



Dear Parents,

Welcome to the Co-Op family. Enclosed with this letter are the forms and documents that you and your child will need to have on file before school begins in September. These forms are required by our licensing authority, The Department of Early Education and Care (EEC). Please return these forms by July 1, 2023 to P.O. Box 142, Chelmsford, MA 01824 or scan and email to director@centralcoop.org.

Forms/Documents Required:

- Tuition Contract & Policy Agreement**
- Emergency Release/First Aid & Emergency Medical Care Consent**
- Transportation Plan & Child Release Consent**
- Child's Information Form**
- Developmental History & Background Information**
- Walking Field Trip Permission, Photo Permission, and Parent Handbook Acknowledgement**
- Teacher Questionnaire**
- Child's Medical/Physical Form** – This form must be issued from your child's pediatrician. Please be sure that your child's medical/physical form includes a Lead test, Hepatitis B, and Varicella immunizations. These inoculations are required by the Commonwealth of Massachusetts Department of Health for entrance into school. Children must have a Lead test each year while they attend preschool. Your child will not be able to start school until he/she has a recent Lead test.
- Allergy Information** – Please complete this form even if your child has no known allergies.
- Medication Consent Form** – for children who require medication during school hours
- Individual Health Care Plan Form** – for children with allergies and medical issues
- Facebook Closed Group Permission Form**
- EEC Background Record Check: Candidate Consent Form** – This form must be filled out by any parent/guardian who will be volunteering in the classroom and who will be fingerprinted per EEC regulations. Be sure to write the last 6 digits of your SSN and include a copy of your driver's license.
- EEC Emergency Response training certificate** – This brief online training must be completed by any parent/guardian who will be volunteering in the classroom.
- A copy of your child's birth certificate**
- Two photographs of your child** – one for his/her file and the other for his/her teacher



Fee Schedule:

Five Day 9:00am – 12:00pm	\$545.00/month	Five Day Full Day	\$956.00/month
Four Day 9:00am – 12:00pm	\$483.00/month	Four Day Full Day	\$825.00/month
Three Day 9:00am – 12:00pm	\$404.00/month	Three Day Full Day	\$708.00/month
Two Day 9:00am – 12:00pm	\$309.00/month	Two Day Full Day	\$579.00/month

Please Note: The first tuition payment is due on July 1, 2023. The tuition is payable in one annual payment before the start of the academic year or in ten equal installments; July through April.

Meet & Greet:

The meet and greet will occur on Wednesday, September 6, 2023. Please take note of the times per teacher below:

Teacher	Meet & Greet Time
Mrs. P. (MWF)	9:00am – 9:45am
Mrs. Krochune (MWF)	9:00am – 9:45am
Mrs. P. (TTH)	10:00am – 10:45am
Mrs. Krochune (TTH)	10:00am – 10:45am
Mrs. Holden	11:00am – 11:45am
Mrs. Sheehan	11:00am – 11:45am

Please Note: If needed, we will update this information as we get closer to September.

First Days of School:

The first days of school for the 2023-2024 school year will be:

Thursday, September 7, 2023 for Tuesday/Thursday, 4-day, and 5-day students. This is a ½ day.

Friday, September 8, 2023 for Monday/Wednesday/Friday students. This is a ½ day.



Mandatory Parent Meeting:

This year's mandatory parent meeting will occur on Wednesday, September 6, 2023. A portion of this meeting will be pre-recorded and a link will be sent to view before the teacher meetings.

Teacher	Parent Meeting Time
Mrs. Holden	5:00pm – 6:00pm
Mrs. P.	5:00pm – 6:00pm
Mrs. Sheehan	6:15pm – 7:15pm
Mrs. Krochune	6:15pm – 7:15pm

Please feel free to contact me with any questions and have a wonderful summer!

Suzanne Dionne

Suzanne Dionne

Director, Central Co-Operative Nursery School

director@centralcoop.org



Central Co-Operative Nursery School Calendar 2023-2024

September 6 – Meet & Greet and Mandatory Parent Meeting

September 7 – First day for TTH, 4-day, and 5-day students. This will be a ½ day.

September 8 – First day for MWF students. This will be a ½ day.

September 11 – Full day begins for MWF, 4-day, and 5-day students.

September 12 – Full day begins for TTH students.

