



PUTNAM FAMILY RESOURCE CENTER PUTNAM SCHOOL READINESS PROGRAM

Putnam Public Schools 33 Wicker Street Putnam, CT 06260
Phone (860) 963-6940 Fax (860) 963-5357

Welcome Parent/Guardian...

Thank you for your interest in our School Readiness Preschool Program. Enclosed is the application that you requested.

Please review the packet carefully, complete it in its entirety and return it to our office along with the following:

- ✓ **A copy of your child's birth certificate**
- ✓ **A copy of your child's current physical and immunization records**
- ✓ **Proof of residency (such as a telephone, electric, gas or cable bill in your name for services received at your Putnam address)**
- ✓ **A copy of any custody agreement that is in place**
- ✓ **Four current paystubs – (these will be requested a month before your child's enrollment date)**

If you would like an estimate of the cost of the program prior to completing this application, contact our office and we will be happy to assist you.

If interested in enrolling in our extended day programs, you will be asked to fill out an application for the Care 4 Kids Program. We ask that you complete the paperwork and return it with the other enrollment papers, as it is required that we have an application on file for each participant in the School Readiness Child Care programs. By completing the application process, you will find out if you qualify for assistance.

Please return the completed enrollment and Care 4 Kids packets to the Putnam Family Resource Center right away and feel free to contact us if you have any questions or would like additional information.



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Philosophy of Putnam Pre-Kindergarten Program

In the Putnam Pre-Kindergarten program, we believe each child is a unique individual. We strive to provide a loving, nurturing, and creative environment for children. We are sensitive to their social, emotional, intellectual, and physical needs. We provide developmentally appropriate programs that focus on the process of learning while also helping them to enjoy many other successful experiences. We encourage not just learning, but the love of learning.

We believe in providing a physical environment that is safe, clean, healthy, and child friendly. Classrooms are arranged to offer challenging play and learning choices at a range of developmental levels. Learning centers allow children the opportunity to explore, to experience, and most importantly...to succeed.

The strength of our program is the experience, expertise, and dedication of our staff. We support the teachers with training, resources, and the freedom to create a unique learning environment. We provide many opportunities for the teachers to share ideas and grow professionally. Our teachers create a caring and nurturing atmosphere that fosters each child's creativity and positive self-image.

We believe in positive methods of discipline. We establish consistent and appropriate limits to help children function in their world. Our programs are designed to develop in children a sense of independence and responsibility. We strive to strengthen each child's own cultural identity, while instilling a respect for others.

Parents are the most significant adults in a child's life. We strive to create mutual respect between parents and teachers—a partnership for the benefit of the child. We encourage daily communication between parents and center staff. Our doors are open to parents at all times.

Our programs value people: the children in our care, their parents, and our employees. We continually work to earn the trust placed in us. We strive each day to provide the best early childhood educational services possible.

Putnam Pre-Kindergarten Program Options

After reviewing the following program options – and the eligibility requirements for each - please indicate your program preferences in order of choice.

1 = first choice, 2 = second choice, 3 = third choice, 4 = fourth choice

N/A = not applicable

and return the bottom of this form with your enrollment packet.

- **Putnam Public School's Half-Day Pre-K Program** (School Year)
 - ✓ Eligibility: Putnam Families
 - ✓ Program Hours:

AM	Monday-Friday	8:15 am – 11:00 am
PM	Monday-Friday	11:45 am - 2:30 pm
 - ✓ Transportation is available.

- **Putnam School Readiness Full-Day Pre-K Program** (School Year)
 - ✓ Eligibility: Putnam Families
 - ✓ Program Hours:

Monday-Friday	8:15 am – 2:30 pm
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 - ✓ Transportation is available.

- **Putnam School Readiness Pre-K/Extended Care Program** (Full Year)
 - ✓ Eligibility: Putnam Families who are either working or in school during program hours
 - ✓ Program Hours:

Monday-Friday	7:00 am – 5:00 pm
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 - ✓ Transportation provided by parent/guardian.

