on how busy it is

Pool– children have access to the shallow part of the pool where they they can play with water toys/ other children. The day the children will use the pool will be announced.

12:00p.m.-12:30p.m. Wash Up/ Lunch

12:30p.m.-1:00p.m. Gym

1:00p.m.– Pickup

### **3 Year Old Preschool Daily Activities**

9:00a.m.-9:30a.m. Children Arrive/ Planet Play

**Free Play:** Manipulatives– fine motor skill development (books, drawing, coloring, legos, etc.)

Play Area– imaginary/ creative play provides socialization, communicating and playing with other children/ ages inspiring nurturing/ helpful activities (kitchen, house, dress-up, etc.)

9:30a.m.-10:00a.m. Wash Up/ Snack

10:00a.m.-11:15a.m. Centers (art, circle)

**Art:** children are using various materials relating to theme

**Circle:** welcome, calendar, weather, weekly/daily themes and discussion.

Sharing stories, songs, learning games

11:15a.m.-12:00p.m. Bathroom/ Wash Up/ Outdoor Play/Planet Play

12:00p.m.-12:30p.m. Wash Up/ Lunch

12:30p.m.-1:00p.m. Gym

1:00p.m.– Pick up

### **Afternoon Schedule for Kindergarten and Fulltime Children**

1:00PM-2:00PM Rest

Kindergarten: Circle/Manipulative

2:00PM-3:00PM Gym/ Outdoor Play (Kindergarten)

3:00PM-3:15PM Wash Up/Snack

3:15PM-4:00PM Planet Play

4:00PM– 5:00PM Free Play/ Indoor or Outdoor Play/Pool

5:00PM-5:30PM Manipulative

5:30PM-6:00PM Quiet Activities

### **Grade School Activities (Afterschool)**

3:30PM-3:45PM Arrival, Bathroom breaks, Hand Washing

3:45PM-4:00PM Snack Time

4:00PM-5:00PM Scheduled Activity

5:00PM-6:00PM Homework/Quiet Time (Homework help available)

**\* on a “no school day” school age children will follow a schedule similar to Summer camp. Children should be prepared to swim, play outside and go in the gym.**

## Summer Camp Daily Activities

### Youth Camp

9:00AM-9:45AM Planet Play

10:00AM-11:00AM Outdoor games & activities

11:00AM-11:30AM Snack & Change for Swim

11:30AM-12:30PM Open Swim

12:30PM-1:00PM Lunch

1:00PM-2:30PM Games & Activities  
(Gym & Outdoors)

2:30PM-3:45PM Open Swim

3:45PM-4:00PM Pick up time

### Preschool/Kindergarten Camp

9:00AM-9:30AM Games & Activities(Gym)

9:30AM-10:00AM Snack

10:00AM-10:30AM Room Play & Arts & Crafts

10:30AM-11:30AM Outdoor Games & Activities

11:30AM-12:30PM Open Swim

12:30PM-1:00PM Lunch

12:45PM- 1:00PM Pick Up

## Handbook Acknowledgment

This is to acknowledge that I, \_\_\_\_\_ have read and understand the Top Flight Childcare/Camp/Preschool handbook and have read and reviewed with my child the Topflight discipline policy. I have also handed in The Early Childhood Health assessment and The Top Flight Childcare Student Information Form at least 24 hours before my child begins attending Top Flight. (Forms are only accepted Mon-Fri 9AM-6PM).

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Parent or guardian's signature

Date

# TOP FLIGHT CHILDCARE STUDENT INFORMATION

*To be filled out by the parent/legal guardian.  
Please return this form to us prior to the start of your child's session.*

Child's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Mom's Home Address \_\_\_\_\_ Dad's Home Address \_\_\_\_\_

Mom's Work Address \_\_\_\_\_ Dad's Work Address \_\_\_\_\_

Mom's Home # \_\_\_\_\_ Dad's Home # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Please list any additional person who would be allowed to pick your child up from Top Flight and all their contact numbers. Your child will only be released to an authorized individual.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

## CONSENT FOR TREATMENT

This is to certify that for the time from \_\_\_\_\_ until my child no longer attends Top Flight Sportscenter, I/we hereby constitute and appoint Top Flight Sportscenter my true & lawful attorney for the purpose of authorizing consultation with the emergency or Family Physician for my child(ren).

