

# HAPPY HOLLOW SCHOOL

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Commonwealth of Massachusetts regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

**CHILD'S NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

### 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 illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:**

\_\_\_\_\_

Regular medications: \_\_\_\_\_

### EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Does your child eat with spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

### TOILET HABITS

How does your child indicate bathroom needs (include special words): \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

**SLEEPING HABITS**

Does your child become tired or nap during the day (include when and how long)?

\_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc) \_\_\_\_\_

\_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_

\_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ Able to play alone: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc): \_\_\_\_\_

How do you comfort your child: \_\_\_\_\_

What is the method of behavior management/discipline 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

HAPPY HOLLOW SCHOOL

Name of Child/Family: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Information**

In an effort to better serve our students and their families, kindly provide the following information and ***include a recent photo of your child***. All information provided below will remain in strictest confidence:

1. Please provide us with your child’s preferred nickname, if any:
2. Does your child have any identifying marks (i.e. birthmarks, etc)?
3. What is the primary language spoken at home?
4. Does your family speak any other languages?
5. Please provide the name, age and relationship of any family member(s) or other individuals living within your home:
6. Does your family have any pets? Please provide the type of pet(s) and their names:
7. Did your child attend any other school or program? If yes, please provide the name of the program(s) and hours/days attended (i.e. full days 2 times per week, etc.).
8. Are there any legal custody arrangements involving your child? If yes, please attach a copy.
9. Do you have any additional information you would like to share with us?

**Email Address Contact List**

In an effort to promptly communicate with our families, Happy Hollow School utilizes email communication for important communications as well as general information. We kindly request that you provide at least one current email address for your family **that is checked on a regular basis** in order that you receive such information. Please note that in consideration of your privacy, this email address will not be included in any class list unless it is also listed on your child’s Enrollment Form previously submitted with your Application Form.

Email Address(es):

1. \_\_\_\_\_
2. \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ SCHOOL YEAR 20\_\_\_\_ -20\_\_\_\_\_

HAPPY HOLLOW SCHOOL

**Transportation Plan & Pick-Up/Release Permission List**

I understand that Happy Hollow School does not provide or arrange for transportation to and from the program. Parents are therefore responsible for their child's transportation and I acknowledge that Happy Hollow School will only release a child to his or her parents or to individuals of whom the school has received written permission by the child's parent(s) or guardian.

I hereby give permission to Happy Hollow School, 29 Oaks Road, Framingham, MA 01702 to release my child to the following individuals for pick-up upon dismissal from his/her program. Any individuals not listed below will require a written consent by me prior to my child being released into his/her care.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Permission for Emergency Transportation**

The Commonwealth of Massachusetts through the offices of the Department of Early Education and Care has mandated that a permission slip be on file for each child enrolled in its programs. This permission slip is to apply ONLY for removal of children to a safe haven in case of a natural disaster or dire emergency. These procedures would only be followed in such cases. The locations chosen are the Miriam F. McCarthy Elementary School located on 8 Flagg Drive in Framingham (which abuts Happy Hollow School property) or the Massachusetts Emergency Management Agency located at 400 Worcester Road (Route 9 east) in Framingham (located @ 4 minutes from Happy Hollow School).

In the event of an emergency requiring the removal of your child from the Happy Hollow School premises, the staff will contact you and any emergency contact persons listed for your child and arrangements will be made to either transport your child home or arrange for care-giving for the remainder of the day.

I hereby permit my child to be removed from Happy Hollow School to a safe haven in the event of a dire emergency. This permission does not extend to any other removal or for any field trip.

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HAPPY HOLLOW SCHOOL

## FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

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

I authorize staff at Happy Hollow School who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Happy Hollow School to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

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

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

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

### **Emergency Contacts Other than Child's Parents**

***(In the order to be contacted after attempts to contact parents are unsuccessful).***

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage:	Policy #:	
Parent(s) Name:	Phone(w)	Phone (h)
Parent(s) Name:	Phone(w)	Phone (h)

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## HAPPY HOLLOW SCHOOL – CONSENT FORM

### Class Directory Parental Permission

We would like to send home to Happy Hollow families a directory of students and parents names, addresses, telephone numbers and email addresses.

Since it is **NOT** our policy to release information on individual children, we must have your written permission to do so. Of course, if you object, we shall honor your decision and not include your data in the class directory. We are aware that many of you have unlisted numbers and we respect your desire for privacy.

Please sign and return this form indicating your choice below regarding the inclusion of your child's information in his or her class directory.

\_\_\_\_\_ Happy Hollow **has** my permission to include my child's information in a class directory.

