

Child's Name _____ DOB _____

Classroom _____ Drop Off Time _____

Start Date _____ Pick Up Time _____

MAGIC SEASONS CENTER
OF CHILD CARE OF THE BERKSHIRES, INC.
School Age Enrollment



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CHILD CARE OF THE BERKSHIRES, INC.

Release of Liability / Assumption of Risk / Agreement not to Sue

Governor Baker ordered all early child care education programs in Massachusetts to suspend providing child care services on March 23, 2020, in response to the outbreak of COVID-19 coronavirus (“COVID-19”). Child Care of the Berkshires is in the process of re-opening its child care centers and affiliated Family Child Care homes; specific health and safety plans for the individual child care centers and the CCB affiliated FCC homes have been submitted and approved by the MA Department of Early Education and Care. CCB has received permission to re-open. CCB has taken important steps to implement the recommended guidance and protocols issued by the Public Health Agencies and the MA Department of Early Education and Care for slowing the transmission of COVID-19 including screening of children and staff, disinfecting, reduced group size, wearing of face masks, and creating additional health and safety plans, to name a few. The parent/guardian (the undersigned) acknowledges and agrees that the CCB may revise its policies and procedures including those related to or regarding COVID-19 at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and/or MA Department of Early Education and Care, and further agrees to comply with the CCB’s revised policies and procedures while utilizing the services and programs of the CCB.

Please read this Release of Liability, Assumption of Risk, and Agreement Not to Sue (“Release”) carefully and in its entirety. IT IS A BINDING LEGAL DOCUMENT. After reading this Release, please sign your name below to indicate that you agree to and do assume all risks associated with your child's attendance and participation in the center-based or FCC child care programs and that you release CHILD CARE OF THE BERKSHIRES, INC. of all liability resulting from your child's participation in this program.

I, as the parent/guardian of the child(ren) named below, on behalf of myself and my child, agree that my child(ren) will attend and participate in one of the child care centers operated by Child Care of the Berkshires and/or the Family Child Care homes affiliated with CCB’s FCC System.

I, as the parent/guardian, agree that neither I nor participating child(ren) shall visit or utilize the facilities, services, and programs of the CCB if he or she experiences symptoms of COVID-19 including, without limitation, fever, cough or shortness of breath, or has a suspected or diagnosed/confirmed case of COVID-19.

I, as the parent/guardian agree to notify the Child Care of the Berkshires, Inc. immediately if I believe that any of the above restrictions may apply.

I further understand and acknowledge that:

1. My child(ren) may be exposed to COVID-19 and other hazards by attending the child care program;
2. The risks of entry to the childcare site and attendance at the childcare program may include sickness, injury, death, or other losses caused by accident or illness or other hazards, known and unknown; and
3. I voluntarily agree to assume all risks related to COVID-19 exposure for myself and my child(ren).

In consideration of the CCB providing child care services and my child(ren) attending the program, I **HEREBY, NOW AND FOREVER, RELEASE CHILD CARE OF THE BERKSHIRES, INC., its employees, agents, and consultants FROM and against ANY CLAIMS, causes of action, or demands OF ANY NATURE**

relating to COVID-19 that may be connected in any way to me or my child(ren)'s entry to the child care site or my child's participation in the child care program ("Claims"). Further, I AGREE NOT TO SUE and agree to indemnify AND HOLD HARMLESS Child Care of the Berkshires, Inc. from any Claims. It is my express intent that this release shall bind my spouse, family members, heirs, guardians, legal representatives, and assigns.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

By signing below, I hereby confirm that I am the Parent or Legal Guardian for the child(ren) enrolled in the CCB's child care center or in an affiliated FCC home. I have read, understand and fully agree to the terms of this Agreement. I understand and confirm that by signing the Agreement I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.



Parent/Guardian Signature

Date

***By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

PROTOCOL FOR SECURITY CAMERAS AND VISUALLY RECORDED DATA

CHILD CARE OF THE BERKSHIRES, INC.

JULY 2022

Child Care of the Berkshires works to maintain a safe and secure environment for children, employees and visitors. This also includes the protection of our facilities and outdoor areas from theft and vandalism.

