



ROUDENBUSH CHILDREN'S CENTER AT FROST

73 Main Street - Westford, MA 01886 - (978) 692-5533

~ SERVICES OF THE ROUDENBUSH COMMUNITY CENTER ~

PARENT REGISTRATION PACKET CHECKLIST

2017/18 CONTRACT YEAR

FROST OPERATES ON A 12-MONTH CALENDAR – SEPTEMBER THROUGH AUGUST
REGISTRATIONS ARE ACCEPTED THROUGHOUT THE YEAR DEPENDING ON AVAILABILITY

The following **Registration Forms** and **Medical Documents** are mandatory requirements per the Massachusetts Department of Early Education and Care (EEC) for young children attending child care. Prior to submitting, please review your packets to make sure all forms and have been filled out completely and have been signed and dated where applicable. If any information is missing, including signatures and dates, your registration packet will not be considered valid and will be returned to you for completion. For your convenience, we have provided a checklist below. Completed registration packets, including all medical documentation (see below) and applicable registration fees, must be submitted to Frost prior to your child's start date.

REGISTRATION FORMS – ALL FORMS MUST BE COMPLETED, SIGNED AND DATED BY PARENT/GUARDIAN

- Tuition Contract completed, signed and dated
- \$75 Non-refundable registration fee (per family) by check made payable to TRCCI
- When registering children 6wks-15mos of age, a non-refundable holding fee at the rate of \$750.00 is due to secure a spot and will be applied to the child's last month of enrollment at the Center.
- When registering children 15mos-5yrs of age, a non-refundable one-month deposit not to exceed \$500.00 is due to secure a spot and will be applied to the child's last month of enrollment at the Center.
- First Aid / Emergency Medical Consent & Release Form - Transportation Plan and Child Release Consent
- Child's Information Form (4 pages)
- Automatic Direct Payment ACH Form (if applicable)

MEDICAL DOCUMENTS - ALL DOCUMENTS MUST BE SIGNED AND DATED BY PRACTITIONER

- PHYSICAL EXAMINATION OFFICE VISIT RECORD:** Full physical exam documented within the past year (must be updated annually)
- COMPLETE IMMUNIZATION RECORD:** Proof of up-to-date age-appropriate immunizations documented
- DOCUMENTATION OF PROOF OF LEAD (Pb) TEST:** As required by Massachusetts State Law - All children regardless of risk shall be screened at least once between the ages of 9 and 12 months and annually thereafter until the age of 36 months.

IMPORTANT LEAD SCREENING INFORMATION! Documentation of age-appropriate lead screening is a mandatory state requirement for children attending licensed child care and must be provided for our files.

THE ROUDENBUSH COMMUNITY CENTER, INC.

CHILD CARE CENTER AT FROST
978-692-5533

73 Main Street, Westford, MA 01886
www.roudenbush.org

TUITION CONTRACT - 2017/18

This is a contract between (client) _____ (hereafter referred to as the client/parent/guardian) and The Roudenbush Community Center, Inc. Child Care Center at Frost program (hereafter referred to as Roudenbush/Frost/Center).

CLIENT INFORMATION

Name (Print) _____ Address _____

Home Phone _____ Cell Phone _____ Personal Email _____

CIRCLE PACKAGE	AGE GROUP	PRINT CHILD'S NAME	D.O.B.	CIRCLE CONTRACT ENROLLMENT DAYS	START DATE
A	6 Weeks-15 Months			M T W TH F	
B	15 Months-2.9 Years			M T W TH F	
C	2.9 Years-5 Years			M T W TH F	

