

# PLOWSHARES

## PLOWSHARES EDUCATION DEVELOPMENT CENTER

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## TOOTHBRUSHING PERMISSION FORM

Due to a new regulation 606 CMR 7.11 (11) (d) from the Dept of Early Education and Care, Plowshares is required to offer to have your child brush his/her teeth after eating lunch. Please fill out the permission form below and remit it to the office.

NO \_\_\_\_\_ I do not wish for my child \_\_\_\_\_ to participate in tooth brushing while in care at Plowshares

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

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

.....  
Yes \_\_\_\_\_ I authorize Plowshares staff to have my child(ren) \_\_\_\_\_ Brush his/her teeth after eating lunch at Plowshares.

I understand that my child is required to bring a toothbrush and toothbrush cover/holder with air vents, and toothpaste, every day that he/she eats lunch at Plowshares.  
**(The toothbrush and toothbrush holder must be labeled with child's name.)**

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

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

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

**It is recommended that you change your child's toothbrush every 3 months or when your child is sick.**

If you have any questions, concerns or objections regarding this practice please contact your site director.



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