Camera Placement: To help ensure the safety of the children, employees, visitors and facilities, Child Care of the Berkshires authorizes the use of security cameras both outside and inside buildings. Security cameras may be used in locations as deemed appropriate by the President/CEO of Child Care of the Berkshires' in consultation with senior administrators, law enforcement officials, and security experts. Security cameras may be used in any area, inside or outside of CCB facilities where there is no reasonable expectation of privacy. Cameras are **not** placed in areas where there is a reasonable expectation of privacy (i.e. the restrooms, private offices, conference rooms, the playroom and employee break room).

Signage and Notification: Child Care of the Berkshires' will notify parents and employees through parent and employee handbooks that security cameras have been installed and may be used at any time. Employees will be notified that anyone identified on security cameras in violations of Child Care of the Berkshires' policies may be subject to disciplinary actions. Signage will be posted in public entryways and other conspicuous locations as needed to inform the public (i.e. parents, workmen and visitors, etc.).

The posted signs will read:

SMILE - Cameras in Use

Storage: All video recordings will be stored in their original format and secured to avoid tampering and to ensure confidentiality in accordance with applicable laws and regulations. Law enforcement and emergency response officials will be granted access to video recordings or the security system by the President/CEO/designee.

Use of Video Data by Authorized Personnel: Reviewing a stored recording will occur only by authorized reviewers and only when a suspected crime or CCB Handbook violation is committed inside or outside the building (i.e. vandalism, graffiti, etc.), or claim of an injury or an incident that raises safety or security concerns.

A log book will be maintained and include the following details: the person(s) viewing the data, what event triggered the viewing, the date/time viewed, what was found on the recording, whether the data was copied or forwarded, and any result of the review of the recorded information.

Surveillance Cameras in Use. Limited Access to Recordings: Only authorized personnel or their designee, including the President/CEO, program directors, or key administrators and law enforcement, will have privileges involving viewing, disclosure, retention, disposal, and security of video recordings or photographs from security cameras in accordance with applicable laws and regulations. A video recording used for security purposes in CCB’s buildings and/or on CCB’s property will be the sole property of the Child Care of the Berkshires.

Parental Access: Parents may request a viewing through their legal representative. To ensure the privacy and legally ensured rights of staff and children, neither parents nor members of the public at large may request a viewing without appropriate cause. Still photos, or “screenshots,” from the feed may at times be shared with a parent or legal representative outside the proscribed legal process to provide evidence for or against a disciplinary dispute that does not rise to the level of police involvement. Such an event will require a request in writing by the parent or legal representative to the CCB President/CEO, and will be recorded in the log.

Short Term Data Storage: Security camera visually recorded data (with the exception of those segments that evidence of a crime being committed or an CCB Rights & Responsibilities Handbook violation, or there is a claim of injury or an incident that raises safety or security concerns within the 30–90-day retention period) will be maintained for a maximum of 30 – 90 days and then deleted.

In no case will Child Care of the Berkshires’ be held liable for the failure to maintain any recorded data for any period of time. All such recordings will be treated as confidential and will not be released to individuals or agencies outside of the Child Care of the Berkshires’ except through subpoena or other court order requiring such release. Any law enforcement agency may be provided with a duplicate of the recorded materials in conjunction with an investigation by that agency. Notification to the President/CEO’s office will take place for each duplication of data.

Access in the Event of an Emergency Situation: In the event of an emergency situation in a CCB facility, when the safety of the children and staff supersedes the above controls on video review, authorized CCB personnel may access the feed in real time.

The President/CEO and/or the Child Care of the Berkshires may, from time to time, issue further guidance that is consistent with current laws, newly adopted technology, and this policy.

CONSENT REGARDING VIDEO SURVEILLANCE SECURITY SYSTEM PROTOCOL

CHILD CARE OF THE BERKSHIRES, INC.