October 9 – NO SCHOOL – Columbus Day

October 30 – Halloween parade for MWF classes

October 31 – Halloween parade for TTH, 4-day, and 5-day classes

November 10 – NO SCHOOL – Veterans Day

November 21 – Thanksgiving concert and feast

November 22 – Thanksgiving concert and feast; no full day – all classes dismiss at 12:00pm

November 23 – 24 – NO SCHOOL – Thanksgiving Break

December 21 – Holiday concert

December 22 – Holiday concert; no full day – all classes dismiss at 12:00pm

December 23 – January 1 – NO SCHOOL – Winter Break

January 2 – School re-opens

January 15 – NO SCHOOL – Martin Luther King, Jr. Day

February 19 – 23 – NO SCHOOL – February Break

March 29 – NO SCHOOL – Good Friday

April 15 – 19 – NO SCHOOL – April Vacation

May 10 – NO SCHOOL – Professional Development Day

May 27 – NO SCHOOL – Memorial Day

June 5 – Last day for MWF students

June 6 – Last day for TTH, 4-day, and 5-day students; no full day – all classes dismiss at 12:00pm

June 6 – Graduation (time TBD)

June 7 – Picnic Day – This is not a school day; details will follow next year.



Child's Name: _____ Date of Birth: ____/____/____

Mother/ Guardian Information

Name _____ Address _____ City _____ Zip _____
Home Phone _____ Business Phone _____ Cell Phone _____
Personal Email _____ Business Email _____

Father/ Guardian Information

Name _____ Address _____ City _____ Zip _____
Home Phone _____ Business Phone _____ Cell Phone _____
Personal Email _____ Business Email _____

**Program Choice: Please select program choice by placing a number 1, 2 or 3 on the appropriate lines below.
Classes are determined by enrollment. We cannot guarantee teachers or requests.**

Five Day/Full Day ____ Four Day/Full Day ____ Three Day/Full Day ____ Two Day/Full Day ____
Five Day/Half Day ____ Four Day/Half Day ____ Three Day/Half Day ____ Two Day/Half Day ____

Children must be 3 years old by October 1st to enroll in the Three Day class.
Children must be 4 years old by September 1st to enroll in the Four or Five Day classes.

\$65 Registration Fee Check # _____ Advance Tuition Check # _____ Amount \$ _____ Child's Start Date _____

2023-2024 CENTRAL COOPERATIVE NURSERY SCHOOL TUITION CONTRACT

- A non-refundable registration processing fee of \$65 per child is required.
- A non-refundable advance tuition payment will be due July 1, 2023. The tuition is payable in one annual payment before the start of the academic year or in ten equal installments, August through April, in addition to the advance tuition payment due July 1st.
- Checks for the remaining 9 months of tuition can be made payable to Central Cooperative Nursery School. Payments are billed on the 1st of each month and due the 1st of each month.
- A late charge of \$20 will be charged for checks received after the 15th of the billing month.
- Upon entering the program, I will download and read the Central Cooperative Nursery School Parent Handbook from www.centralcoop.org and will adhere to the policies set forth by Central Cooperative Nursery School.
- Return Check Policy: A service charge of \$25 will be charged for any and all returned payments.
- I have read and will adhere to the Policy Agreement on next sheet (Page 2 of Tuition Contract).

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

**CENTRAL COOPERATIVE NURSERY SCHOOL
2023-2024 POLICY AGREEMENT**

- **TUITION:**

One month non-refundable advance tuition payment per child is due July 1, 2023. This July payment secures your child's final placement in a class. Tuition is calculated on a school year and divided into ten equal payments starting July 1st and ending April 1st. **There will be NO tuition refunds based on child's illness, inclement weather, emergency or holiday closings, vacations or other legitimate conditions beyond the control of Central Cooperative Nursery School.**

- **FEES:**

Extended Day is available for an additional fee. Late Pick Up Time: Children not picked up on time from their regularly scheduled class time will be placed in the Extended Day Program. Extended Day fees will be prorated with a minimum half hour charge.

- **PRESCHOOL TUITION CONTRACT:**

The preschool tuition contract is for the full September through June preschool program year. I understand that once registration is accepted that I will be responsible for the full year tuition. I understand that the tuition will be divided into ten equal installments, but I will be required to pay the full year tuition regardless of whether my child withdraws, fails to attend or has incomplete attendance. Exceptions may be granted under limited circumstances with a written request to the Co-Op Director.

- **EMERGENCY CLOSURE:**

In the case of wide-spread health emergency or emergency closure, special policies regarding students, employees, and other related policies may be announced.

The Co-Op Philosophy

Cooperative education provides a learning environment where parents and teachers work together for the common goal of quality education for the children in their care. The Co-Op recognizes that parents are the primary educators of their children. It encourages families to share their interests and talents in the classroom, on a Board of Directors, or on Committees. This type of education gives a powerful message to a child — school is important to his/her family. With it, children develop a strong, positive attitude toward themselves and education.

As a non-profit organization, the Co-Op is funded by donations, program fees, and fundraising donations. These funds allow us to continue to provide the amazing enrichment programs we offer and to maintain our classrooms.

