

Registration Form

Form Due one week prior to enrollment

Physical Location
19 Libby Street Portland, Me 04103
207.878.8868

Mailing Address

P.O. Box 6038
Falmouth, Maine 04105



Name of Child: _____ **Date of Birth:** _____

Address: _____

Maine Care# _____

(copy of card required)

Registration must be accompanied by a nonrefundable \$35.00 registration fee.

Name: _____ **Phone h:** _____

(Parent/Guardian)

Address: _____ **Phone c:** _____

(If different from above)

Employer: _____ **Phone w:** _____

Employer Address: _____

Name: _____ **Phone h:** _____

(Parent/Guardian)

Address: _____ **Phone c:** _____

(If different from above)

Employer: _____ **Phone w:** _____

Employer Address: _____

Person (other than parents) to be contacted in case the parent cannot be reached in an emergency:

Name: _____ **Phone h:** _____ **Phone w:** _____ **Phone c:** _____

Name: _____ **Phone h:** _____ **Phone w:** _____ **Phone c:** _____

Name of persons who are permitted to remove the child from Children's Odyssey:

Name: _____ **Phone:** _____ **Name:** _____ **Phone:** _____

Name: _____ **Phone:** _____ **Name:** _____ **Phone:** _____

The parent or guardian MUST notify Children's Odyssey when regular transportation or pick up methods vary. Photo identification will be required and must be shown to staff upon pick up.

E-Mail Address: _____ **E-Mail Address:** _____

Are you interested in receiving communications through e-mail? Please check all that apply:

updates on your child's day, notices, newsletters, monthly statements, and quarterly reports

Admission Date: _____ *Discharge Date:* _____

Personal Information

Has your child been cared for outside of the home before? _____

In what type setting? _____

Household members: name/relationships/ages of siblings: _____

Language(s) spoken in home: _____

Would you like to share something about your family's culture, traditions? _____

Please give a brief description of your child's interests, hobbies, or favorite activities. _____

Please list any priorities and goals that you have for your child's experience at Children's Odyssey. _____

Please share with us any concerns that you may have about your child. _____

Do you have any suggestions that will help us in getting to know your child? _____

Emergency Medical Release Form

Child's Doctor: _____ **Phone:** _____
Child's Dentist: _____ **Phone:** _____

"I hereby give my consent, in the event of a medical emergency in which I can not be contacted, for Children's Odyssey staff to obtain whatever medical treatment may be deemed necessary for;"

Child's Name: _____ **DOB:** _____
Hospital Preference: _____
Known Medical Conditions: _____
Known Allergies: _____
Can your child use school supplied sunscreen? _____

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department. I hereby give my authorization for emergency medical treatment as outlined above.

Signature: _____ **Date:** _____

Immunization Records

The immunization record is a state licensing requirement and is needed prior to your child's start date. If you would like you can have the physician mail or fax a copy of you child's immunization records directly to Children's Odyssey.

Mailing Address: P.O. Box 6038
Falmouth, Me. 04105
Phone Number: 207-878-8868
Fax: 207-878-8810

Classroom Management Philosophy and Procedures

We *Acknowledge, Reflect, and Accept* children's feelings while providing appropriate problem-solving strategies that include modeling appropriate behavior and directing the child towards a safe outlet.

We believe the key to successful classroom management begins by being PROACTIVE. We create an environment conducive to learning by providing FUN, developmentally appropriate activities within a structured and predictable daily routine. We strategically place and group the children according to their learning styles. We strive to anticipate negative behavior and redirect it before escalation. Children are given clear positive expectations through brief and simple requests. We state what the child CAN do vs. what they cannot (i.e., 'Walking Feet' and 'Inside Voices' instead of 'Don't Run' and 'Don't Yell'). Directed choices are utilized to encourage responsibility and independence. Most importantly is Follow Through.

Our Three step process:

Example: Destructive/Misuse of toys (smashing/crashing cars)

1. Reminder-express expected/appropriate behavior
2. Redirect-direct to another choice
3. Removal-remove from area

Staff is trained in MANDT, a comprehensive program design to:

- a. Recognize and acknowledge children's emotional states
- b. Use strategies to decrease or deescalate agitated states
- c. Safely contain Aggression, (biting, hitting, kicking;;;;) through a Therapeutic/Basket Hold
- d. Process the incident according to the child's developmental level

When bathroom words, swearing, spitting or inappropriate language is used the child is directed to the bathroom or alternate room to provide an appropriate place to discharge (spit in sink) and/or offer a buffer (out of ear shot of other children) thereby decreasing attention seeking as a motivating factor.

I have read the classroom management and procedures

Child's Name: _____

Signature: _____

Date: _____

Media Release Form

CLASSROOM

It is fun for the children to find their face on a bulletin board or on artwork in their classroom! Teachers take pictures to use within their classrooms to decorate and share fun activities.

I give do not give Children's Odyssey permission to use my child's photo for classroom use.

SEESAW

All classrooms use an app called Seesaw to provide announcements, calendars, activities, photos, and videos to currently enrolled families. Children's Odyssey Seesaw is only accessible to those who are currently enrolled and added by the school.

I give do not give Children's Odyssey permission to use my child's photo on Seesaw.

I give do not give Children's Odyssey permission to use a video including my child on Seesaw.

ZOOM

HIPPA (Health Information Portability and Accountability Act) is the federal law that protects health data, integrity, confidentiality, and accountability. HIPPA guidelines announced that during the Covid-19 crisis restrictions have been loosened to allow clients access to services through platforms that are normally not HIPPA compliant. Zoom is one of those platforms that is not considered HIPPA compliant, however, its use will be allowed during this crisis. The zoom platform allows multiple viewers during a session. For this reason, Children's Odyssey will be utilizing ZOOM to connect with children and families and provide virtual services for children receiving CDS or section 28 services.

I give do not give Children's Odyssey permission to use my child as a Zoom peer.

I give do not give Children's Odyssey permission to show my child's face during Zoom sessions.

FACEBOOK/OTHER ADVERTISEMENTS

Children's Odyssey is a non-profit that works to promote Early Childhood Education. At times, we use photographs or brief videos in flyers, pamphlets, or Facebook as part of raising awareness or during fundraising initiatives.

I give do not give Children's Odyssey permission to use my child's photo (no name) for awareness/advertisements.

I give do not give Children's Odyssey permission to use my child in a video (no name) for awareness/advertisements.

I would be open to further discussion around using my child in awareness or fundraising campaigns.
(please circle) yes / no

Child's Name (printed): _____

Parent Name (printed): _____

Parent Signature: _____ Date: _____