OFF-SITE ACTIVITIES PERMISSION

I give permission for my child to walk accompanied by WCCC teachers to the following off-site locations:

Wellesley College
Wellesley Downtown Area Shops and Restaurants
Wellesley Fire Station
Wellesley Public Library
Wellesley Brook Path
Wellesley Duck Pond
Hunnewell School Playground

FIELD TRIP PERMISSION

You have my permission to take my child on trips that the Wellesley Community Children’s Center plans. I understand that I will be notified in writing of all trips requiring transportation in advance. I also understand that all necessary precautions will be taken to ensure his or her safety, and I will not hold the Wellesley Community Children’s Center responsible for any accident, which may occur on such a trip.

ORAL HEALTH PERMISSION

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

• Help children learn about the importance of good oral health
• Provide information and resources regarding good oral health to child care programs and families
• Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parents of children, who are brushing their teeth at home, may choose that their child (ren) not participate in tooth brushing while present at the childcare program.

Please check one of the following:

_____ I do not wish to have my child participate in tooth brushing while in care at Wellesley Community Children’s Center.

_____ I would like to have my child participate in tooth brushing while in care at Wellesley Community Children’s Center.

By signing below, I have read and understand the contents of this page.

Parent/Guardian Signature: __________________________ Date: __________________________