To ensure the safety and security of all children, employees, parents and visitors, Child Care of the Berkshires is equipped with a 24-hour video surveillance system. Security cameras have been installed in classrooms, hallways, outdoor play areas, the gymnasium, the clothing exchange, the playroom and at all doors. Signs saying that cameras are in use have been strategically placed.

No cameras have been placed in private areas such as offices, the staff lounge, the conference room, and restrooms.

The video surveillance system is for internal purpose **only** unless there is an injury or incident that needs reviewing, as described in the Protocol. (The system is not designed for parents or supervisors to watch the daily occurrences in the classrooms. Parents may request a viewing through their legal representative.)

All video recordings will be stored for up to 90 days and then deleted. Review of a stored recording will occur only when a suspected crime or a CCB handbook violation occurs or there is a claim of an injury or an incident that raises safety or security concerns. In no case shall CCB be held liable for failure to maintain any recorded data for any period of time.

Only authorized personnel or an authorized designee (including the President/CEO, Program Director/Manager, key administrator and law enforcement) will have permission to view, disclose or dispose of video recordings from the security cameras. A video recording used for security purposes in CCB's facility and/or on its property will be the sole property of Child Care of the Berkshire.

ACKNOWLEDGEMENT OF VIDEO SURVEILLANCE POLICY AND SIGNATURE

I acknowledge that I have been given a copy of and reviewed the CCB **PROTOCOL FOR SECURITY CAMERAS AND VISUALLY RECORDED DATA dated July 2022** and the above information concerning Video Surveillance and I understand the purpose of video surveillance and that video of my child will be recorded within and around the Haskins facility.

Signature of Parent: _____

Date: _____

Signature of Program Director/Designee: _____

Child Care of the Berkshires, Inc.
Magic Seasons Childhood Center
Child's Face Sheet / Enrollment Form

Child's Name (First, Middle, and Last) _____

Date of Birth _____

Place of Birth _____ Primary Language _____

Home Address _____

Town _____ Telephone # _____

Age at Admission _____ Date of Admission _____

Child's Identifying Information (required by DEEC):

Eye Color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Skin Color _____

Identifying Marks _____

Other in Family (siblings) _____

Parent/Guardian Information:

Parent/Guardian _____ Relationship to Child _____

Parent/Guardian Place of Birth: _____

Parent/Guardian Birth Date: _____

Home Address & Town _____

Home Phone _____ Cell Phone _____

Bus. Name _____ Occupation _____

Hours at Work _____ Bus Phone _____

E-Mail Address _____

Parent/Guardian Information:

Parent/Guardian _____ Relationship to Child _____

Parent/Guardian Place of Birth: _____

Parent/Guardian Birth Date: _____

Home Address & Town _____

Home Phone _____ Cell Phone _____

Bus. Name _____ Occupation _____

Hours at Work _____ Bus Phone _____

E-Mail Address _____

Additional Information:

Child's Physician _____ Tel # _____

Address _____

Allergies/Special Diet _____

Chronic Health Conditions _____

Special Limitations or Conditions _____

List Any Current Medications _____

Is your child currently on an IEP Yes ___ No ___ Does your child have any disabilities? _____

Parent/Guardian Signature

Date

Current School: _____

School Address: _____

School Phone Number: _____

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

Parent/Guardian initials:

Parent/Guardian Signature

Date

**Child Care of the Berkshires, Inc.
Authorization to Release Form**

Child's Name: _____

Parent's Name: _____

I hereby authorize Magic Seasons Child Care Center to release my child to the following persons (other than parents):

Name _____ Relationship: _____

Address: _____ Phone: _____

Please Note:

- CHILD WILL NOT BE RELEASED TO ANYONE UNLESS PARENT NOTIFIES THE CENTER.
- No one under the age of 16 may be an authorized contact person unless pre-approved by CCB/MSQ EEC.
- A copy of any court orders that restricts to whom the child can be released must be on file with Child Care of the Berkshires, Inc.



Parent/Guardian Signature

Date

***By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care
Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

SG/LGTransportationAuthorization

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

CONSENT FOR CHILD TO LEAVE THE PROGRAM
(MUST BE AGE 9 OR OLDER)

Program Name: _____

Address: _____

I, _____ authorize my child, _____
(Parent/Guardian's Name) (Child's name)

to leave the program. This permission is in effect from _____ to _____.
(Date) (Date)

Activity/Location	Method of Transportation	Leave/Return Time	Restrictions

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program.