EMERGENCY RELEASE/FIRST AID & EMERGENCY MEDICAL CARE CONSENT

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

Address _____ (City) _____ (State) _____ (Zip) _____

***EMAIL WHERE PARENT CAN BEST BE REACHED** _____

Mother's Name _____ **Father's Name** _____

Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Special Calling Instructions _____ *Special Calling Instructions* _____

Child's Physician _____

Address _____ Phone Number _____

ALLERGIES, seizures, medication or unusual disorders _____

Chronic Health Conditions _____

Hospital Preferred _____

Health Insurance Carrier and Policy # _____

EMERGENCY CONTACTS (within approximately 30 minutes)

#1 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ Cell Phone _____ Do you give permission for your child to be released to this person? Yes No

#2 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ Cell Phone _____ Do you give permission for your child to be released to this person? Yes No

#3 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ Cell Phone _____ Do you give permission for your child to be released to this person? Yes No

#4 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ Cell Phone _____ Do you give permission for your child to be released to this person? Yes No

I authorize staff at Central Cooperative Nursery School who is trained in the basics of First Aid/CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if a parent or legal guardian cannot be reached, I hereby authorize the program to release my child to one of the emergency contacts listed above or to transport my child to the nearest medical care facility and/or to my preferred hospital listed above and to secure necessary medical treatment for my child. I will accept responsibility for any expenses incurred in handling this emergency care.

TRANSPORTATION PLAN & CHILD RELEASE CONSENT

PLACE A CHECKMARK AGAINST ALL THAT APPLY TO YOUR CHILD

ARRIVE AT PROGRAM:

____ My child will arrive at school by **parent**.

____ My child will arrive at school by **someone other** than parent.

DEPART FROM PROGRAM:

____ My child will depart from school by **parent**.

____ My child will depart from school by **someone other** than parent.

RELEASE CONSENT: In the event that I cannot pick up my child for any reason, I hereby authorize Central Cooperative Nursery School to RELEASE my child to the individuals listed on my EMERGENCY CONTACTS above.

Parent/Guardian Signature

Date

CHILD'S INFORMATION FORM

CHILD INFORMATION

Child's Name _____ D.O.B. _____
Age at Admission _____ Date of Admission _____
Address _____ (City) _____ (State) _____ (Zip) _____
Primary Language _____
Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Skin Color _____
Identifying Marks _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name _____	Parent/Guardian Name _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
Business Phone Number _____	Business Phone Number _____
Hours at Work _____	Hours at Work _____

ADDITIONAL INFORMATION

Child's Physician _____
Address _____ Phone Number _____
Allergies/Special Diets _____
Does your child have a chronic health condition that requires an Individual Health Plan? YES NO
If yes, please attach. _____

Do you have any copies of any custody agreements, court orders, or restraining orders pertaining to your child? YES NO
If yes, please attach. _____

Does your child have any special limitations or concerns? YES NO
If yes, please describe. _____

Parent/Guardian Signature

Date

DEVELOPMENTAL HISTORY & BACKGROUND INFORMATION

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

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

HEALTH

Any known complications at birth? _____

Serious illness or health complications _____

Serious physical conditions/ disabilities _____

ALLERGIES i.e., asthma, hay fever, insect bites, medicine, food reactions _____

REGULAR MEDICATIONS _____

EMERGENCY MEDICATIONS _____

EATING HABITS

Special characteristics or difficulties _____

Favorite foods _____ Refused foods _____

TOILET HABITS

Does your child wear diapers or pull-ups? _____

Has toilet training been attempted? _____

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

How does your child indicate bathroom needs? _____

Is your child ever reluctant to use the bathroom? _____ Does your child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib _____ bed _____ Does your child nap during the day? (include when and how long) _____

When does your child go to bed at night? _____ get up in morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc) _____

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

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/child care _____

Reaction to strangers _____ Able to play alone? _____

Favorite toys and activities _____

Fears _____

How do you comfort your child? _____

What is the method of behavior management at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE - Please describe your child's schedule on a typical day. _____

Is there anything else we should know about your child? _____

ADDITIONAL INFORMATION

Has your child received any of the following screenings or evaluations? (Please circle if applicable.)

VISION – HEARING – SPEECH – EMOTIONAL – BEHAVIORAL – OTHER

Is your child receiving ANY special services? YES (explain) _____ NO _____

If any of the following have occurred or are presently happening, give a brief account and dates – i.e., adoption, marital separation, divorce, remarriage, birth of sibling, long absence, moving, serious illness, hospital experience, death in family, or other important events that could affect your child.

Parent/Guardian Signature

Date

**WALKING FIELD TRIP PERMISSION – PHOTO PERMISSION
PARENT HANDBOOK ACKNOWLEDGEMENT**

Please complete appropriate sections below and sign and date the bottom of this form.