(Tuition for above three programs is based on a sliding scale according to income.)

- **Putnam Head Start Program** (School Year)
 - ✓ Eligibility: Income Level and/or Special Needs Status
 - ✓ Program Hours:

Monday-Friday	9:00 am – 3:00 pm
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 - ✓ Transportation is available.

(Tuition is not charged for the Head Start Program but family must meet attached income guidelines for child to be eligible to attend.)

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

(Please prioritize program choices – 1/2/3/4 or NA (not applicable))

	Half-Day Pre-K Program
	Full Day Pre-K/School Year Program
	Full Day Pre-K/Extended Care Program
	Head Start Program

Putnam Public Schools
STUDENT DATA INFORMATION FORM
(please print clearly and neatly)

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Place of Birth _____ Gender: M F SS # xxx-xx- ____

Was your child born outside of the U.S. or (Puerto Rico) and has he/she been attending a U.S. School for less than three years? Yes No

Current Grade Level _____ Date of First Entry in a US School _____

Current Home Address: _____

Parent/Guardian #1 Information (please circle all that apply):

Mother Father Stepmother Stepfather Grandparent Guardian

Name: _____ **Primary Contact Number:**() _____

Address: _____ Town _____ Zip _____

Employer: _____ Work Phone:() _____

Cell Phone:() _____ Email: _____

Lives with this student Yes No

Are you an active member of the military? Yes No

Parent/Guardian #2 Information (please circle all that apply):

Mother Father Stepmother Stepfather Grandparent Guardian

Name: _____ **Primary Contact Number:**() _____

Address: _____ Town _____ Zip _____

Employer: _____ Work Phone:() _____

Cell Phone: () _____ Email: _____

Lives with this student Yes No

Are you an active member of the military? Yes No

Alternate Emergency Contact Information (if parents/guardians cannot be reached for transportation/illness)

Contact #1

Name: _____ relationship _____

Home Phone(____) _____ Cell Phone(____) _____ Work Phone(____) _____

Contact #2

Name: _____ relationship _____

Home Phone(____) _____ Cell Phone(____) _____ Work Phone(____) _____

If you cannot be reached in the event of a medical emergency, your child will be taken to the nearest hospital.

Daycare Provider: _____ **Phone(____)** _____

Address: _____

Other Children living at home:

Name _____ Relationship _____ School Attending _____

Name _____ Relationship _____ School Attending _____

Name _____ Relationship _____ School Attending _____

Parent/Guardian Signature

Date



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Putnam Public Schools 33 Wicker Street Putnam, CT 06260
Phone (860) 963-6940 Fax (860) 963-5357

Date: 2024-2025 School Year
To: Parents/Guardians of Pre-K Students
From: Patricia Bryant, Director
Re: Dismissal of Students

Please indicate on the form below the adults (*at least 18 years of age*) you authorize to pick your child up from school.

Your child will not be released to anyone who does not appear on this list. Both parents, if listed on the enrollment forms, will also be allowed to remove the child unless there is legal documentation prohibiting one parent from doing so. Please provide a copy of the legal documentation for school records.

Parents should also be aware that anyone picking a student up from school or taking a student off the bus may be asked for proper identification at any time.

This dismissal information will be shared with staff and transportation personnel. Please keep us informed *in writing* of any changes you wish to make to your list, as your child will not be dismissed to anyone who is not on this list. Changes cannot be made over the phone.

Thank you for your cooperation - your child's safety and well-being are of utmost importance to us.

✂ - - - - -

My child, _ _____, **may be dismissed from school to the following people (*must be at least 18 years of age*) :**

<u>Name</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature

Date



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PHOTOGRAPHY/VIDEO/NEWS RELEASE

Please X only one box:

I HEREBY AUTHORIZE Putnam Public Schools to release photographs/video or news releases of my child, taken at Putnam Elementary School, to the media for promotional or informational purposes. Photographs/videos/news releases of my child during field trips, class activities, after school programs, special events etc. are also permitted.