(Parent/Guardian Signature) (Date)

(Program Staff Signature) (Date)

MAGIC SEASONS CENTER
OF CHILD CARE OF THE BERKSHIRES, INC.
46 Howland Ave. Adams, MA 01220

I _____, understand that the permission I have received to leave the program
(Child's Name)
is a privilege granted to me. This privilege is based on my parent(s)/ guardian(s) and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract, I agree to the following:

I will always check in with a staff person when arriving and before departing from the program.

I will go only to the destinations agreed to by my parent(s)/guardian(s) and will inform staff of my destination each time I leave the program.

I will act in a safe and courteous manner while I am away from the program.

I will return to the program at or before the time designated by my parent(s)/guardians(s) or by the staff. If I am going to be returning late, I will call the program to inform them of when I will be returning and why I am late.

I will abide by all restrictions listed by my parent(s)/guardians(s) on the authorization and consent form.

Further, I will understand that if I do not abide by the agreements made above, both my parent(s)/guardian(s) and /or the program, as a consequence for my actions may take away my privilege to leave the program for a time period deemed appropriate by them.

(Child's Signature) (Date)

As _____ parent/guardian, I agree with this contract.
(Child's Name)

(Parent/Guardian Signature) (Date)

(Program Staff Signature) (Date)

**Child Care of the Berkshires, Inc.
Media Release Form**

I, (_____) give permission to Child Care of the Berkshires to use photographs of:

- Myself
- My child(ren).

Permission includes the following:

- Newspaper and other print media
- Websites
- Promotional materials (brochures, posters etc.)
- Facebook, Instagram, and other social media

Child's Name: _____



Parent/Guardian Signature

Date

****By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

Child Care of the Berkshires, Inc.
P.O. Box 172
North Adams, MA 01247
Phone: 413-664-4657
Fax: 413-664-4307
MASE Fax: 413-749-7067

Information Release

To: _____
(Name of Program or Person)

I hereby authorize you to exchange information with Child Care of the Berkshires, Inc., Magic Seasons Center regarding:

Child's Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

➤ _____
Parent/Guardian Signature **Date**

*This release may be revoked at any time by the person signing it and this person has a right to a copy.
***By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Child Care of the Berkshires, Inc.
First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are 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 I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

Parent/Guardian Name: _____

Phone: _____

Child's Physician Name: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

I give permission for my child to be released to the following people:

Name _____	Relationship: _____
Address: _____	Phone: _____

Name _____	Relationship: _____
Address: _____	Phone: _____

Name _____	Relationship: _____
Address: _____	Phone: _____

Health Insurance Coverage _____

Policy # _____

➤ _____
Parent/Guardian Signature **Date**

***By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Child Care of the Berkshires, Inc.
Magic Seasons School Age Center
210 State Street
North Adams, MA 01247
Phone (413) 743-2905 Fax (413) 749-7067

Physical & Immunization Records Release Form

Child's Name: _____

Date of Birth: _____

Children's records are required by the Department of Early Education and Care for children enrolled in Magic Seasons Center. Information shared will include child's last physical and date of visit, record of immunizations, lead test results, chronic medical problems, and opinion concerning general health and appearance, and information on the child's physical or mental health as it relates to child care.

I, _____, hereby authorize
(Parent/Guardian Name)

(Name of Pediatrician)

to release/exchange physical and immunizations records with Child Care of the Berkshires, Inc. and Magic Seasons Child Care Center.

➤ _____
Parent/Guardian Signature Date

Relationship to Child _____

***By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Please fax records to 413-749-7067

Child Care Of the Berkshires, Inc.

210 State Street
P. O. Box 172
North Adams, MA 01247
Tel: 413-663-6593
www.ccberkshire.org

Online Bill Pay Enrollment Form

Child Care of the Berkshires has a new payment processing system that allows for you to pay your child care bill and view your statement online.

