**ENROLLMENT FORM**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_ Skin Color: \_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age at Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifying Marks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**: **(Always keep us current with this contact information)**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours at Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours at Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:**

Allergies/Special Diets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Health Care Plan? Yes \_\_\_\_No \_\_\_\_ if yes, please attach copy**.

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?

If yes, please attach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Limitations or Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL AGE ONLY:**

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel # \_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date (VALID FOR ONE YEAR)**

Child Enrollment Form: SG/LG/SAChildEnrollmentForm20100122 Rev. 02/09/2017 **Page 1**

First Aid and Emergency Medical Care Consent Form

I authorize staff at Northwest Child Development Center who are trained in the basics of First

Aid /CPR to give my child first aid/CPR when appropriate.

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 emergency medical care facility and/or to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and to secure necessary medical treatment for my child.

**Medical Information**

Child's Health Care Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian Signature Date (VALID FOR ONEYEAR)**

SG/LG/SAEmergencyMedicalConsent20100122 Rev. 02/09/2017 **Page 2**

**Child Release Form**

**I give permission for my child to be released to the following non-emergency**

**(Additional Pickups)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent/Guardian Signature Date (VALID FOR ONE YEAR)**

**Transportation Plan and Authorization**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How my child will arrive to the program**: **How my child will depart from the program**:

\_\_\_PARENT DROP OFF \_\_\_PARENT PICK UP

\_\_\_SUPERVISED WALK \_\_\_SUPERVISED WALK

\_\_\_PUBLIC/PRIVATE/VAN \_\_\_PUBLIC/PRIVATE/VAN

\_\_\_PRIVATE TRANS. ARRANGED BY PARENT \_\_\_PRIVATE TRANS. ARRANGED BY PARENT

Parent/Guardian or other “Drop Off” person must bring child to the teacher in the classroom for safety and sign in purposes. Any other transportation requests must be stated in writing and maintained in the child’s file or the above plan must be implemented.

This permission is valid for one program year from the date of signature.

(Note: To add or remove someone from this list we require advanced notice, preferably in writing.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/ Guardian Signature Date (VAILD FOR ONE YEAR)**

SG/LG/SATransportationSupplement20100122 Rev. 02/09/2017 **Page 3**

**Permission to Take Child off Premises**

I give Northwest Child Development Center permission to take my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on excursions from the Center which may include, but may not be limited to the following types of activities: (Advance notice will be given)

Nature walks, neighborhood walks, special community events, playground visits.

I understand that other Field Trips/ Excursions may be planned from time to time, and that I will be notified in writing and I will be able to approve or disapprove of my child attending those trips.

(Note: If you lose “permission Form” given to you can download a new one on our web site)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Signature Date (VALID FOR ONE YEAR)**

**Pesticide Applications**

I would like to be notified of any outdoor pesticide applications by, (circle one) e-mail notification or notification sent home with my child. Parent Initial \_\_\_\_\_\_\_\_\_\_\_\_ (Note: Be sure that we have a current e-mail address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Photograph**

I understand that Northwest Child Development Center may wish to photograph or video various activities involving my child while at the Center or on Field Trips. I further understand that these photos/videos may be used to publicize the activities of the program, including newspaper stories, agency brochures, videos, advertising, flyers, and our website and on Facebook. They are also used within the programs to foster self-esteem and confidence in the children and they love to see their pictures/videos, as well as enable parents to see what their child is doing. The agency does not sell or make monetary gain from photos/videos in our possession, nor allow any commercial use of them.