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

FIELD TRIP PERMISSION

MY CHILD has my permission to participate in the school's program including indoor and outdoor activities, going for a walk, and planned field trips. I will be given a permission slip before each field trip that requires bus transportation.

PHOTO PERMISSION – PLEASE MARK ONE CHOICE

- I DO NOT GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED.**
- I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED FOR IN-HOUSE USE ONLY.**
Photos will not be shared with the public.
- I GIVE PERMISSION FOR PHOTOS OF MY CHILD TO BE RELEASED** for publicity purposes through the local newspaper, CO-OP newsletters, brochures and flyers, the CO-OP Facebook and website page, and to be shared via classroom emails to parents.

PARENT HANDBOOK ACKNOWLEDGEMENT

THE CENTRAL COOPERATIVE NURSERY SCHOOL PARENT HANDBOOK is available online at www.centralcoop.org. To view, download and print the handbook, select the "For Parents" tab at the top of the page and then click "Downloads." The handbook is listed on the bottom of the page. The purpose of the handbook is to outline the center's policies and programs. We strive to work closely with parents and facilitate the child's growth and development. We value and encourage open communication between parents and the CO-OP staff. Please be sure to read the CO-OP handbook so that you are familiar with and have an understanding of the Central CO-OP policies and procedures.

Your signature below indicates that you have read the parent handbook in its entirety and understand the policies and procedures of Central Cooperative Nursery School.

I UNDERSTAND THAT THIS PACKET BECOMES A PERMANENT PART OF MY CHILD'S FILE AND MY SIGNATURE BELOW INDICATES THAT I HAVE COMPLETED ALL REQUIRED INFORMATION TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature

Date

TEACHER QUESTIONNAIRE

Answering the following questions will help the teacher get to know your child better. When children talk about their families it is helpful to have names and ages of siblings and others in your family structure. Please take a few minutes to help us out.

What name would your child like to be called in school? _____

How many brothers and sisters does your child have?

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Do you share your home with anyone else, such as grandparents, aunts, or uncles? _____

What pets do you have in your household? What are their names? _____

Do you speak a language at home other than English? If yes, will your child understand us in basic conversation? If not, can you teach us a few words in your language that we will need? _____

What name would you like your child to learn to write at school? (Full first name? Nickname?) _____

ALLERGY INFORMATION

Please complete this form and return to us even if your child has no known allergies.

Child's Name _____

Phone Number _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Please list any food allergies. _____

_____ **NO known allergies**

Please list any medication allergies. _____

_____ **NO known allergies**

Please indicate severity of allergic reaction and what signs we should look for. _____

_____ **N/A**

Does your child use any form of medication in an emergency exposure? (i.e. should we use Ventolin, a bee sting kit, or Benadryl) Yes No

If yes, please provide details. _____

If your child does utilize medication in the event of an emergency exposure, YOU MUST bring the LABELED medication with an ***Individual Health Care Plan*** completed with WRITTEN INSTRUCTIONS FOR USE AND UNDER WHAT SPECIFIC CONDITIONS IT SHOULD BE ADMINISTERED, as well as a ***Medication Form*** to the school office with your signed permission for its use.

Parent/Guardian Signature

Date

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)



The Commonwealth of Massachusetts Department of Early Education and Care

POLICY	
Individualized Health Care Plans	Applicability: All Licensed and Funded Child Care Programs
Effective Date: October 29, 2010 Updated: June 30, 2022	

BACKGROUND

Comprehensive, individualized child care begins with planning and preparation, especially for children with chronic health care needs. It is critical for programs to have a plan that clearly describes what needs to be done, when, and by whom to respond to the child’s actual and potential health care needs. Good planning is informed by the child’s parents and health care provider, and often includes training and consultation for program staff.

POLICY STATEMENT

The licensee must maintain as part of a child’s record, an up-to-date individualized health care plan for care for each child with a chronic medical condition which has been diagnosed by a licensed health care practitioner. This plan is used to outline the child’s medical needs and how they should be handled by the program.

An individualized health care plan must include the following:

- The child’s name, age, and assigned classroom, if applicable.
- A description of the child’s medical condition and its symptoms.
- Instructions for any medical treatment that may be necessary while the child is in care, including the name of the staff person who will be administering the child’s treatment while the child attends the program, and identification of any potential side effects of the treatment.
 - Program administrators should use the child’s individualized health care plan to identify what specific training and supervision must be available for educators administering the child’s treatment plan.
- Explanation of the potential consequences to the child’s health if the treatment is not administered.
- Name and contact information of the child’s licensed health care practitioner

A program may provide the EEC Individual Health Care Plan form (attached below) to the family to have their child’s physician complete or a program may accept equivalent physician’s forms (i.e. asthma action plans, diabetes action plans, IEP *with* medical content) as long as those forms contain the same information that would be provided on the EEC form.