\$75.00 REGISTRATION FEE (PER FAMILY) CHECK # _____ \$ _____ ADVANCE TUITION CHECK # _____

Services will be provided for the child and contracted days listed and fees above. Frost Child Care Center operates during the hours between 7:00 a.m. and 6:00 p.m., Monday through Friday, with the exception of holidays (see RCC Parent Handbook for list) or in case of Center emergency. (Tuition fees are not subject to proration for illness, holidays or emergency closure of the Center.) Families should plan to EXIT the Center by 6:00 p.m. Late fees will incur at the rate of \$1.00 per minute after 6:00 p.m. Roudenbush reserves the right to increase late fees or reassess the contract for chronic late occurrences. If client/parent/guardian is a 'no show' or no contact can be made 15 minutes after Center closing, alternate contacts will be called. The child will only be released to approved contacts noted in the child's file. If the child is not picked up by 8:00 p.m., police will be notified. Please read the following carefully.

1. Upon enrollment at the Center, client agrees to download and read the Children's Center at Frost Handbook at www.roudenbush.org and adhere to the policies set forth there.
2. Client agrees to provide at least one alternate contact that is able to reach the Center in an emergency within approximately 30 minutes.
3. An annual non-refundable registration processing fee of \$75.00 per family (check payable to TRCCI) is due at the time of registration for each contract year.
4. When registering children 6wks-15mos of age, a holding fee at the rate of \$750.00 is due and will be applied to the child's last month of enrollment at the Center. Children ages 15mos-5yrs of age requires a one month deposit not to exceed \$500.00 to secure a spot, which too will be applied to last month's tuition.
5. Any change made to your contracted enrollment schedule requires thirty (30) day written notice to the Program Director. Individual days added will be subject to a one day additional rate.
6. The annual tuition fee is divided into 12 equal payments due monthly. Monthly payments are applied to the following month and must be paid by the 15th day of the billing month (Example - Tuition for April is billed on March 1 and due by March 15.) Failure to do so will activate a \$25.00 late fee and an automatic withdrawal notice from the Center and Roudenbush reserves the right to enroll another child in that spot. Tuition payments may be made by either (A) Check payable to TRCC or (B) Automatic withdrawal (ACH) from a checking or savings account. The 2017-18 billing cycle is August 21, 2017 - August 17, 2018.
7. Any form of payment (check or ACH) returned will incur a service fee of \$25.00. After 3 occurrences within a twelve month period the client will be required to make future payments by cash or certified check. Finance charges of 1.5% per month will be applied until the balance is paid in full.
8. Clients who have contracted for 12 months are allowed one week vacation tuition free after the contracted year in the months of July and August where tuition is waived if the child is not in care the whole week. A thirty (30) day written notice of vacation must be submitted to ensure proper billing.
9. Rates are subject to change per our fiscal review in July.

Signing of this contract signifies that the client understands and will adhere to all terms stated.

Client/Parent/Guardian Signature	Date	Site Director Signature	Date
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OFFICE USE ONLY

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Roudenbush Community Center Mission Statement
creating community. enriching lives.

Revised February 2017

FIRST AID / EMERGENCY MEDICAL CONSENT & RELEASE FORM

TRANSPORTATION PLAN

CHILD'S NAME (PRINT) _____ D.O.B. _____

Address _____ (City) _____ (State) _____ (Zip) _____

*EMAIL WHERE PARENT CAN BEST BE REACHED _____

Mother/Guardian Name _____ Father/Guardian Name _____

Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Special Calling Instructions _____ Special Calling Instructions _____

Child's Physician _____ Child's Dentist _____

Address _____ Address _____

Phone Number _____ Phone Number _____

ALLERGIES / SEIZURES, MEDICATIONS, UNUSUAL DISORDERS _____

Hospital Preferred _____ Health Insurance Carrier and Policy # _____

EMERGENCY CONTACTS WITHIN APPROXIMATELY 30 MINUTES IF PARENT/GUARDIAN CANNOT BE REACHED

#1 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

#2 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

#3 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

#4 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

CONSENT I authorize staff at Roudenbush Children's Center who is trained in the basics of first aid to give my child first aid 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 a parent or legal guardian cannot be reached, I hereby authorize the program to release my child to one of the emergency contacts listed above or transport my child to the nearest medical care facility or to my preferred hospital listed above and to secure necessary medical treatment for my child. I also give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

RELEASE In the event that I cannot pick up my child for any reason, I hereby authorize The Roudenbush Children's Center to release my child to individuals listed on my EMERGENCY CONTACTS above.