**I DO** give my parental permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I DO NOT** give my parental permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Signature Date (VALID FOR ONE YEAR)**

Additional Permissions Rev. 02/09/2017  **Page 4**

**TUITION RATES**

**Schedules**

**Preschool**

5 Days: Monday- Friday

3 Days: Monday, Wednesday, Friday

2 Days: Tuesday, Thursday

**Infant/Toddler**

5 Days Only

**Hourly Rates**

**Preschool:**

9 hours: $200.00

9 ½ hours: $225.00

10 hours: $250.00

11 hours: $275.00

Infant/Toddler

9 hours: $275.00

9 ½ hours: $300.00

10 hours: $325.00

11 hours: $350.00

**Extended care:**

5:30PM – 6:00PM $25.00

**An additional fee of $10.00 is applied for every 15 minutes outside of your child’s contacted schedule.**

Tuition Rates Rev 05/01/2017 **Page 5**

**Tuition Fee Agreement & Payment Requirements**

This “Fee Agreement” is for the purchase of the days and hours scheduled for the attendance of your child. Therefore, the weekly fee is always the same even if the child is

absent from the center. A two (2) week notice is required to either terminate services or

change the days enrolled (if available). A deposit equal to one week’s tuition is required

and will be held and applied to the last week of attendance when a child leaves the center (providing you have submitted a two week notice). Child care services may be suspended

when any fee is not paid up to date, or for failure to meet any terms or conditions contained in this agreement. If care for your child is temporarily suspended, your account will continue to be billed until paid in full.

**Name of Child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include both Days and hours enrolled:**

Monday \_\_\_\_\_\_\_\_\_ Tuesday\_\_\_\_\_\_\_\_ Wednesday\_\_\_\_\_\_\_\_ Thursday\_\_\_\_\_\_\_ Friday\_\_\_\_\_\_\_\_

Application Fee $\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_\_ Parent Initial: \_\_\_\_\_\_\_

Weekly Tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First & Last Week $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Tuition Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_ Method: \_\_\_\_\_ Parent Initial: \_\_\_\_\_\_\_\_

**Payment Methods**

All tuition payments will be set up as a recurring payment on our “**Rapid Tuition**” system, an automatic funds transfer, on a WEEKLY BASIS using either a credit card or directly from a bank account. I have read and understand the “Tuition Agreement” which explains all terms and conditions of this child care service, and agree to comply with them. I understand that we must not drop our child off before the time indicated above and that I must pick-up my child no later than the time agreed to. The child care center closes at 6:00 PM and all children must be picked up by then. I know that the total “Fixed Weekly Fee” indicated above must be paid in full even if my child is absent, or the Center is closed due to a holiday, professional development day or due to weather or an emergency. All tuition fees are to purchase a “block” of time (or, a “slot”). Therefore, the weekly fee is always the same, even if a child is absent and is part of the conditions of enrollment. .Payment is due on Friday for the next week ahead of the week of service, and if payment is not made by 5:30PM Friday, a “late payment fee” of $10.00 will be charged to your account.

**The terms and conditions of this “Tuition Fee Agreement & Payment Requirements” are understood and agreed to by:**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Fee Agreement & Payment Requirements **Page 6**

**Vacation Allowance:**

A “vacation allowance” of one week per year is allowed for full time (5 days) children, only

after twelve (12) months of continuous child care. A family will not be charged for the

week of vacation.

The vacation allowance will be forfeited when an account is not paid up to date. A two-

week written notice is requested prior to taking this vacation allowance to ensure proper

credit to your account. All families receiving financial assistance to pay for child care will be responsible for paying the full tuition fees if they fail to comply with all requirements for these subsidies and lose their assistance.

**Drop-Off and Pick-up of children**:

Children must not be dropped off earlier nor picked-up later that the hours indicated. A “Late pick-up fee” ($10) will be charged when a child is not picked up on time. **A two-week notice is required before withdrawing a child from the program or to change a child’s schedule** (if space is available). Failure to provide a two-week notice will result in loss of deposit. The Center closes at 6:00pm, and all children must be picked up by that time. NO EXCEPTIONS. Habitual lateness is a valid reason to terminate service.

**Center Closings/Child Absence:**

Parents/guardians must notify the Center by 9:00am (or within one-half hour of the time a child is scheduled to arrive), whenever a child is going to be absent. We do close on the major holidays (see Handbook) and one Professional Development Day (usually the Friday before Labor Day).