A current copy of the individualized health care plan must be maintained in the child’s file. It is recommended that a copy of the plan also be in the child’s classroom, on field trips, and with the child outdoors, along with any rescue medication, if applicable.

There must be one person trained in the implementation of a child's individualized health care plan whenever the child is in the care of the program¹.

Individualized health care plans must be kept confidential and should be shared only with those program staff who might need to deal with an emergency involving the child.

Individualized health care plans shall be valid for one year, unless withdrawn sooner, and must be renewed annually and following any change to the child's condition for administration of medication and/or treatment to continue.

Please note: Programs must maintain current copies of all required parental consents for medication administration and emergency medical treatment, as required by 606 CMR 7.04(7)(a)4 and 606 CMR 7.11(1) and (2). See also Compliance Requirements for Center-Based Funded Programs 8.13(2)(a)4 and 8.03(3)(b-c). Copies of any applicable written consent forms from the child's parent(s) must be stored with the child's individualized health care plan.

EEC *strongly* recommends that, upon enrollment and re-enrollment, the program talks to parents about their child's individual health care needs.

When is an individualized health care plan required?

A licensee must have an individualized health care plan for any child who has been diagnosed with a chronic medical condition, including but not limited to a condition that may require an emergency response or ongoing, long-term administration of health care procedures. Examples of common conditions that require an individualized health care plan include, but are not limited to:

- asthma
- epilepsy
- diabetes
- serious allergies
- anaphylaxis
- physical disabilities
- ADD/ADHD

For additional guidance and resources, please visit <https://www.mass.gov/lists/health-and-safety-in-childcare-resources-for-child-care-health-consultants>

AUTHORITY

606 CMR 7.11(3)(a)(c): *Individual Health Care Plans. The licensee must maintain as part of a child's record, an individual health care plan for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.*

See also ***Compliance Requirements for Center-Based Funded Programs 8.13(2)(a)8(d).***

¹ All staff who administer medication of any kind must be trained in medication administration, as required by 7.11(1)(b)2.

EEC Individual Health Care Plan Form

Name of child:	Date of Birth:
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at the program:	
Who has been trained and will be administering this treatment while the child is at the program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
(Optional) Other recommendations (e.g., further tests, treatments, mitigating measures, accommodations required to allow for the child's full participation, etc.)	

Name and Phone Number of Licensed Health Care Practitioner (please print): _____

Parental/Guardian Signature: _____ Date: _____

Program Administrator Signature: _____ Date: _____



Facebook Closed Group Permission Form 2023-2024

The teachers and assistants at the Central Co-Operative Nursery School use a **CLOSED** Facebook page to stay in touch and share information about what is going on in the classroom. This information can include; curriculum information, pictures of finished projects, pictures and videos of children, science experiments, and important news and information from the office. It is a great way to keep informed of what's going on and to be able to stay in touch.

In an effort to keep group meetings small, we will be using this page to post our mandatory parent meeting video and in the event that remote learning is required due to COVID-19, we will post videos here.

The information on this page is intended for members of the group **ONLY** and is **NOT** to be shared with anyone outside of the group. Thank you!

I understand the rules of the **CLOSED** Facebook page and will not share any information or pictures with anyone outside of the group.

Child's Name: _____

Child's Teacher: _____

Parent/Guardian Name (*please print*): _____

Parent/Guardian Signature: _____

Date: _____

Facebook Name: _____

- My child may be included in the group.
- My child may **NOT** be included in the group.

I do not have Facebook and would like information emailed to: _____

Dear Parents,

Thank you for your interest in volunteering in your child's classroom! Central Co-Operative Nursery School is licensed through the Massachusetts Department of Early Education and Care (EEC). As such, we must follow strict regulations regarding parent/caregiver volunteers in the classroom.

ALL volunteers are **REQUIRED** to complete an EEC Background Record Check (BRC), which includes a fingerprint check, Criminal Offender Record Information (CORI) check, Department of Children and Families (DCF) check, and a Sex Offender Registry Information (SORI) check.

Volunteers must fill out the attached consent form and submit it with a copy of your driver's license to the director for submission to the EEC BRC. Once received, you will receive an email from EEC with instructions on how to set up your fingerprint check. Once this check is complete, the CORI, DCF and SORI will be processed.

All candidates must pay a \$35.00 fee to undergo a fingerprint based check. Identogo, the fingerprint vendor will confirm that the name on the legal document (i.e., passport, driver's license) matches the name that you used to register for fingerprinting and to complete the EEC BRC.

