



Part-Day Toddler & Preschool Program

170 Plain Road, Westford, MA 01886 (978) 692-5544
73 Main Street, Westford, MA 01886 (978) 692-5533

2017 Parent Registration Checklist

The following REGISTRATION FORMS and MEDICAL DOCUMENTS are mandatory requirements per the Massachusetts Department of Early Education and Care (EEC) for young children attending preschool. Prior to submitting, please review your packets to make sure all forms and documents 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 convenience, we have provided a checklist below. Completed registration packets, including all applicable fees, must be submitted with registration. **All registration packets should be placed in a sealed manila envelope so no information is lost.**

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

Due at Registration:

- Tuition Contract / Preschool Choice Form completed, signed and dated
- \$75 Non-refundable registration fee (per family) by check made payable to TRCCI

Due by 5/1/17:

- Non-refundable advance deposit equal to one month's tuition by check made payable to TRCCI
- Emergency Release/First Aid & Emergency Medical Care Consent/Transportation Plan & Child Release Consent (*single form*)
- Child's Information Forms (*4 pages*)
- Automatic Direct Payment (ACH) Form - if applicable - for future payments August to April
- Medical documents (for new enrollees). All documents must be signed and dated by practitioner including physical exam office visit record (within the past year), complete up-to-date immunization record, and proof of lead (Pb) test as required by Massachusetts State Law: *Pursuant to DPH requirements, all children regardless of risk, must be screened for lead poisoning at least once between the ages of 9 and 12 months and annually thereafter at ages 2 and 3 years.*

PART-DAY TODDLER & PRESCHOOL PROGRAM

170 Plain Road, Westford, MA 978-692-5544 73 Main Street, Westford, MA 978-692-5533

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

Mother/Guardian Information

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Personal Email _____ Business Email _____

Father/Guardian Information

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Personal Email _____ Business Email _____

- PROGRAM CHOICE: PLEASE SELECT YOUR PROGRAM CHOICES BELOW BY PLACING A NUMBER 1, 2 OR 3 ON THE APPROPRIATE LINES
- LOCATION FOR ALL CLASSES IS DETERMINED BY ENROLLMENT AND WE CANNOT GUARANTEE BUILDING PREFERENCES

PLACE NUMBER ON LINE IN FRONT OF DESIRED PROGRAM CHOICE	PLACE CHECK ON LINE IN FRONT OF DESIRED CONTRACT ENROLLMENT DAYS
___ TODDLER (Old Nab Only) <i>Age 2 by 12/15/17</i>	___ Monday & Wednesday AM / ___ Tuesday & Thursday AM / ___ Friday AM
___ 2-DAY PRESCHOOL <i>Age 3 by 12/31/17</i>	___ Tuesday & Friday > Circle choice: AM PM (2.5 hours)
___ 3-DAY PRESCHOOL <i>Age 3 by 8/31/17</i>	___ Monday, Wednesday & Thursday > Circle choice: AM PM (3 hours)
___ 3-DAY PRE-K <i>Age 4 by 8/31/17</i>	___ Monday, Wednesday & Thursday > Circle choice: AM PM (3 hours)
___ 4-DAY PRE-K <i>Age 4 by 8/31/17</i>	___ Monday, Tuesday, Wednesday & Thursday - AM (4 hours)
___ 4-DAY FALL FIVES <i>Age 5 by 12/31/17</i>	___ Monday, Tuesday, Wednesday & Thursday > Circle choice: AM PM (3 hours)
___ 4-DAY FALL FIVES (FULL DAY) <i>Age 5 by 12/31/17</i>	___ Monday, Tuesday, Wednesday & Thursday - FULL DAY (5 hours)

\$75.00 REGISTRATION FEE CHECK # _____ ADVANCE TUITION CHECK # _____ AMT \$ _____ CHILD'S START DATE _____

2017 PART-DAY TODDLER & PRESCHOOL TUITION CONTRACT

1. A non-refundable registration processing fee of \$75.00 per family is required. Checks, money orders or bank checks made payable to TRCCI.
2. A non-refundable advance deposit will be due May 1, 2017. Tuition is divided into ten (10) equal installments August through May. Advance deposit will be applied in May 2018. This advance deposit secures your child's final placement in a class.
3. Tuition Payment Options for remaining 9 installments:
 - I. Check payable to TRCCI. Payments billed on 1st of each month and due by the 15th of each month.
 - II. Automatic Withdrawal (ACH) from your checking or savings account on the 15th of each month.
4. A late charge of \$25.00 will be charged for checks received after the 15th of the billing month.
5. Upon entering a program I will download and read the ROUDENBUSH COMMUNITY CENTER PARENT HANDBOOK from www.roudenbush.org and will adhere to the policies as set forth by the Roudenbush Community Center.
6. Return Check Policy: Any form of payment (check or ACH) returned three (3) times within a twelve 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.
7. I have read and will adhere to Policy Agreement on next sheet (Page 2 of Tuition Contract).
8. Rates are subject to change per our fiscal review in July.