If this is something that you would be interested in signing up for, please fill out this form and return it to your provider.

Parent/Guardian Email Address _____

Child's Name _____

➤ _____
Parent/Guardian Signature **Date**

****By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

Child Care of the Berkshires, Inc.

Developmental History

Child's Name _____ Date of Birth _____

**Note: Please provide information for Infants and Toddlers marked (*) as appropriate to the age of your child.*

Developmental History

At what age did your child begin to:

Sit _____ Crawl _____ Walk _____ Talk _____

*Does your infant:

Pull up _____ Crawl _____ Walk with support _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

Any history of colic? _____

Does your child use pacifier? _____

Suck thumb? If so, when? _____

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

How do you handle this time? _____

Health

Any known complications at birth? _____

Serious illnesses/hospitalizations _____

Disabilities, food reactions: _____

Allergies i.e. Asthma, hay fever, insect bites, medicine, food restrictions:

Regular medications: _____

Eating Habits

Special habits/difficulties: _____

*If infant is on a special formula, describe its preparation in detail:

Favorite foods: _____

Foods refused: _____

*Is your child fed held in lap or high chair?

*Does your child eat with a spoon? Y / N Fork? Y / N Hands? Y / N

Toilet Habits

*Disposable or cloth diapers?

*Is there a frequent occurrence of diaper rash? _____

*Do you use oil, powder, lotion, something else? _____

*Are bowel movements regular? _____

How many per day? _____

*Is there/has there been a problem with diarrhea or constipation? * _____

Has toilet training been attempted? _____

Describe any procedure to be used for your child at the center:

What is used at home:

Potty chair Child seat Regular seat

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

Is your child ever reluctant to use the bathroom? _____

Does the child have accidents? _____

Sleeping Habits

*Does your child sleep in a crib/bed? _____

Does your child nap during the day? _____

If so, when/how long? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby.

When does your child go to bed at night? _____

When does your child 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 childcare? _____

DAILY SCHEDULE: Please describe your child's schedule on a typical day. *For infants, include waking, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Morning: _____

Afternoon: _____

Evening: _____

Night: _____

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



Parent/Guardian Signature

Date

***By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Child Care of the Berkshires, Inc.
Magic Seasons School Age Center
Social Media Platforms

You're invited to join our private Facebook group designed for parents/guardians of currently enrolled families to get a glimpse of activities/projects happening in our classrooms! For the safety and privacy of our children and their families, this is a closed group. All members must request to be added and then approved by admin in order to ensure all parents in the group are currently enrolled in our program. If your child leaves our program, you will be removed from the group. To find our group, type "*MSQ Enrolled Children Parent Group*" in the search bar and request to be added.



Parent involvement is the key to your child's success. We understand how difficult it can be to get involved during these unprecedented times. ProCare is our center's online classroom. We strive for 100% participation to keep families informed & involved during the pandemic. It is important to stay up to date with the latest classroom happenings. We use it as a means of communication with our families while limiting exposure in order to keep our children and their families safe.



Child's Name: _____

Parent/Guardian's Email: _____



210 State Street
North Adams, MA 01247|



All students are responsible for their actions and activities involving Child Care of the Berkshires, Inc. computers, tablets, network, and internet services. These rules provide general guidance concerning the use of the agency computers, tablets, internet services and examples of prohibited uses. The rules do not attempt to describe every possible prohibited activity by students. Students, parents/legal guardians and CCB staff who have questions about whether a particular activity is prohibited are encouraged to contact the system administrator. These rules apply to all agency computers, and tablets, internet access and networks regardless of how they are accessed.

Acceptable Use

- Child Care of the Berkshires, Inc.’s computers, tablets, network and internet services are provided for educational purposes and research consistent with our educational mission, curriculum and instructional goals.
- Students must comply with all agency policies, rules and expectations concerning student conduct and communications when using computers.
- Students also must comply with all specific instructions from agency staff and volunteers when using the CCB computers and tablets.