## PERMISSION AGREEMENT

- A. I/we grant permission for my child to use all of the play equipment and participate in all activities at Top Flight Sportscenter unless noted here: \_\_\_\_\_
- B. I/we grant permission for my child to leave the Top Flight Sportscenter premises under the supervision of a staff member for neighborhood walks and to play at the Creative Playground.
- C. I/we grant permission for my child to be included in evaluations and pictures connected with Top Flight Sportscenter
- D. I/we grant permission for Top Flight Sportscenter to take whatever steps may be necessary to obtain emergency medical help if needed. These steps may include, but are not limited to the following:
  1. Administer First Aid
  2. Attempt to contact the child's physician
  3. Attempt to contact the parents(s) listed above on emergency contact info. **(Please note it is the parent's responsibility to make sure this info is kept up to date at all times. Top Flight can not be held responsible for inaccurate information provided by the parents).**
  4. If we can not contact a parent or family physician we will do all or any of the following:
    - Call our staff physician
    - Call an ambulance(911)
    - Have the child taken to the hospital in the company of one of our staff, staff member vehicle, or Other program vehicle.
    - Any expenses incurred as a result of any of the above will be borne by the child's parent or guardian.
- E. Top Flight Sportscenter will not be held responsible for anything that happens as a result of false or misleading information given at the time of enrollment.
- F. Top Flight Sportscenter will not assume responsibility for any child that is not signed in and clocked in by a parent or legal guardian when he/she arrives for the day. If your child is not signed out and clocked out you will be charged through 6 PM.

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Parental/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# State of Connecticut Early Childhood Health Assessment Record



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 I) which will also be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse, a physician assistant or the school medical advisor prior to entering an early childhood program in Connecticut.

*Please print*

Name of Child (Last, First, Middle)		Social Security Number	Birth Date	Sex
Address (Street)		Race/Ethnicity		
(Town and ZIP code)		<input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other		
Parent/Guardian (Last, First, Middle)		Home Phone Number	Work/Cell Phone Number	
Early Childhood Program			Program Phone Number	
Primary Health Care Provider	Preferred Hospital	Health Insurance Company/Number* or Medicaid/Number*		

\* If applicable

If your child does not have health insurance, call 1-877-CT-HUSKY

### Part I — To be completed by parent

**Important: Complete Part I before your child is examined.  
Take this form with you to the health care provider's office.**

Please check answers to the following questions in columns on the left.  
(Explain all "yes" answers in the space provided below.)

- |     | Yes                      | No                       |   |
|-----|--------------------------|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns about your child's general health, development or behavior?  |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your child been diagnosed with any chronic disease <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> seizure disorder <input type="checkbox"/> other _____ |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies (food, insects, medication, latex, etc.)? Please specify: _____  |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Does your child take any medications (daily or occasionally)?   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any hospitalization, operation, major illness or injury, or significant accident?  |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with wheezing or excessive night coughing?   |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination?   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a dental examination in the last 12 months?  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Would you like to discuss anything about your child's health with the child care provider or health consultant/coordinator?   |

Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

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I give permission for release of 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
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\*This form only has to be filled out if your child has a chronic illness (i.e. asthma, diabetes, anaphylaxis, seizures etc.)

## Individual Care Plan

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

Chronic Disease Assessment: \_\_\_\_\_

Signs & Symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Care needed while child is at school:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Parent/Guardian Authorization for the Administration of  
Non-Prescription Topical Medications by Child Care Personnel

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a child care staff member of the \_\_\_\_\_.

(Name of child day care program)

I understand that I must supply the child care program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

Reason medication is being administered: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**I have administered at least one dose of the above medication to my child without adverse side effects.**

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Staff to complete:

Parent authorization form and medication received by: \_\_\_\_\_

(Signature of staff)

Medication Started: \_\_\_\_\_ (date and time)

Medication Ended: \_\_\_\_\_ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.

## Authorization for the Administration of Medication by Child Day Care Personnel

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

### Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug?  YES  NO

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Medication Administration Start Date \_\_\_/\_\_\_/\_\_\_ Stop Date \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug: Allergies?  YES  NO Reactions to?  YES  NO Interactions with?  YES  NO

If "yes" to any of the above, please explain \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Signature \_\_\_\_\_

### Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

Name of Day Care Program \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Relationship to Child:  Mother  Father  Guardian/Other explain: \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Name of Childcare Personnel Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink) \_\_\_\_\_