\_\_\_\_\_ Happy Hollow **does not** have my permission to include my child's information in a class directory.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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### Permission to Photograph and Videotape

By signing this form you are granting Happy Hollow School the right to photograph and/or videotape your child for use in classroom and school activities. These pictures may be used for art projects, parent gifts, classroom portfolios, student files, parent conferences and posted within the classroom. On occasion, these photographs may be posted on our website or used in promotional material. If any photographs are visible to the general public, children's names will not be included.

**I, being the parent/guardian of \_\_\_\_\_ give my permission to Happy Hollow School to photograph or videotape my child for the duration of the school year.**

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### Permission to Use Sunscreen and/or Insect Repellent

My child, \_\_\_\_\_, may have

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellant

applied to exposed areas before going outside as needed. I will apply sunscreen and/or bug spray to my child prior to sending him or her to Happy Hollow. I will provide sunscreen with SPF 15 or greater, place my child's name on the container and deliver to the teachers in a sealed plastic bag. I will provide a spray insect repellent containing DEET with my child's name on the bottle and deliver to the teachers in a sealed plastic bag.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

[Physician may use own form. Please attach immunization record.]

HAPPY HOLLOW SCHOOL

Dear Physician: \_\_\_\_\_

(Child's Name)

is enrolled in an early childhood program licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require, at the time of admission, **a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening** in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Parents: \_\_\_\_\_

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

Date of Examination of Child: \_\_\_\_\_

What is your opinion concerning the child's general health and appearance:

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

Has this child been screened for lead poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, date screened: \_\_\_\_\_

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care provider? If so, please detail below:

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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

Please return to Program: Happy Hollow School  
29 Oaks Road  
Framingham, MA 01702



HAPPY HOLLOW SCHOOL

**MEDICATION CONSENT FORM**

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**)

**HAPPY HOLLOW SCHOOL  
29 Oaks Road  
Framingham, MA 01702**

**School Year 20\_\_\_\_\_ - 20\_\_\_\_\_**

**RECIPROCAL CONSENT TO RELEASE AND SHARE INFORMATION**  
(Please complete if applicable)

In order to best serve children's needs, there are times when it is appropriate for Happy Hollow School and other providers or specialists (i.e. speech therapists, etc.) to exchange information about your child. In order to participate in this exchange of information, Happy Hollow School must first receive your consent prior to sharing any information about your child or before receiving any relevant information about your child from any professionals with whom your child interacts. This consent for information sharing among professionals involved in a child's day enhances educational, child care and family support experiences.

Any information obtained as a result of this consent shall be maintained in your child's records and treated as confidential.

I/we give permission to Happy Hollow School, 29 Oaks Road, Framingham, MA 01702,

and

\_\_\_\_\_  
Name(s) of Therapist/Specialist/Medical Professional, etc

For the reciprocal exchange of information, in writing and in conversation, about my child:

\_\_\_\_\_  
Name of Child (Please print)

\_\_\_\_\_  
Date of Birth (DD/MM/YY)

\_\_\_\_\_  
Name of Parent/Guardian (Please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## WELCOME TO HAPPY HOLLOW SCHOOL!

Together we are about to undertake an amazing partnership. We know as a parent you have your own vision of what your child will learn and become over the upcoming school year. Therefore, to start our school-parent partnership off on the right foot, we would like to know what your goals are for your child over the school year. In what areas would you like to see your child grow?

Attached to this paper are some developmental milestones that children experience as they grow. We provide this so you can see the typical growth patterns as a child matures. You can also see what is developmentally appropriate for your child's age.

Guided by the information you provide on your Statement of Goals, our teachers can gear their teaching to best foster your child's learning. Of course, these goals will only be a starting point since there is so much learning that will take place over the school year. However, at your child's evaluations that take place in the Fall and Spring, we can examine how your child is doing in these areas.

Please return the completed Statement of Goals along with your other forms by **August 1<sup>st</sup>**. We can then begin to share the same vision for your child, one that promotes learning, happiness and fun.

HAPPY HOLLOW SCHOOL

School year 20\_\_-20\_\_

Statement of Goals

Your input is important to us. Happy Hollow School feels that a successful school experience is fostered by teamwork – parents, teachers and faculty working together to provide each child with a positive school year.

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

Please list two (2) goals you have for your child at Happy Hollow School for the upcoming school year.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Normal Stages of Human Development (Birth to 5 Years)

This page presents an overview of child development from birth to five years of age. It is important to keep in mind that the time frames presented are averages and some children may achieve various developmental milestones earlier or later than the average but still be within the normal range. This information is presented to help parents understand what to expect from their child. Any questions you may have about your child's development should be shared with his doctor.

