



# ROUDENBUSH CHILDREN'S CENTER AT FROST

73 Main Street - Westford, MA 01886 - (978) 692-0848

~ SERVICES OF THE ROUDENBUSH COMMUNITY CENTER ~

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## PARENT REGISTRATION PACKET CHECKLIST

### 2023-2024 CONTRACT YEAR

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

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The following **Registration Forms** and **Medical Documents** are mandatory requirements per the Massachusetts Department of Early Education and Care (EEC) for young children attending childcare. 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 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
- Automatic Direct Payment ACH Form (only one needed per family if applicable)
- \$100 Non-refundable registration fee (per family) by check made payable to TRCCI
- When registering children 6wks-15mos of age, a non-refundable deposit 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.
- Emergency Medical Consent / Release - Transportation Plan
- Child's Information Form (4 pages)

### **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 childcare and must be provided for our files.

# ROUDENBUSH COMMUNITY CENTER

65 Main Street  
Westford, MA 01886  
978-496-1707

## 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 \$35.00 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.

<b>Print Name</b>	<b>Client/Parent/Signature</b>	<b>Date</b>
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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 15<sup>th</sup> of every month.

# THE ROUDENBUSH COMMUNITY CENTER, INC.

CHILD CARE CENTER AT FROST  
978-692-0848

73 Main Street, Westford, MA 01886  
[www.roudenbush.org](http://www.roudenbush.org)

## TUITION CONTRACT – 2023/2024

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	

\$100.00 REGISTRATION FEE (PER FAMILY) CHECK # \_\_\_\_\_ \$ \_\_\_\_\_ ADVANCE TUITION CHECK # \_\_\_\_\_

Services will be provided for the child and contracted days listed and fees above. The Roudenbush Children's Center at Frost operates during the hours between 7:00 a.m. and 6:00 p.m., Monday through Friday, with the exception of holidays (see TRCCI Parent Handbook for list of closures) 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 6:45 p.m., police will be notified. Please read the following carefully.

1. Upon enrollment at the Center, client agrees to download and read the TRCCI Parent Handbook at [www.roudenbush.org](http://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 \$100.00 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 non-refundable deposit 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 non-refundable deposit not to exceed \$500.00 to secure a spot, which too will be applied to last month's tuition.
5. If center is able to accommodate changes in schedule, the change made to your contracted enrollment requires thirty (30) day written notice to the Program Director. Individual days added will be subject to a one-day additional rate.
6. The 2023-2024 billing cycle is August 14, 2023 – August 9, 2024. The annual tuition fee is divided into 12 equal payments due monthly. Monthly payments are applied the following month and must be paid by the 15<sup>th</sup> 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 \$35.00 late fee and an automatic withdrawal notice from the Center and Roudenbush reserves the right to enroll another child in that spot. The tuition contract is for the full program year. I understand that once registration is accepted, I will be responsible for the full year tuition regardless of whether my child withdraws, fails to attend or has incomplete attendance.
7. Tuition payments may be made by:
  - I. Our preferred payment option: Automatic withdrawal (ACH) from your checking or savings account on the 15<sup>th</sup> of each month.
  - II. Check payable to TRCCI. Payments billed on the 1<sup>st</sup> of each month and due by the 15<sup>th</sup> of each month.
8. Any form of payment (check or ACH) returned will incur a service fee of \$35.00. 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.
9. 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.
10. 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

# EMERGENCY MEDICAL CONSENT / RELEASE

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 and CPR to give my child FIRST AID and/or CPR 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

PLACE CHECKMARKS AGAINST ALL THAT APPLY TO YOUR CHILD

ARRIVE AT PROGRAM: \_\_\_ Parent \_\_\_ Someone Other than Parent

DEPART FROM PROGRAM: \_\_\_ 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/Gaurdian 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:** \_\_\_\_\_

**FOOD ALLERGIES:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**OTHER: Asthma - Hay Fever - Insect Bites – Food Reactions** \_\_\_\_\_

### 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 highchair \_\_\_\_\_? 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):

- Fletcher Public Library       Westford Police Station       Town Common
- Location within a 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](http://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**