I DO NOT AUTHORIZE Putnam Public Schools to release photographs, videos and news releases of my child.

Parent/Guardian Signature: _____

Date: _____

LIBRARY MEDIA CENTER/COMPUTER PRIVELEGES

I understand that it is a privilege to use the Library Media Center and computer technology opportunities in the Putnam Preschool Programs and that parents/guardians are responsible for any lost or damaged school equipment.

Parent/Guardian Signature: _____

Date: _____

Student's Name: _____

Grade: _____

Teacher: _____

Putnam Pre-K Program Child/Family Information Sheet

Please share with us some important information about your child's likes, dislikes, strengths and any concerns you may have.

My child likes to be called:

My child's favorite food:

My child's favorite toy/game:

My child favorite book:

My child is good at:

My child likes to (X all that apply)

Play alone	Listen to stories	Draw and color
Play outside	Play with other children	Go to a friend's house
Play quiet games inside		

My child doesn't like to:

I'd like you to know this about my child:

Some things I'd like you to know about my family (culture, favorite activities, etc):

My family would love to share the following skills or activities with our child's class:

The best times for me to come into the classroom are:

Tell us about your child's overall development (normal/any concerns)

Physical:

Cognitive:

Language/speech:

Emotional/behavioral:

Tell us about your child's health

Food restrictions/concerns (religious/personal):

Allergies:

Health history (chronic illness/hospitalizations):

Other:

What goals would you like your child to accomplish while in the program?

How is your child's appetite:

Does your child feed him/herself? Yes No

Has your child been iron deficient in the past? Yes No

Does your child have any problems with chewing or swallowing? Yes No

Is your child on a special diet? Yes No

If yes, what is the special diet:

Does your child eat or chew things that are not food? Yes No

If yes, please describe:

Tell us about your experience as a parent. What is enjoyable and what is difficult about parenting?

Are there any holidays your family does NOT celebrate?

Our family has the following type of insurance

Public Health Insurance (Husky, etc.)

Type and ID Number

Private Health Insurance (Cigna, Aetna, etc.)

Type and ID Number

No Health Insurance

Our family receives TANF (Temporary Assistant for Needy Families – aka welfare.)

Yes No

Our child is a US citizen

Yes No

I give permission to the Putnam Public Schools to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Putnam Public Schools.

In case of a medical emergency and parent/guardian cannot be reached, I understand that my child will be transported to the nearest medical facility by a Putnam Public Schools staff member or the local emergency unit. Emergency Medical Personnel is hereby authorized to perform all medical procedures for the health and safety of my child including administration of anesthesia and surgery.

Parent Signature

Date

Preschool Nutrition Questionnaire

Child's Name:

DOB:

Does your family receive: WIC: Yes No SNAP: Yes No

1. Tell me about your child's appetite:

2. Does your child feed him/herself? Yes No

3. Has your child been iron deficient in the past year? Yes No

4. Describe what you do when your child doesn't eat what you've prepared:

5. What food does our child especially like?

6. Are there any foods your child dislikes? Yes No If yes, what?

7. How many cups of the following beverages does your child drink every day?

Milk 100% Fruit Juice Water Energy Drinks Soda Kool-Aid

8. Does your child take vitamins? Yes No If yes, what kind?

Do they contain fluoride? Yes No Are they prescribed? Yes No

9. Are there any foods that your child should not eat for medical, religious or personal reasons?

Yes No If yes, what?

10. Has there been any big change in your child's appetite in the past month? Yes No

11. Does your child take a bottle? Yes No

12. Does your child have any problems with chewing or swallowing? Yes No

13. Does your child have problems with constipation? Yes No 13a. Diarrhea? Yes No

14. Is your child on any special diet? Yes No If yes, please describe:

15. Does your child eat or chew things that are not food? Yes No If yes, what?

How many times a day does your child eat?

