

The Roudenbush Community Center, Inc.

ROUDENBUSH
65 Main Street

OLD NAB
170 Plain Road

Name of Child _____ D.O.B. ____/____/____

Mother/Guardian Name _____ Address _____ Zip _____

Father/Guardian Name _____ Address _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-mail Address _____

⇒ **Program Choice** _____

⇒ **Start Date** _____

TUITION CONTRACT

1. **To pay a non-refundable** registration processing fee of **\$75.00** per family. Checks, money orders, or bank checks made payable to **TRCCI**.
2. **To pay one-month advance tuition** of \$ _____ or \$500.00 per child (whichever is less) at time of registration. **Cancellation Fee:** *50% of your monthly budgeted amount will be assessed as a cancellation fee if you cancel prior to the start of the program.* Tuition is calculated on a program year and invoiced on a monthly basis. Payments due by the 15th of the month for the following month's tuition.
Payment Options:
 1. Check - Payable to TRCCI (advance tuition required). Advance Tuition will be applied to the last month's invoice.
 2. Credit Card or Automatic Withdrawal (ACH) from your checking or savings (advance tuition not required).
3. **TO SUBMIT A (30) THIRTY DAY WRITTEN NOTICE FOR ANY CHANGES** in my child's schedule to the Site Director or the Administrative Assistant of the program following the start of the program.
4. **To pay tuition** by the last day of the billing month (before the first day of the scheduled month). Failure to do so will automatically activate my withdrawal notice and my child/ren will be considered withdrawn from the program(s). I understand that Roudenbush Community Center will have the right to enroll another child in that slot.
5. **Upon entering a program** I will receive and read the **PARENT HANDBOOK** and will adhere to the policies as set forth by Roudenbush Community Center.
6. **Return Check policy:** Any form of payment (check, auto withdrawal or credit card) 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 \$20.00 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. **Policy Agreement on back**

_____/_____
Signature Parent/Guardian **Date**

_____/_____
Signature Director (Site) **Date**

Policy Agreement

1. Tuition:

One-month advance tuition or \$500.00 per child (whichever is less) is due at registration if paying by check. Tuition is calculated on a program year and divided into 10 equal payments starting in August and ending in May. Tuition will be prorated if registration is received after August 15th. If tuition payment is not received by the last day of the billing month, it will automatically activate my withdrawal notice and my child/ren will be considered withdrawn from the program.

Cancellation Fee: 50% of your monthly budgeted amount will be assessed as a cancellation fee if you cancel prior to the start of the program.

2. Fees:

Based on daily rates. 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. Variations in attendance from the regular schedule will be billed accordingly.

3. Sibling Discount:

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

4. Westford residents receive a 10% discount

5. Changes or Withdrawal from Program:

Following the start of any program a (30) thirty-day written notice is required for all changes and withdrawals. Account(s) must be paid in full by the last day of withdrawal from any program.

6. Pick Up Time:

Late charge of \$1.00 per minute will be applied to your account(s) if pick up is late - (subject to change).

*The Roudenbush Children's programs are self-supporting.
We count on your timely payments to meet our monthly expenses.
Thank you.*

Roudenbush Community Center Mission Statement

The Roudenbush Community Center was established to enrich the lives of Westford residents by offering programs and services in the area of Education, Entertainment, Health and the Arts at the lowest possible cost to the taxpayers. The Roudenbush Community Center Committee is also committed to preserving and protecting the buildings under its care and custody.

Roudenbush Community Center
65 Main St
Westford, Ma 01886

978.692.5511
978.692.1525

www.roudenbush.org

Revised January 2010

For Part-Day Preschool Use Only

Date of Admission _____

Age at Admission ____ yrs ____ mos

Program _____

CHILD'S INFORMATION FORM

CHILD INFORMATION

Child's Name _____

Home Address _____ Town _____

Date of Birth _____ 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 Tel. # _____

Home Tel. # _____

Cell Phone # _____

Cell Phone # _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Tel. # _____

Business Tel. # _____

Hours at Work _____

Hours at Work _____

NOTE: EMAIL ADDRESS TO BE USED FOR BILLING

Email Address _____

OTHERS IN FAMILY / RELATIONSHIP

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

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

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name _____ Date of Birth _____

I authorize staff in the 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 I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name _____

Address _____

Phone Number _____

Child's allergies _____

Chronic health conditions _____

Emergency Contacts - in the order of who is to be contacted: If parent(s) cannot be contacted in case of an emergency, I hereby give permission to Roudenbush Children's Center to **contact and release** my child to (3 contacts must be listed as required by EEC): **This is for emergency medical care only! Any other person(s) picking up must be listed on the TRANSPORTATION PLAN on page 3.**

