ENROLLMENT REGISTRATION INFORMATION

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname:_____Age:_____Sex:_____Date of Birth: _____

Child's Primary Language:_____Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

_____

Circle Days to Attend: A.M. MON TUES WED THU FRI Arrival Time:_____Departure Time: _____

P.M. MON TUES WED THU FRI

Drop-in only

Temporary Care Only

Preferred Start Date _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1:_____Relationship to Child: _____

Home Phone:_____Cell Phone: _____

Home Address:_____Home Email Address: _____

Driver's License Number/State: _____

Employer:_____Employer's Address: _____

Work Phone/Extension:_____Work Hours: _____

Parent/Guardian #2:_____Relationship to Child: _____

Home Phone:_____Cell Phone: _____

Home Address:_____Home Email Address: _____

Driver's License Number/State: _____

Employer:_____Employer's Address: _____

Work Phone/Extension:_____Work Hours: _____

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ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial):_____Date of Birth: _____

Parent/Guardian Name: _

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____**BASIC SERVICES:** I understand that *Starbrite Drop In Child Care* provides child care and development services for families with children 6 weeks to 5 years of age.

_____**REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee ($25) is required.

_____**TUITION AND MODIFICATIONS CONDITIONS:** $_____per week is the current tuition rate for the current age of my child. I understand that rates are subject to change with reasonable notice as conditions require. (full-time and part-time enrollment only)

I have enrolled my child in the following program:

_____

Days (Check all that apply): ❑ M ❑ T ❑ W ❑ TH ❑ F From_____a.m./p.m. to_____a.m./p.m. ❑ Drop-in only

_____**PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week or at time of pick up for children enrolled in drop-in care.

_____**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of $20 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The center cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

_____**DIAPER:** I understand that I must provide the center with diapers and wipe or my account will be billed $2 per day.

_____**CHARGES AND PROCEDURE FOR LATE PICK-UP:** Starbrite Drop In Child Care is open from 6:30 a.m. to 6:00 p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of $10 for the first 5 minutes and $1 for every minute after, per child, until the child is picked up.

_____**RETURNED PAYMENTS:** I understand that a processing fee will be charged to my account for all returned payments to include any fees that our bank or financial institution may charge us. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two payments are returned within a six–month period, I may be required to pay by an alternate method of payment for the next six–month period.

SECTION 2: DAILY PROCEDURES

_____**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the center to drop off and pick up my child.

_____**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to the Re-admission Criteria in the *Parent Handbook*.

_____**MODEL RELEASE:** Starbrite Drop In Child Care ❑ may ❑ may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

_____**WITHDRAWAL FROM PROGRAM (full and part-time only):** I understand that I must provide a one (1) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for one (1) week, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re- enrollment, I will be required to complete a new *Enrollment Agreement* at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition or Registration) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

_____**HOLIDAYS:** I understand the center is closed on major holidays which dates are provided in the parent manual. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice (1 week) to the Program Administrator. I agree to pay the reservation fee of $ per week to guarantee my child's space when my child is not in attendance for an entire week (Monday through Friday).

My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the center's intention to be open and provide childcare service every weekday, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

SECTION 4: DROP-IN ENROLLMENT/TEMPORARY CARE

_____I understand that drop-in spaces are limited based on availability and is not guarantee.

_____I understand that temporary care is only guarantee for the initial days and times requested and any extension must be requested in advance and is not guarantee.

_____I understand that drop-in reservation can only be made up to 72 hours in advance.

SECTION 5: STATE LICENSING AND OUR POLICIES

_____**ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations and the *Parent Handbook*. I understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by, all policies and state regulations.

_____**INDIVIDUALIZED HEALTH CARE PLANS(IHCP):** I understand that should my child have an IHCP, it should be shared with the program administrator prior to enrollment so the center can support my child's needs.

_____**PARENT HANDBOOK:** I have received a copy of the *Parent Handbook.* I have read and understand its contents and policies and agree to be bound by same.

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Child Profile

Child's Name:_____**Age:**_____**Date:** _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

   ADULTS: Name:_____Relationship:_____

   Name:_____Relationship:_____

   Name:_____Relationship: _____

   CHILDREN: Name:_____Age:_____

   Name:_____Age:_____

   Name:_____Age: _____

2. Who also cares for your child(ren)? _____

   _____

3. What language is spoken in your home? _____
4. When did your child begin speaking or using words?_____
5. Special words to describe needs _____
6. What would you like most for your child to experience with us?

   _____

   _____

7. How would you describe your child (personality characteristics)? _____

   _____

8. What do you enjoy the most about your child?_____
9. What are your child's play interests (preference for creative, dramatic, or construction play)?_____

   _____

10. How does your child express frustration? _____
11. Does your child have any particular fears? _____
12. How does your child react to change (such as being left by parents)? _____

    _____

13. How does your child comfort himself/herself? _____
14. How do you discipline your child? _____

    _____

15. What are the foods your child likes best? _____
16. What are the foods your child likes least? _____
17. What are your child's mealtime routines at home? _____

    _____

ENROLLMENT REGISTRATION INFORMATION

18. Does your child take naps? ❑ Yes ❑ No How long? _____

19. Non-Infant Enrollment Only: Does your child need a comfort item for a nap? ❑ Yes ❑ No
    If yes, what is that specific item _____

20. Is your child toilet-trained? ❑ Yes ❑ No Explain: _____

21. How does your child indicate bathroom needs (include special words): _____

22. What is used at home for potty? Potty chair or regular toilet seat: _____

23. Has your child had previous preschool experiences? _____

24. Is there anything else you would like us to know about your child that would help us better meet their needs?

    _____

    _____

INFANTS (LESS THAN 12 MONTHS):
Did the child experience any complications at or before birth or require any extended hospital stay (more than 2 days beyond birth)?

Yes _____ No _____

If yes,
explain:

_____
_____
_____

Please provide medical documentation.

Has the child experienced any respiratory issues that require medication, breathing treatments or other special accommodation?

Yes _____ No _____

If yes,
explain:

_____
_____
_____

Please provide medical documentation.

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name:_____Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/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 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 order to be contacted*)
Name_____
Address_____
Relationship to child_____
Home Phone_____Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Name_____
Address_____
Relationship to child_____
Home Phone_____Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Name_____
Address_____
Relationship to child_____
Home Phone_____Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No___

Health Insurance Coverage_____Policy #_____

Parent/Guardian Name:_____Phone_____Cell_____

Parent/Guardian Name:_____Phone_____Cell_____

_____ _____
Parent /Guardian Signature Date (valid for one year)

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The Department of Early Education and Care's regulations require at the time of admission evidence of each child's annual physical examination, immunizations, and lead screening in accordance with Department of Public Health's recommended schedules.

Per state regulations, a written statement is required for waiver of immunization requirements.

The enrollment information package and parent handbook was provided to me and all of my questions have been answered to my satisfaction. I have a clear understanding of Starbrite Drop In Child Care policies.

Name of Parent/Guardian:_____**Relationship:**_____

Signature:_____**Date:** _____

Name of Program Administrator: _____

Signature:_____**Date:** _____