Compensation for Losses, Costs, and/or Damages

The student and his/her parents/legal guardians are responsible for compensating Child Care of the Berkshires, Inc. for any losses, costs or damages incurred for violations of the agency policies/procures and rules while the student is using agency computers and tablets, including the cost of investigating such violations. CCB assume no responsibility for any unauthorized charges or costs incurred by a student while using agency computers and tablets.

Student Security

A student is not allowed to reveal his/her full name, address, telephone number, social security number or other personal information on the internet while using an agency computer or tablet. Students should never agree to meet people they have contacted through the internet. Students should inform their teacher if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way.

System Security

The security of Child Care of the Berkshires, Inc., network and internet services is a high priority. Any student who identifies a security problem must notify his/her teacher or system administrator immediately. The student shall not demonstrate the problem to others or access unauthorized material.

- I will use the internet only with my teacher’s permission.
- I will not put on the computer my address or telephone number, or any personal information about myself or anyone else.
- I will not upload, link, or embed an image of myself or others without my teacher’s permission.
- I will not play games that a teacher has not approved.
- I will be polite and considerate when I use the computer or tablet; I will not use it to annoy, be mean, frighten, threaten, tease, bully, or poke fun at anyone; I will not use swear words or any other rude language.
- I will not try to see, send, or upload anything that says and/or shows bad or mean things about anyone’s race, religion or sex.
- I will not damage the computer or tablet.
- If I have or see a problem, I will not try to fix it myself but I will tell the teacher.
- I will not block or interfere with system communications. My teacher may look at the computer or tablet to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer or tablet.



Parent/Guardian Signature

Date

Child’s Name:

Child Care of the Berkshires, Inc. Parent Information

The General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating and enforcing rules and regulations governing the operation of child care centers (including nursery schools), and school age child care programs. These regulations, 102 CMR 7.00, establish minimum standards for operation of group child care and school age child care programs in the Commonwealth. The regulations require certain things of licensees (child care program owner) in regard to their work with parents. A summary of the required parent information, rights, and responsibilities follows.

- **Parental Input**

The licensee must appropriately involve parents of children in care in visiting the program, meeting with the staff and receiving reports of their children's progress. The program must have a procedure for allowing you to give input and make suggestions, but it is up to the program to decide whether or not they will be implemented.

- **Meeting with parents**

In group child care programs, the licensee shall assure that the administrator or his designee meets with the parent(s) prior to admitting a child to the program. Due to COVID-19, this meeting may be held over Zoom or other online platform. The parents shall have an opportunity to visit the program's classrooms virtually at the time of the meeting or prior to the enrollment of the child. In school age programs, the licensee shall provide an opportunity for the parent(s) and child to visit the program and meet the staff before the child's enrollment.

- **Parent Information**

The licensee must provide to the parents upon admission of their child the program's written statement of purpose, including the program philosophy, goals and objectives, and the characteristics of children served; information on the administrative organization of the program, including lines of authority and supervision; the program's behavior management policy; the program's plan for referring parents to appropriate social, mental health, education and medical services for children; the termination and suspension policy; a list of period.

You must be allowed to view your child's entire record, even if it is maintained in more than one location. The center must have procedures governing access to, duplication of, and dissemination of children's record, and must maintain a permanent, written log in each child's record which identifies anyone who has had access to the record or who has received any information from the record. This log is available only to you and the people responsible for maintaining the center's records.

- **Amending your child's record**

You have the right to add information, comments, data, or any other relevant materials to the child's record. You also have the right request deletion or amendment of any information contained in your child's record. If you believe that adding information is not sufficient to explain, clarify or correct objectionable material in your child's record, you have the right to a conference with the licensee to make your objections known. If you have a conference with the licensee, the licensee must inform you in writing within one week of his decision regarding your objections. If the licensee decides in your favor, he must immediately take the steps necessary to put the decision into effect.

- **Transfer of Records**

When your child is no longer in care, the licensee can give your child's record to you, or any other person you identify, upon your written request. Charge for Copies. The licensee shall not charge an unreasonable fee for copies of any information contained in your child's record.