If the BRC identifies disqualifying offences, you will receive an email with instructions on how to proceed. The Co-Op will not be notified of your disqualifying offences. EEC will only share your final suitability determination with the program. If no disqualifying offences are found, you will be deemed "suitable" for volunteering and EEC will notify the Co-Op. This suitability status is valid for three years, after which parents/caregivers must undergo another fingerprint based check in order to volunteer further.

In addition, **ALL** volunteers are **REQUIRED** to complete a free online Emergency Response course through the EEC Essentials training program. Massachusetts has announced the creation of The StrongStart Online Professional Development System (PDS) to support early educators and programs. The EEC Essentials training is a new federal requirement within the StrongStart Online PDS that is designed to increase the knowledge of staff in child care programs about child development, health, and safety topics. This program now requires that all volunteers, interns, or substitutes who do not count in the child/teacher ratio complete a one-hour training module called "Emergency Response." Online Emergency Response training must be completed annually.

Parents/caregivers **MAY NOT** volunteer in the classroom until they have been deemed suitable for volunteering by EEC **and** have completed the EEC Essentials course. Once these steps have been satisfactorily completed, you will receive a link to sign up to volunteer in your child's classroom.

Attached, you will find more information from EEC regarding the Background Record Check and fingerprinting, as well as detailed instructions on how to register for and access the Emergency Response course through The StrongStart Online Professional Development System. Please note that there is **NO** cost to register for the Emergency Response course!

Thank you again for your interest in volunteering at the Co-Op. Please do not hesitate to reach out if you have any questions regarding this process.

Thank you,
Suzanne Dionne
Program Director

Emergency Response Training Registration Instructions

Massachusetts has announced the creation of The StrongStart Online Professional Development System (PDS) to support early educators and programs. The EEC Essentials training is a new federal requirement within the StrongStart Online PDS that is designed to increase the knowledge of staff in child care programs about child development, health, and safety topics. This program now requires that all volunteers, interns, or substitutes who do not count in the child/teacher ratio complete a one-hour training module called "Emergency Response."

How to access the Learning Management Systems (LMS) and create your account:

Go to the URL: <https://strongstart.eoe.mass.gov/ets/home>

Click the "login" button in the top left corner to create your account. Click to "accept release statement."
Complete the registration process.

****Note:** Volunteers do not have a PQR number. In place of the PQR number, volunteers may use the code "1111" when registering in The StrongStart Online Professional Development System.

How to enroll in the Emergency Response course:

Click the "course catalog" button in the left menu.

Click on the title of the course you are taking - Emergency Response. Click to "get item."

Click "in cart (checkout)." ****Note-** this is a free course!

Click "finish" to enroll.

Click the course title to open the course.

Click "accept" to acknowledge "exit" requirements.

Click on the module title to launch the course.

Upon completion of the Emergency Response course, please print your certificate and submit it to the Co-Op director. Your certificate must be added the Co-Op's program files/personnel records for monitoring purposes.

Pre-Consent Guidance for EEC Background Record Checks



Why did you receive this document?

The Department of Early Education and Care (EEC) requires candidates to undergo a background record check (BRC). This letter is to inform you of the BRC process before you sign the EEC BRC consent form, which starts the BRC process.



What checks are part of an EEC BRC?

EEC conducts six (6) different types of checks:

1. **Fingerprint Check**

A fingerprint-based criminal background check is required for the purpose of determining the suitability of a candidate. A fingerprint-based check is a scan of a candidate's fingerprints submitted to the State Police for a state criminal history check and forwarded to the Federal Bureau of Investigation ("FBI") for a national criminal history check.

2. **Criminal Offender Record Information (CORI) Check**

CORI is data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS). This information will include juvenile records, sealed records, non-delinquent findings, delinquent findings, convictions (guilty), and non-convictions (including dismissed, not guilty, entries of *nolle prosequi*, and a continuance without a finding (CWOFF)) whether the offenses are open, closed, or pending. The Table of Disqualifying Offenses will determine whether a candidate is eligible for a review by EEC.

3. **Department of Children and Families (DCF) Check**

EEC receives data related to supported 51B findings of abuse or neglect of a child from the Massachusetts Department of Children and Families (DCF) through its registry, which provides information regarding individuals who have been identified or are currently involved in a DCF investigation where abuse or neglect is alleged.

4. **Sex Offender Registry Information (SORI) Check**

Information provided by the Massachusetts Sex Offender Registry Board (SORB) regarding those who have been classified as a sex offender by SORB. EEC receives information on sex offenders categorized as levels 1-3 by SORB.

5. **National Sex Offender Registry (NSOR) Check**

The National Sex Offender Registry (NSOR) is a name-based file that contains records of individuals who are required to register in a jurisdiction's sex offender registry.

