

The Roudenbush Community Center, Inc.

ROUDENBUSH
65 Main Street

FROST
73 Main Street

ABBOT
25 Depot Street

Name of Child _____ D.O.B. ____/____/____
 School in Sept. _____ Age _____ Grade _____
 Mother/Guardian Name _____ Address _____ Zip _____
 Father/Guardian Name _____ Address _____ Zip _____
 Home Phone _____ Business Phone _____ Cell Phone _____
 E-mail Address _____

PLEASE CIRCLE THE APPROPRIATE PACKAGE AND DAYS ATTENDING

PKG (CIRCLE)	CHILD CARE	PKG (CIRCLE)	KINDERGARTEN (Age 5 by September 1 st)	PKG (CIRCLE)	SCHOOL AGE	DAYS ATTENDING (Please Circle)
A	6 wks - 15 mos	B	Before & After	B	Before & After	M T W T H F
B	15 mos - 2.9 yrs	C	Before	C	Before	
C	2.9 yrs - 5 yrs	D	After	D	After	

⇒ 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 Failure to do so will automatically activate my withdrawal notice and my child/ren will be considered withdrawn from the program(s).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. **Attendance Requirement:**

A (2) two day package minimum per week is required for all Child Care programs.

3. **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.

4. **Sibling Discount:**

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

5. **Westford residents receive a 10% discount**

6. **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.

7. **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

EMERGENCY RELEASE FORM

Child's Name _____ **Date of Birth** _____
(Last) (First) (Middle Initial)

Address _____
(Town) (State) (Zip Code)

Mother's Name _____ Father's Name _____

Home # _____ Mother's Work # _____ Father's Work # _____

Pager # _____ Mother's Cell # _____ Father's Cell # _____

If unable to reach, call (1) _____ Phone # _____ Relationship _____
(2) _____ Phone # _____ Relationship _____

Child's Doctor _____ Child's Dentist _____

Any ALLERGIES, seizures, medication, or unusual disorders _____

Hospital Preferred _____

In case of medical emergency, my child's teacher(s) has/have our consent to apply first aid and secure an ambulance service in case a parent or legal guardian cannot be reached. 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.

(Signature of Parent or Legal Guardian) Date _____

Medical Insurance Carrier and Number _____

For School Age 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 _____

Relationship to Child _____

Home Address _____

Home Tel. # _____

Cell Phone # _____

Business Name _____

Business Address _____

Business Tel. # _____

Hours at Work _____

Parent/Guardian Name _____

Relationship to Child _____

Home Address _____

Home Tel. # _____

Cell Phone # _____

Business Name _____

Business Address _____

Business Tel. # _____

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>
_____	____/____/____	_____	_____	____/____/____	_____
_____	____/____/____	_____	_____	____/____/____	_____
_____	____/____/____	_____	_____	____/____/____	_____

School attending in the fall _____ School Address _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Initials _____

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**

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.