- Milk, cheese, yogurt
- Meat, poultry, fish, eggs, peanut butter, dried peas/beans
- Bread, cereal, rice, grits, tortillas, cracker, muffins, bagels
- Fruits and vegetables
- Oil, butter, margarine, lard, fried foods
- Cookies, cakes, candy, gum

Please share any additional information at the bottom or the back of page.

Parent/Guardian Signature

Date

Staff Signature

Date

Parent/Guardian Permission to Apply Insect Repellent to Child

Name of Child: _____

As a parent, I recognize that insect bites to my child pose a risk of allergic reactions and disease.

Therefore, I give permission for the staff of Putnam School Readiness to apply an insect repellent approved for use on children, to my child under the following conditions:

When the Department of Public Health authorities recommend the use of insect repellents due to a high risk of insect-borne disease.

Use of the insect repellent products may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your health care provider.

I have reviewed all applicable information regarding the School Readiness program's use of insect repellent for my child.

- **Staff may use the program's insect repellent containing DEET according to the directions on the product label and will only be applied once a day.**
- **I do not know of any allergies my child has to children's insect repellent.**
- **My child is allergic to some insect repellents. I will supply the following brand(s)/type(s) of repellent for use on my child:**

Brand: _____

Parent/Guardian's Name _____

Date _____

For medical or personal reasons, please DO NOT apply insect repellent to my child and I am aware of the risks of insect-borne disease my child may be exposed to.

Parent/Guardian's Name _____

Date _____

2/2008

Putnam Public Schools
HOME LANGUAGE SURVEY

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Student's Name: _____

Grade: _____

Date of Birth: _____

1) What is the primary language used in the home, regardless of the language spoken by the student?

2) What is the language most often spoken by the student?

3) What is the language the student first acquired?

• What language do you prefer written communication for the school?

• Will you require interpretation/translation at Parent-Teacher meetings? YES NO

Parent/guardian name (please print): _____

Parent/guardian signature): _____

Date: : _____

Thank you for answering the questions. We look forward to working with your child.

Putnam Public Schools
Bus Transportation Form

Thomas Reali, Transportation Director
860-963-6925 Ext 2030

Date	School Year		
Please X one PES	PMS	PHS	Grade

Student's Full Name: _____

Home Address: _____

Parent(s)/Guardians(s) Full Name: _____

Parent(s)/Guardians(s) Phone: _____

IMPORTANT INFORMATION:

Due to a variety of factors, exact pick up and drop off times can fluctuate daily, therefore students should arrive at their scheduled bus stop at least 8 minutes prior to their pick up time and wait at least 8 minutes after their pick up time.

Parents/Guardians, please remember that preschool, kindergarten, Grade 1 and Grade 2 students will not be left at a bus stop unless they are met by an adult. If an adult is not present, students will remain on the bus and be returned back to the school office for a parent to pick them up.

To ensure the safety of all students, requests for transportation changes must be submitted in writing to the Transportation Office at least twenty-four (24) hours in advance. **Telephone requests will not be accepted.**

Please X one:

AM

<input type="checkbox"/>	My child will be a Walker
<input type="checkbox"/>	My Child will be a Parent Drop Off
<input type="checkbox"/>	My child will be picked up at a designated bus stop (assigned by the transportation department)
<input type="checkbox"/>	My child will be picked up at daycare

Name of Daycare Provider:

Address:

Phone:

PM

<input type="checkbox"/>	My child will be a Walker
<input type="checkbox"/>	My Child will be a Parent Pick Up
<input type="checkbox"/>	My child will be dropped off at a designated bus stop (assigned by the transportation department)
<input type="checkbox"/>	My child will be dropped off at daycare

Name of Daycare Provider:

Address:

Phone:

Office Use Only

PES-yellow PK-pink PMH/PHS-white

Bus# AM _____

AM Time _____

Bus# PM _____

PM Time _____

Putnam Public Schools
NEW STUDENT MEDICAL HISTORY

Last Name First Name Middle Name

DOB Place of Birth Gender

Current Home Address:

INFORMATION

Name of Last School Attended:

