

The Roudenbush Community Center, Inc.

PART-DAY TODDLER & PRESCHOOL PROGRAM @ OLD NAB
170 Plain Road

PART-DAY TODDLER & PRESCHOOL PROGRAM @ ROUDENBUSH
65 Main Street

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

School in Sept. _____ Age _____ Grade _____

MOTHER/GUARDIAN INFORMATION

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Home Email _____ Business Email _____

FATHER/GUARDIAN INFORMATION

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Home Email _____ Business Email _____

PROGRAM CHOICE: PLEASE SELECT YOUR PROGRAM CHOICE BY PLACING A NUMBER 1, 2 OR 3 ON THE APPROPRIATE LINE

(LOCATION FOR ALL CLASSES IS DETERMINED BY ENROLLMENT AND WE CANNOT GUARANTEE BUILDING PREFERENCES)

1 DAY PROGRAM For 2's & 3's	2 DAY PROGRAMS For 2 Year Olds <i>Must be 2 by September 1 For Toddler Programs</i>	2 DAY PROGRAMS For Fall 3 Year Olds	2 DAY PROGRAMS For 3 Year Olds <i>Must be 3 by September 1</i>
_____ FRIDAY - Busy Bees for 2's 9:00 - 11:30 @ Nab	_____ MONDAY / WEDNESDAY 8:45 - 11:15 @ Nab	_____ TUESDAY / FRIDAY 9:00 - 11:30	_____ TUESDAY / THURSDAY 9:00 - 11:30
	_____ TUESDAY / THURSDAY 8:45 - 11:15 @ Nab	_____ TUESDAY / FRIDAY 12:30 - 3:00	_____ TUESDAY / THURSDAY 12:30 - 3:00
3 DAY PROGRAMS For 3 Year Olds (IN HOUSE ONLY)	3 DAY PROGRAMS For Fall 4 Year Olds	3 DAY PROGRAMS Pre-K for 4's <i>Must be 4 by September 1</i>	4 DAY PROGRAMS For Fall 5's <i>Must be 5 by November 30</i>
_____ MON / WED / THUR 8:45 - 11:45 @ Nab	_____ MON / WED / THUR 8:30 - 11:30 @ Main Street	_____ MON / WED / FRI 8:45 - 11:45	_____ MON / TUE / WED / THUR 8:30 - 11:30 @ Nab
_____ MON / WED / THUR 12:30 - 3:30 @ Nab	_____ MON / WED / THUR 12:30 - 3:30 @ Main Street	_____ MON / WED / FRI 12:30 - 3:30	_____ MON / TUE / WED / THUR 12:30 - 3:30 @ Nab

\$75.00 - REGISTRATION FEE CHECK # _____

\$ _____ ADVANCE TUITION CHECK # _____

CHILD'S START DATE _____

PART-DAY TODDLER & PRESCHOOL 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. **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 download and read the **PARENT HANDBOOK** from www.roudenbush.org and will adhere to the policies as set forth by Roudenbush Community Center.
6. **Return Check policy:** Any form of payment (check or 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 \$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 next sheet (page 2 of Tuition Contract).**

α _____ / _____
Parent/Guardian Signature **Date** **Site Director Signature** **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 Street
Westford, MA 01886

978-692-5511
978-692-1525

www.roudenbush.org

Revised January 2011

EMERGENCY RELEASE / FIRST AID AND EMERGENCY MEDICAL CARE CONSENT

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

(Last)

(First)

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

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 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 _____

#5 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 AND CHILD RELEASE CONSENT

PLACE CHECKMARKS AGAINST ALL THAT APPLY TO YOUR CHILD

PART-DAY PRESCHOOL / FULL-DAY CHILD CARE / BEFORE & AFTER KINDERGARTEN

___ My child will arrive at program by ___ parent, ___ someone other than parent, ___ school bus.

___ My child will depart program by ___ parent, ___ someone other than parent, ___ school bus.

SCHOOL AGE GRADES 1-7 ONLY

___ My child will attend BEFORE program at School Age and arrive by ___ parent, ___ someone other than parent.

___ My child will depart AM School Age program to school by ___ parent, ___ someone other than parent, ___ school bus, ___ unsupervised walk.

___ My child will attend AFTER program at School Age and arrive by ___ parent, ___ someone other than parent, ___ school bus, ___ unsupervised walk.

___ My child will depart AFTER program at School Age by ___ parent, ___ someone other than parent.

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.

α _____
Parent/Guardian Signature

Date

For Part-Day Toddler and Preschool Use Only

Date of Admission _____

Age at Admission ____ Yrs ____ Mos

Program _____

CHILD'S INFORMATION FORM

CHILD INFORMATION

Child's Name _____

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

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 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 _____ 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

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. _____

**FIELD TRIP / PHOTO PERMISSION FORM
PARENT HANDBOOK ACKNOWLEDGEMENT**

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

MY CHILD - CHILD'S NAME _____ **D.O.B** _____

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 a permission slip before each field trip that requires bus transportation.

PHOTO PERMISSION

(Select Appropriate Box)

I DO

I DO NOT

give permission for photos of **MY CHILD** to be released for publicity purposes through the local newspaper, local cable television, Roudenbush brochures and flyers, or to be shared via classroom emails to parents.

PARENT HANDBOOK ONLINE

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 dropdown 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 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

α _____
Parent/Guardian Signature

Date

ROUDENBUSH COMMUNITY CENTER

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

AUTOMATIC DIRECT PAYMENT

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	
_____	_____	
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.