TRANSPORTATION PLAN

Frost Full Day Child Care

PLACE CHECKMARKS AGAINST ALL THAT APPLY TO YOUR CHILD

My child will **ARRIVE** at program by: Parent Someone other than parent.

My child will **DEPART** from program by: Parent Someone other than parent.

My child will attend the **MILLENNIUM SCHOOL** for a portion of the day and will be transported to and/or from Frost via **WPS VAN SERVICES**.

Client/Parent/Guardian Signature

Date

For Child Care Use Only

Date of Admission _____

Age at Admission _____ Yrs _____ Mos

Program _____

CHILD'S INFORMATION FORM

(Pages 1-4)

CHILD INFORMATION

Child's Name _____ D.O.B. _____

Home Address _____ (City) _____ (State) _____ (Zip) _____

Primary Language _____

Sex _____ Height _____ Weight _____ Hair Color _____ Eye color _____ Skin Color _____

Identifying Marks _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Hours at Work _____ Hours at Work _____

Email Address To Be Used For Billing _____

OTHERS IN FAMILY / RELATIONSHIP

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	/	/	_____	/	/
_____	/	/	_____	/	/
_____	/	/	_____	/	/

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

CHILD'S NAME _____ D.O.B. _____

PROVIDE INFORMATION APPROPRIATE TO THE AGE OF YOUR CHILD - INFO FOR INFANTS AND TODDLERS MARKED WITH AN ASTERISK*

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

*Does child pull up? _____ Crawl? _____ Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ Any history of colic? _____

*Does child use pacifier or suck thumb? _____ When? _____

*Does child have a fussy time? _____ When? _____

*How do you handle this time? _____

HEALTH

Any known complication at birth _____

Serious illnesses and/or hospitalizations _____

Special physical conditions, disabilities _____

ALLERGIES

OTHER / Asthma - Hay Fever - Insect Bites - Medicine - Food Reactions _____

REGULAR MEDICATIONS

EATING HABITS

Special characteristics or difficulties _____

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

Favorite foods _____ Foods refused _____

*Is child fed held in lap _____ or high chair _____? Does child eat with spoon _____, fork _____ or hands _____?

TOILET HABITS

*Are disposable or cloth diapers used? _____

*Is there frequent occurrence of diaper rash? _____ Do you use - Oil _____ Power _____ Lotion _____ Other _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____ Please describe any particular procedure to be used for your child at the center _____

What is used at home? Potty chair _____ Special child seat _____ Regular seat _____

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

Is child ever reluctant to use the bathroom? _____ Does child have accidents? _____

CHILD'S NAME _____ D.O.B. _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ bed? _____ Does your child become tired or nap during the day (include when and how long)? _____

*Does your child sleep on his/her back? _____ side? _____ stomach? _____

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. Please take the time to discuss your child's sleeping position with your caregiver.

When does child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/child care _____

Reaction to strangers _____ Able to play alone? _____

Favorite toys and activities _____

Fears (the dark, animals, etc.) _____

How do you comfort child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

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

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

ADDITIONAL INFORMATION

Has your child received any of the following screenings or evaluations? (Please circle if applicable.)
VISION - HEARING - SPEECH - EMOTIONAL - BEHAVIORAL - TEAM MEETING/766 - OTHER

REFERRALS: Is your child receiving any special services? ___ NO ___ YES (Explain) _____

If any of the following have occurred or any presently happening, give a brief account and dates, i.e., adoption, marital separation, divorce, remarriage, birth of sibling, long absence, moving, serious physical illness, hospital experience, death in family, or other important events not mentioned elsewhere. _____