Family Doctor Last visit and reason for visit

Family Dentist Last Visit

CHILDHOOD DISEASES OR ILLNESSES (X all that apply)

	Lyme Disease		Scarlet Fever		Chicken Pox		Other
	Strep Throat		Rheumatic Fever		Whooping Cough		

BEHAVIORAL ISSUES OR CONCERNS (X all that apply)

	Verbal Outbursts		Easily Angered		Cries Often		Unable to Concentrate
	Unable to Sit Still		Mood swings		Whooping Cough		

HEALTH CONCERNS (X all that apply)

	Febrile Seizures		Seizures		Asthma		Frequent Ear Infections
	Ear Tubes		Diabetes		Headaches		Musculoskeletal

Any contact with person having Tuberculosis		Yes		No	Please explain:
Has your child ever had a surgery		Yes		No	Please explain:
Has your child had any serious accidents		Yes		No	Please explain:
Normal Pregnancy/Deliver		Yes		No	Please explain:

HEALTH EDUCATIONAL CONCERNS (X all that apply)

Vision	Please explain:			
Glasses for:	Reading	Distance		Required Full Time
Speech/Language	Please explain:			
Nutrition:	Please explain:			
Elimination (constipation, diarrhea, incontinence)	Please explain:			

Is your child on any medication Yes No

Medication:	Reason:	Dosage:
Medication:	Reason:	Dosage:
Medication:	Reason:	Dosage:
Medication:	Reason:	Dosage:

General Health (fatigue, low energy level, poor sleeping habits, frequent illness, poor posture, obesity)

Behavior/Personal relationships (very active, runs away, needs to be the center of attention, loner, has difficulty making friends, class clown)

Does your child have a health problem which may require **Emergency Action** while at school (respiratory, epileptic, heart problem, allergy)?

Please list, with detail, any other concerns regarding your child that you feel the school personnel should know

Parent/Guardian Signature: Date:

FRC FAMILY ENROLLMENT FORM
(Complete for all Household Members)

Enrollment Date:	Initial Program Enrollment Date (for office use only)
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Name: First/Last <i>(Line 1 = Parent/Guardian)</i> <i>(Line 2-8 = all family members living in home)</i>	Sex (M) (F)	Primary Language	Relationship to Primary Contact	Birth Date	Ethnicity	School or Employer	Last Grade Completed	(Services)
1								
2								
3								
4								
5								
6								
7								
8								

Address:					
Home Phone:		Cell Phone:		Email:	
Language used most in the home (English, Spanish, Other):					
Family Ethnicity (check all that apply)					
<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	African American	<input type="checkbox"/>	White	<input type="checkbox"/>	Other

Household Annual Income Range (Gross annual income of all family members)							
<input type="checkbox"/>	Below \$20,000	<input type="checkbox"/>	\$20,001-\$30,000	<input type="checkbox"/>	\$30,001 - \$40,000	<input type="checkbox"/>	\$40,001 - \$50,000
<input type="checkbox"/>	\$50,001 - \$60,000	<input type="checkbox"/>	Over \$60,000				

How did you hear about the FRC?							
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Friend/Neighbor	<input type="checkbox"/>	Called for Info-Referral	<input type="checkbox"/>	School Publicity
<input type="checkbox"/>	Relative	<input type="checkbox"/>	Referred by State Agency	<input type="checkbox"/>	Referred by Provider	<input type="checkbox"/>	Other

Have you previously been enrolled in an FRC program?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know

Are you interested in completing your own education? Do you need information and assistance in this area?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Routine information will be collected and stored electronically and in paper form in a secure office setting. This includes health related information, screenings, referrals and recommendations that you and your child receive.