6. **Out-of-State Checks**

If you live or have lived in another state within the last 5 years, federal law requires that EEC conducts certain inter-state checks with the state(s) you live(d) in, including a sex offender check, a criminal history check, and a child welfare (or child abuse and neglect) check.



What happens next?

Once you complete the BRC Consent Form, you will get an e-mail with instructions on how to schedule a fingerprint check appointment. After your fingerprint check is complete, the CORI, SORI, DCF, and NSOR checks will automatically be processed. An Out of State Check will also be conducted when applicable.

All candidates must pay a \$35.00 fee to complete a fingerprint-based check. Be sure to bring an [acceptable form of identification](#) (e.g. passport, driver's license) to your fingerprint check appointment. Identogo, the fingerprint vendor, will confirm that the name on your legal identification document matches the name you used to complete your BRC Consent Form and to register for fingerprinting. The first and last name on your BRC application and fingerprint registration form must be spelled exactly the same as how they appear on your legal identification document. If the names do not match exactly, then you cannot be fingerprinted, and you may need to re-pay for your fingerprinting appointment.

If the BRC process identifies disqualifying offenses, you will receive an e-mail with instructions on what to do next. No personal information will be included in the e-mail. You will get instructions on how to access the information. Access to this information requires you to create your own password and a verification process. You may be required to provide documentation regarding any BRC information (CORI, SORI, DCF, Fingerprint, NSOR, and Out-of-State checks), regardless of whether the offense was dismissed, sealed, or closed, or how much time has lapsed. Once EEC receives required documents, a review will be completed to determine an appropriate suitability status.

You can visit EEC's website to find the [EEC BRC Table of Disqualifying Offenses](#), effective October 1, 2018.

Any program(s) you work for will not be notified of any disqualifying offenses. EEC will only share your final suitability determination with the program(s) where you work.



Is my personal information kept confidential?

EEC does not disclose any BRC results to programs. The BRC process is in a secure environment, specifically used by government agencies. If EEC needs to contact you by email about your BRC, no personal information will be included in the e-mail. Instead, you will be provided instructions on how to access the information in EEC's secure BRC environment.

EEC understands you may need to ask the program to assist you. Please use discretion when requesting assistance from others, as your personal information may be visible to the person assisting you.

Sincerely,

EEC Background Record Check Unit

Employer/Program Section

Provide LEAD Program Number	P- <input style="width: 80%;" type="text"/>
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Check Candidate Role: Employee Volunteer Intern BRC Program Administrator Affiliated Person

EEC BACKGROUND RECORD CHECK: CANDIDATE CONSENT FORM

As a current or prospective candidate for a Department of Early Education and Care (EEC) licensed, approved or funded program, or an independent agency or individual employed, contracted or affiliated with EEC licensed and/or funded programs (including Family Child Care Systems), you must complete and sign this request. EEC will notify you directly if your BRC requires further review. EEC will notify the program/agency listed on this application of when you are eligible to be "provisionally approved" and of our final suitability determination.

ALL FIELDS ARE REQUIRED. IF A FIELD IS NOT APPLICABLE, THEN WRITE "N/A". PLEASE PRINT.

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

Check here if you do NOT have a maiden name. List maiden name.

LAST NAME (MAIDEN)	<input style="width: 70%;" type="text"/>
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Check here if you do NOT have any former names, including alias names.

List all hyphenated names, aliases, or variations of a name you have ever used.

FIRST NAME	LAST NAME

Check here if you have never been issued a Social Security Number?

_____ Last Six of SSN (XX-XXXX)

_____ Date of Birth (MM/DD/YYYY)

_____ Birth City

_____ Birth State

_____ Birth Country

_____ Gender (Female, Male or Other)

E-mail Address: _____

Phone Number: _____

Current Residential Address Line 1:	<input style="width: 70%;" type="text"/>
Current Residential Address Line 2:	<input style="width: 70%;" type="text"/>

_____ Current Residential City

_____ Current Residential State

_____ Current Residential Zip Code

Check here if you're mailing address is the same as your residential address.

Mailing Address Line 1:	<input style="width: 70%;" type="text"/>
Mailing Address Line 2:	<input style="width: 70%;" type="text"/>

_____ City

_____ State

_____ Zip Code

EEC Background Record Check

I consent and understand that my information will be submitted to complete an EEC Background Record Check (BRC). An EEC BRC includes a Massachusetts Criminal Offender Record Information (CORI) check through the Department of Criminal Justice Information Services (DCJIS); a Department of Children and Families (DCF) check for supported findings of abuse or neglect; a Sex Offender Registry Information (SORI) check through the Massachusetts Sex Offender Registry Board (SORB); a fingerprint-based check of state and national criminal history databases, and a search of the National Sex Offender Registry (NSOR) database; and, when applicable, a search of out of state records for any known criminal history, child welfare, and sex offender information in any state, territory, or region where I have lived in the past five years.