PROGRAM RESPONSIBILITIES

Providing Information to the Department The program must make available any information requested by the Department to determine compliance with any Department regulations governing the program, by providing access to its facilities, records, staff and references.

- **Reporting abuse or neglect**

All center staff are mandated reporters. They are required by law to report suspected abuse and neglect to either the Department of Social Services or to the licensee's program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

- **Notification of injury**

The licensee must notify you immediately of any injury which requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

- **Availability of EEC Regulations**

The program must maintain a copy of the regulations, 102 CMR 7.00: Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, ask the center to show them to you.

Demographics

The services we provide to some families are partially paid by grant funding. We are asked to collect certain information only to show who benefited from this money. We appreciate you taking the time to help us.

Town of Residency: _____

What ethnicity do you consider your children/family?

- Hispanic or Latino
- Non-Hispanic or Latino
- Unknown
- Other: _____

Child 1: What race do you consider your child?

- Asian
- Native American
- Black
- Native Hawaiian/Other Pacific Islander
- White
- Other: _____
- Child with Disabilities: Yes ___ No ____
- IEP @ Public Schools: Yes ___ No ___
- English Language Learners: Yes ___ No ____
- Immigrant Student Yes ___ No ___
- Homeless Family: Yes ___ No ___
- Foster Care Family: Yes ___ No ___

Child 2: What race do you consider your child?

- Asian
- Native American
- Black
- Native Hawaiian/Other Pacific Islander
- White
- Other: _____
- Child with Disabilities: Yes ___ No ____
- IEP @ Public Schools: Yes ___ No ___
- English Language Learners: Yes ___ No ____
- Immigrant Student Yes ___ No ___
- Homeless Family: Yes ___ No ___
- Foster Care Family: Yes ___ No ___

Child 3: What race do you consider your child?

- Asian
- Native American
- Black
- Native Hawaiian/Other Pacific Islander
- White
- Other: _____
- Child with Disabilities: Yes ___ No ____
- IEP @ Public Schools: Yes ___ No ___
- English Language Learners: Yes ___ No ____
- Immigrant Student Yes ___ No ___
- Homeless Family: Yes ___ No ___
- Foster Care Family: Yes ___ No ___

Child 4: What race do you consider your child?

- Asian
- Native American
- Black
- Native Hawaiian/Other Pacific Islander
- White
- Other: _____
- Child with Disabilities: Yes ___ No ____
- IEP @ Public Schools: Yes ___ No ___
- English Language Learners: Yes ___ No ____
- Immigrant Student Yes ___ No ___
- Homeless Family: Yes ___ No ___
- Foster Care Family: Yes ___ No ___



Magic Seasons Child Care Center | 210 State Street, North Adams, MA 01247 | (413) 743-2905

Dear Parents,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to ProCare Solutions' best-in-class parent app.

Parents are responsible for signing their children in and out of the classroom at drop off and pickup using the classroom provided tablets which will be mounted to the wall inside of your classroom door.

We recommend downloading the free ProCare app from the Google Play Store or Apple Store to use the messaging services and see your child's daily activities.

What Can I See on the App?

Once you download the ProCare mobile app, you can stay up to date on your child's daily activities, milestones, and more! We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

How do I get the app?

You will receive an email from ProCare with a unique 10-digit code and instructions on how to download and log into the app. Please return the completed form on the back of this letter, to your teacher or the office so we may update your email address and cell phone number on file.

Portfolio

We can now create a portfolio containing pictures taken throughout the day. These pictures will be available for you to download.

We think you'll really enjoy this new way for us to stay connected!

Sincerely,
Magic Seasons Child Care Center

ProCare Parent Enrollment

Child(ren)'s Name(s)

#1 Parent/Guardian's Name

#1 Parent/Guardian's Email Address

Cell Phone #

Cell Phone Carrier (Verizon, AT&T, etc.)

For receiving urgent text updates from the center through ProCare

#2 Parent/Guardian's Name

#2 Parent/Guardian's Email Address

Cell Phone #

Cell Phone Carrier (Verizon, AT&T, etc.)

For receiving urgent text updates from the center through ProCare