#1 Name _____ Address _____

Relationship to child _____

Phone # _____

#2 Name _____ Address _____

Relationship to child _____

Phone # _____

#3 Name _____ Address _____

Relationship to child _____

Phone # _____

Child's Health Insurance Coverage _____

Policy # _____

**AUTHORIZATION AND CONSENT FORM
TRANSPORTATION PLAN**

Child's Name _____ **Date of Birth** _____

My child will arrive at the Program by:

- _____ School Bus drop off
- _____ Parent drop off
- _____ Other - If someone other than parent is dropping off

My child will depart from the Program by:

- _____ Parent pick up
- _____ Other - If someone other than parent is picking up

In the event that I cannot pick up my child, I hereby authorize the Roudenbush Children's Center to release my child to the following person(s) other than parents:

(IF YOU DO NOT AUTHORIZE THE RELEASE OF YOUR CHILD TO ANYONE OTHER THAN PARENT(S), CHECK THE BOX BELOW NEXT TO "NO ONE" AND SIGN AND DATE)

Name _____ **Address** _____
Relationship to child _____
Phone # _____

Name _____ **Address** _____
Relationship to child _____
Phone # _____

Name _____ **Address** _____
Relationship to child _____
Phone # _____

Name _____ **Address** _____
Relationship to child _____
Phone # _____

Name _____ **Address** _____
Relationship to child _____
Phone # _____

IF YOU SELECT "NO ONE" WE WILL NOT RELEASE YOUR CHILD TO ANYONE OTHER THAN PARENT(S). LATE FEES WILL APPLY AFTER 6 PM.

"NO ONE" _____
Parent/Guardian Signature **Date**

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION (Pages 4 & 5)

THIS SECTION MUST BE FILLED OUT WHEN CHILD INITIALLY ENROLLS

(EXISTING FAMILIES MAY OPT NOT TO COMPLETE THE DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION SECTION - PAGES 4 & 5)

Regulations for licensed childcare facilities require this information to be up to date and on file to address the needs of children while in care.

Child's Name _____ Date of Birth _____

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 _____ 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 _____ Date of Birth _____

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/day 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. _____

PERMISSION FORMS & PARENT HANDBOOK ACKNOWLEDGEMENT

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

FIELD TRIP PERMISSION

My child, _____, has my permission to participate in this school's program including indoor and outdoor activities, going for walks and planned field trips. I will be given permission slip before each field trip that requires bus transportation.

PHOTO PERMISSION

(Select Appropriate Box)

I DO I DO NOT give permission for _____'s photo to be released for publicity purposes through the local newspaper, local cable television or Roudenbush brochures and flyers.

PARENT HANDBOOK ONLINE

The Roudenbush Community Center Parent Handbook is available online at www.roudenbush.org. To view 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 dropdown menu.

The purpose of the 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, site director and the Roudenbush director is a vital part of our program.

Please be sure to read the Roudenbush Community Center Parent Handbook in its entirety. Your signature in this box below indicates that you have read the parent handbook, understand the Roudenbush policies and agree to abide by them.

Parent/Guardian Signature

Date

I ACKNOWLEDGE THAT THIS PACKET BECOMES A PERMANENT PART OF MY CHILD'S FILE AND MY SIGNATURE BELOW INDICATES THAT I HAVE COMPLETED ALL REQUIRED INFORMATION AND THAT I UNDERSTAND AND AGREE WITH ALL DATA SUBMITTED.

Parent/Guardian Signature

Date

(Revised April 2010)

Credit Card Authorization

To: Roudenbush Community Center

CC: Finance Department

From: _____

Date: _____ Program Account # _____

RE: Charge card payment authorization to Roudenbush Community Center

Return Check Policy: Any form of payment (check, auto withdrawal or credit card) 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 \$20.00 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.

I/We, _____, authorize Roudenbush Community Center to charge my credit card for a **one-time payment** due of \$ _____.

Or... Our Preferred Payment Plan

I/We, _____, authorize Roudenbush Community Center to charge my credit card for services rendered per my statement until further notice.

Master Card #: _____ Expiration Date: _____

Visa Card #: _____ Expiration Date: _____

Discover Card #: _____ Expiration Date: _____

Signature: _____ Email Address: _____

Report generated monthly.

Please Provide Address for Verification:

ROUDENBUSH COMMUNITY CENTER
65 Main Street – Westford, Massachusetts 01886-2509
(978) 692-5511

Now, in addition to our credit card payment option, 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. Thank you.

Return Check Policy: Any form of payment (check, auto withdrawal or credit card) 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 \$20.00 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	
_____		Checking Account	OR Savings Account
Routing Number	Account Number		

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	
_____		_____	_____
Print Roudenbush Account #		Date	Email Address

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.