Parent/Guardian Signature	Date	Site Director Signature	Date
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ROUDENBUSH PART-DAY TODDLER & PRESCHOOL PROGRAM

2017 POLICY AGREEMENT

1. TUITION:

One month non-refundable advance tuition per child is due May 1, 2017. This advance tuition secures your child's final placement in a class. Tuition is calculated on a program year and divided into 10 equal payments starting August 15th and ending May 15th. The advance tuition payment will be used for the May 2018 payment. There will be NO tuition refunds based on child's illness, inclement weather, emergency or holiday closings, vacation or other legitimate conditions beyond the control of the Children's Center or Roudenbush Community Center.

2. FEES:

- **Extended Day:** An additional fee will be charged.
- **Late Pick Up Time:** Children not picked up at the end of their regularly scheduled class time will be placed in Extended Day. Extended Day fees will be prorated with a minimum one-half hour charge.

3. SIBLING DISCOUNT:

Roudenbush offers a 10% family discount given to the child with the least expensive daily rate.

4. WESTFORD RESIDENTS:

Westford residents receive a 10% discount.

5. PRESCHOOL TUITION CONTRACT:

The preschool tuition contract is for the full September through June preschool program year. I understand that once registration is accepted, I will be responsible for the full year tuition. I understand that the tuition will be divided into 10 easy-to-pay installments, but I will be required to pay the full year tuition regardless of whether my child withdraws, fails to attend or has incomplete attendance. Exceptions may be granted under limited circumstances with a written request to the Roudenbush Executive Director.

The Roudenbush Children's programs are self-supporting.

We count on your timely payments to meet our monthly expenses and to maintain our commitment to quality education.

Thank you!

Roudenbush Community Center Mission Statement

creating community, enriching lives.

The Roudenbush Community Center (TRCCI) brings educational enrichment to individuals, families and communities in an inviting environment where there is always something new to explore. In collaboration with area businesses, community organizations and schools, Roudenbush focuses on meeting the needs of a diverse population. We offer a world of opportunity through life-long learning, preschool, child care, special events and the arts.

As a non-profit organization, Roudenbush is funded by donations, grants and program fees to continue providing a wide range of fun and exciting programs for all to enjoy.

Roudenbush Community Center

65 Main Street Westford, MA 01886

978-692-5511

www.roudenbush.org



EMERGENCY RELEASE / FIRST AID & EMERGENCY MEDICAL CARE CONSENT

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

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

*EMAIL WHERE PARENT CAN BEST BE REACHED _____

Mother's Name _____ Father's 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, medication or 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 _____

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.

TRANSPORTATION PLAN & CHILD RELEASE CONSENT

PLACE CHECKMARKS AGAINST ALL THAT APPLY TO YOUR CHILD

ARRIVE AT PROGRAM:

____ My child will arrive at program by **parent**.

____ My child will arrive at program by **someone other** than parent.

DEPART FROM PROGRAM:

____ My child will depart from program by **parent**.

____ My child will depart from program by **someone other** than parent.

RELEASE CONSENT: 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.

Parent/Guardian Signature

Date

For Part-Day Preschool 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, i.e., 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? _____ High chair? _____

*Does child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____

*Is there frequent occurrence of diaper rash? _____ Do you use - Oil _____ Powder _____ 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

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

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 _____

FIELD TRIP PERMISSION

MY CHILD has my permission to participate in the school's program including indoor and outdoor activities, going for a walk and planned field trips. I will be given a permission slip before each field trip that requires bus transportation.

PHOTO PERMISSION – PLEASE MARK ONE CHOICE

- 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 "Child Care" link at the top of the page and you will find the RCC Parent Handbook in the drop-down menu. The purpose of our handbook is to outline the centers' policies and 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 director 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 an 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

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 Individual Name	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.