**WALKING FIELD TRIP PERMISSION
PHOTO PERMISSION
PARENT HANDBOOK ACKNOWLEDGEMENT**

PLEASE COMPLETE APPROPRIATE SECTIONS BELOW AND SIGN AND DATE THE BOTTOM OF THIS FORM

CHILD'S NAME _____ D.O.B. _____

▶ WALKING FIELD TRIP PERMISSION

MY CHILD has my permission to walk with his/her classroom to the following locations (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Fletcher Public Library | <input type="checkbox"/> Westford Fire Station | <input type="checkbox"/> Westford Police Station |
| <input type="checkbox"/> Town Common | <input type="checkbox"/> Location within 1 mile radius of Frost | |

▶ PHOTO PERMISSION – SELECT ONE CHOICE ONLY

- I DO NOT GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED**
- I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED FOR IN-HOUSE USE ONLY.**
Photos will NOT be shared with the public.
- I GIVE PERMISSION FOR PHOTOS OF MY CHILD TO BE RELEASED** for publicity purposes through the local newspaper, local cable television, Roudenbush newsletters, brochures and flyers or to be shared via classroom emails to parents.

▶ PARENT HANDBOOK ACKNOWLEDGEMENT

The Roudenbush Community Center Parent Handbook is available online at www.roudenbush.org. To view, download and print the handbook, select the "Full Day Child Care" tab to open our page and you will find the link (pdf) to the **RCC Parent Handbook** on the right side of the page.

The purpose of our handbook is to outline Roudenbush policies and procedures and to provide important information regarding our child care programs. We make every effort to work closely with parents in a partnership that will facilitate a child's growth and development. Communication between parents, teachers and site directors is a vital part of our program. Please be sure to read the Roudenbush Community Center Parent Handbook in its entirety so that you are familiar with and have a clear understanding of Roudenbush policies and procedures.

Your signature below indicates that you have read the parent handbook in its entirety and understand Roudenbush policies and will adhere to the policies as set forth by Roudenbush Community Center.

I UNDERSTAND THAT THIS PACKET BECOMES A PERMANENT PART OF MY CHILD'S FILE AND MY SIGNATURE BELOW INDICATES THAT I HAVE COMPLETED ALL REQUIRED INFORMATION TO THE BEST OF MY KNOWLEDGE

Client/Parent/Guardian Signature

Date

ROUDENBUSH COMMUNITY CENTER

65 Main Street
Westford, MA 01886
978-692-5511

AUTOMATIC DIRECT PAYMENT (ACH) FORM

Our **Preferred Plan** will include an Automatic Direct Payment choice. This option allows you the convenience of automatic deduction from your checking or savings account, saving you time and money.

Return Check Policy: Any form of payment (check, auto withdrawal) returned three (3) times within a 12 month period, will require payment by cash or certified check for all future payments. A service charge of \$25.00 for any and all returned transactions will be applied to your account. Finance charges of 1.5% per month will be applied to the account until paid in full.

YES – I want the Direct Payment option!

I (we) hereby authorize The Roudenbush Community Center, Inc., hereinafter-called COMPANY, to debit entries to my (our) account indicated below and the financial institution names below, hereinafter all call FINANCIAL INSTITUTION, to debit the same to such account.

Financial Institution Name	Branch
Address	City, State, Zip
Routing Number	Account Number
<input type="checkbox"/> Checking Account OR <input type="checkbox"/> Savings Account	

The authority is to remain in full force and effect until The Roudenbush Community Center, Inc., has received written notification from me (or us) of its termination in such time and manner as to afford The Roudenbush Community Center, Inc., and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name	Client/Parent/Signature	Date
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Print Roudenbush Account #	Date	Email Address
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NOTE: Any changes in name, address or financial institution require new form.

PLEASE ATTACH A VOID CHECK

Tuition payments will be charged approximately the 15th of every month.