	<b>Physical and Language</b>	<b>Emotional</b>	<b>Social</b>
<b>Birth to 1 month</b>	<u>Feedings:</u> 5-8 per day <u>Sleep:</u> 20 hrs per day <u>Sensory Capacities:</u> makes basic distinctions in vision, hearing, smelling, tasting, touch, temperature, and perception of pain	Generalized Tension	Helpless Asocial Fed by mother
<b>2 months to 3 months</b>	<u>Sensory Capacities:</u> color perception, visual exploration, oral exploration. <u>Sounds:</u> cries, coos, grunts <u>Motor Ability:</u> control of eye muscles, lifts head when on stomach.	Delight Distress Smiles at a Face	Visually fixates at a face, smiles at a face, may be soothed by rocking.
<b>4 months to 6 months</b>	<u>Sensory Capacities:</u> localizes sounds <u>Sounds:</u> babbling, makes most vowels and about half of the consonants <u>Feedings:</u> 3-5 per day <u>Motor Ability:</u> control of head and arm movements, purposive grasping, rolls over.	Enjoys being cuddled	Recognizes his mother. Distinguishes between familiar persons and strangers, no longer smiles indiscriminately. Expects feeding, dressing, and bathing.
<b>7 months to 9 months</b>	<u>Motor Ability:</u> control of trunk and hands, sits without support, crawls about.	Specific emotional attachment to mother. Protests separation from mother.	Enjoys "peek-a-boo"
<b>10 months to 12 months</b>	<u>Motor Ability:</u> control of legs and feet, stands, creeps, apposition of thumb and fore-finger. <u>Language:</u> says one or two words, imitates sounds, responds to simple commands. <u>Feedings:</u> 3 meals, 2 snacks <u>Sleep:</u> 12 hours, 2 naps	Anger Affection Fear of strangers Curiosity, exploration	Responsive to own name. Wave bye-bye. Plays pat-a-cake, understands "no-no!" Gives and takes objects.

	<b>Physical and Language</b>	<b>Emotional</b>	<b>Social</b>
<b>1 years to 1 ½ years</b>	<u>Motor Ability:</u> creeps up stairs, walks (10-20 min), makes lines on paper with crayon.	Dependent Behavior Very upset when separated from mother Fear of Bath	Obeys limited commands. Repeats a few words. Interested in his mirror image. Feeds himself.
<b>1 ½ years to 2 years</b>	<u>Motor Ability:</u> runs, kicks a ball, builds 6 cube tower (2yrs) Capable of bowel and bladder control. <u>Language:</u> vocabulary of more than 200 words Sleep: 12 hours at night, 1-2 hr nap	Temper tantrums (1-3yrs) Resentment of new baby	Does opposite of what he is told (18 months).
<b>2 years to 3 years</b>	<u>Motor Ability:</u> jumps off a step, rides a tricycle, uses crayons, builds a 9-10 cube tower.  <u>Language:</u> starts to use short sentences controls and explores world with language, stuttering may appear briefly.	Fear of separation Negativistic (2 ½ yrs) Violent emotions, anger Differentiates facial expressions of anger, sorrow, and joy. Sense of humor (Plays tricks)	Talks, uses "I" "me" "you" Copies parents' actions. Dependent, clinging, possessive about toys, enjoys playing alongside another child. Negativism (2 ½ yrs). Resists parental demands. Gives orders. Rigid insistence on sameness of routine. Inability to make decisions.
<b>3 years to 4 years</b>	<u>Motor Ability:</u> Stands on one leg, jumps up and down, draws a circle and a cross (4 yrs) Self-sufficient in many routines of home life.	Affectionate toward parents. Pleasure in genital manipulation Romantic attachment to parent of opposite sex (3 to 5 yrs) Jealousy of same-sex parent. Imaginary fears of dark, injury, etc. (3 to 5 years)	Likes to share, uses "we" Cooperative play with other children, nursery school. Imitates parents. Beginning of identification with same-sex parent, practices sex-role activities. Intense curiosity & interest in other children's bodies. Imaginary friend.
<b>4 years to 5 years</b>	<u>Motor ability:</u> mature motor control, skips, broad jumps, dresses himself, copies a square and a triangle.  <u>Language:</u> talks clearly, uses adult speech sounds, has mastered basic grammar, relates a story, knows over 2,000 words (5 yrs)	Responsibility and guilt Feels pride in accomplishment	Prefers to play with other children, becomes competitive prefers sex-appropriate activities

# Individual Child Web