Putnam Public Schools

STUDENT RACE AND ETHNICITY QUESTIONNAIRE

In order to meet new regulations for the U.S. Department of Education, we are required to collect the information below regarding race and ethnicity of your child/children. Please answer the following questions about your child/children in the table below: Child's Name, School and (1) Is your child Hispanic/Latino, yes or no? **and** (2) What is your child's race? Check all that apply. *Please note that you may refuse to answer these questions, but in this event a school district staff member will need to make the identification for you.*

One Form per Child

CHILD'S NAME	SCHOOL (check one)			IS THIS CHILD HISPANIC/ LATINO?		What is the child's race? (check one or more, even if you answered "Yes" to the Hispanic/Latino question)				
	P E S	P M S	P H S	YES	NO	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Ocean Pacific Islander	White

Parent/Guardian Signature: _____

Date: _____

Definitions: Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

TUITION VERIFICATION FORM

Please attach 4 current pay stubs for everyone in your household and/or verification of all other income.

Name of Child: _____ Date of Birth: _____ Age: _____

OTHER CHILDREN: If this child, living with your family, is a legal ward of the State of Connecticut, check here Indicate monthly income from state stipend received for this child. \$ Other income of or for the child \$

Part 1 – HOUSEHOLDS RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

If you are NOW receiving TANF for this child, insert the TANF case number below. The application MUST have the signature of an adult household member.

Yes, I received TANF for this child this month TANF Case Number

Part 2 – ALL

- HOUSEHOLD MEMBERS:** List the names of everyone living in your household; include yourself and the child listed above. If you need more space, use a separate sheet of paper.
- SOCIAL SECURITY NUMBER:** Print the social security number of either the parent or guardian who is the primary wage earner or the adult household member who signs the application. If neither adult has a social security number, print "none".
- INCOME:** List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct title.

LIST ALL HOUSEHOLD MEMBERS BELOW:

Name (Last, First)	Age	Social Security Number	Monthly Earnings From Work (Before Deductions)	Monthly Welfare Payments, Child's Support, Alimony **	Monthly Payments from Pensions, Retirement, Social Security **	All Other Income Received Last Month **

** Please explain: _____

Total Number of Adults and Children in Household: _____

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that program officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. An adult must sign the application before it can be approved.

Signature: _____ Date: _____



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Phone (860) 963-6940 Fax (860) 963-5357

Sunscreen/Sun Block Permission

Dear Parents/Guardians:

As you are aware, the Preschool children go outdoors to play throughout the spring and summer. In an effort to reduce the risk of over-exposure to the sun, we ask that you protect your child by applying sunscreen or sun block to your child(ren), prior to their arrival to the program, as well as provide the proper clothing to protect your child's head and shoulders. With the continued sun exposure throughout the day, it is imperative, for your child's safety, that he/she be protected by sunscreen or sun block with UVB and UVA protection of SPF 15 or higher.

The CT State Department of Health requires an approved sunscreen to be at least 15 SPF or higher and does not permit staff members to apply sunscreen to children without parent/guardian permission. Therefore, by signing the form below it gives staff members permission to re-apply sunscreen with UVB and UVA protection of SPF 15 or higher if necessary. Note: If 15 SPF (or higher) sunscreen is not provided, staff will not be allowed to apply sun block or sunscreen to your child due to the potential of allergies/reactions that can be caused by the various ingredients of the many brands available.

Patricia Bryant, FRC Director

I give permission to the staff at the Putnam School Readiness Program to re-apply sun block or sunscreen with UVB and UVA protection of SPF 15 or higher, provided by me, on my child(ren). I have already tried this sun block at least once before on my child and I am not aware of any allergies.

I understand that the staff will not be responsible for sunburns on my child(ren) or if sunblock or sunscreen accidentally gets in my child's eyes. The staff is not required to apply sun block or sunscreen; however, my signature allows this to take place without liability to the staff.

Child's Name: _____

Parent/Guardian: _____

Date: _____



Did I include...

- Birth certificate
- Copy of updated physical
- Copy of updated immunization record
- Proof of residence
- Custody Agreement (if applicable)
- 4 paystubs will be requested a month prior to your child starting preschool.

These documents should be returned as soon as possible. They are needed to ensure accurate enrollment.