I authorize EEC's BRC Unit to receive information on an ongoing basis for any new or pending allegations or supported allegations involving child welfare agencies, entries in sex offender registries or repositories, and information on any new or pending criminal charges at any time within the year, and while I am affiliated with an EEC licensed, approved, or funded program. I authorize EECs BRC Unit to request information about my background from relevant agencies or authorities in any state, territory, or region where I have lived in the past five years, and I further authorize EEC to receive information from such agency or authority about my background.

I consent and understand EEC may use this information for investigative purposes if I, or my employer, licensee and/or contractor is involved in an EEC investigation. I am responsible to disclose to EEC if new criminal charges, sex offender registry or repository classifications, or child welfare allegations that have been filed against me.

I understand that knowingly providing false or misleading information, such as not including a known alias or maiden name, failing to list all states where I have resided within the prior five years, or not providing accurate identifying information is independent grounds for finding me not suitable to work in, be affiliated with, or be regularly on the premises of an EEC licensed and/or funded program. I understand that if I do not consent to completing an EEC BRC then I also may be found not suitable to work in, be affiliated with, or be regularly on the premises of an EEC licensed and/or funded program.

CORI Acknowledgment:

EEC is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees and designated administrators. I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to EEC to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I understand that within this one year period of time EEC may conduct subsequent CORI checks for my personal information. I may withdraw this authorization at any time by providing EEC with written notice of my intent to withdraw consent to a CORI check. By signing this application, I provide my consent to a CORI check and affirm that the information provided to process the CORI check is true and accurate.

Federal Bureau of Investigation (FBI) fingerprint based and out of state criminal background checks notification:

I understand that EEC is authorized under federal and state laws to conduct FBI fingerprint based criminal background checks. Prior to a FBI fingerprint based criminal background check I will execute a separate consent form and will be required to submit fingerprints. EEC may also use the information I provide in this form to submit criminal background check requests to states outside of Massachusetts in accordance with federal law.

I certify under the penalties of perjury, that the information above is correct and to the best of my knowledge and understand that failure to disclose the required information and the providing of false or misleading information is independent grounds for finding me not suitable.

Candidate's Signature (parent/guardian if under 18 years of age)	Parent /Guardian Name	Date



Attention all soon-to-be preschool parents!

To help make this school year successful and ease any fears you and your child may have, here are some of our favorite tips to help you prepare for the upcoming year.

Lunch/Snack

- Have your child practice eating their “school lunch/snack” while at home. Pack them an actual lunch/snack and have them set out a napkin (EEC requires the children to set a napkin out in their spot.). Set a timer for 20 minutes and have them practice opening and eating their things independently. While **they** are cleaning up, talk about what is trash and what should come home.
- A note about water bottles: The water bottles we find easiest to use are ones with a flip top. Screw top bottles are often not tightened enough and spill in their lunch/snack bag.

Bathroom

- Help your child to practice buttoning or zipping their pants. If this is too challenging for them, consider stretchy pants. For one, they are more comfortable and two, it makes going to the potty easier for them.
- If your child is potty training and/or will be wearing a pull-up to school, encourage them to work on pulling it up and down. This may help with their confidence and to feel more independent.
- PLEASE have your child practice wiping on their own. Many children struggle with this. We will encourage their independence and privacy as much as we can. However, no child will be left soiled if this task is too difficult for them.

Coats/Jackets – It can be very helpful for your child to practice zipping or buttoning their coats or jackets. To put their coats on, we like the “tags to toes” method. Lay the coat on the floor with their toes on the tags side, place arms in the sleeves, and flip it overhead. These two tips will save time in the classroom while getting ready to go outside and will give everyone more time on the playground!

Shoes – Slip on and Velcro shoes are really most practical for preschoolers! When the weather is nice sandals, open-toed shoes, and Crocs are cute, but are unsafe and frustrating for children when they want to run around on the playground.

Backpacks – Be sure to get a full-sized backpack. This way **they** can fit all of their items (lunch/snack bags, water bottles, etc..) in it easily. It is also helpful to be able to fit their artwork in without crumpling it.

Encourage independence – The more and more you tell your child, “You can do it! Try your best!” the better they will be- promise! Even if it takes you 10 minutes longer to get ready, it will be worth it in the end. It will build their confidence and independence!

Most importantly...remember, we are in this together! We are a team; we need you as much as you need us. If you have any questions, just ask. We are here to help you and your child make this the most memorable year ever!