Every effort will be made to remain open in the event of snow or severe (Emergency) weather conditions. (Note: we do not necessarily close when the Leominster School District is closed). Weather related closings will be announced on our Web site, by telephone message on our primary phone number, or emailed to anyone on our email list.

Tuition Fee Agreement & Payment Requirements **Page 7**

**Parent & Center Cooperation:**

Our “Parent Handbook” is provided and reviewed with parents when a child is enrolled.

Please become familiar with the information contained in the Handbook, and refer to it as needed. The policies and procedures contained in the Handbook are part of the Agreement for the care of your child.

Sick children should be properly cared for at home, or another appropriate place. We must consider the health of all children and staff and sick children cannot attend the center. We reserve the right to send a sick child home if we determine this to be in the best interests of the child, center, staff and other children. A child who has diarrhea that is not controllable, must not be sent to the center. A child present with uncontrollable diarrhea will be sent home.

Parents are encouraged to submit suggestions or ideas for improvements in the Center’s programs or policies. Parent visits are encouraged.

Parents are asked to discuss any problems or issues the child may be having either at the Center or at home which might affect his/her behavior (i.e. moving, new meds, rough night, parent absence from home, etc.). A conference will be scheduled at your request. We offer a confidential “referral system” to provide additional assistance.

The Center Director must be notified immediately of any changes of address, home/cell/work phone numbers, or daily schedules (of the parent). We must have current information from you in case of an emergency.

Do not allow your child to bring any of the following items to the Center: candy, gum, money, toy weapons, Chap Stick (lip balm), make-up. Personal toys, stuffed animals, jewelry should only be brought to the center if discussed with the child’s staff member. We cannot be responsible for lost personal items.

All children present at meal times will be offered a nutritious morning and afternoon snack.

NCDC Reserves the right to suspend and/or terminate child care services due to inappropriate behavior of children, or parents/guardians, or due to a family not complying with any agency policies as outlined in our Enrollment Book/Tuition Fee Agreement, Parent Handbook. See our Behavior Management Plan (page 16 in Parent Handbook)

Parent Cooperation **Page 8**

**Children’s Personal Needs:**

The following personal items must be provided for each child (Please label everything!).

1. A complete change of clothing (socks, underwear, shirt, pants, etc.) appropriate for

the season of the year and replaced when needed.

1. Seasonal clothing such as:
   1. Waterproof boots or for outdoor play (we do like to play in the snow);
   2. Shoes or slipper for inside wear;
   3. Ski pants or snowsuit and a warm overcoat in the winter;
   4. Mittens or gloves pinned or clipped to a jacket or snowsuit;
   5. Warm hat or hooded overcoat;
   6. Sweater or light jacket during fall and spring months;
   7. Swim wear and a towel in the summer to participate in water related activities.
2. All personal items must be labeled with a permanent laundry marker to help ensure that they do not get “lost”.
3. Store all personal items in the assigned place; do not send anything in a plastic bag as they are potential safety hazards.
4. We go outside everyday (weather permitting), even in the winter. We cannot keep a child indoors if requested. A child who cannot “participate in the center’s routines in a reasonable manner” should not be in attendance.
5. A small tooth brush. We do have the children brush their teeth daily. Do not send a battery operated or large tooth brush. (Note: parents can “opt out” if they do not wish their child to brush teeth).
6. Resting items such as a blanket, and a small comfort item (small pillow or “stuffy”)
7. Daily lunch ( see our web site for ideas)

**Additional requirements for Infants/toddlers:**

Infants(Label everything possible)

* Premixed bottles (daily) , food for your child (daily or weekly) based on your baby’s needs
* Diapers and diaper cream ointment (labeled) – We suggest a box/bag
* Change of clothes, bibs, sleep sacks or blanket (labeled) No pillows

Toddlers (Label everything possible)

* Daily lunch and a sippy cup (labeled)
* Diapers and diaper cream ointment (labeled)
* Change of clothes (labeled),appropriate for the season of the year and replaced when needed; please also bring extra socks and shoes
* Resting items such as: a blanket, crib sheet and a small comfort item, No pillows.
* Small non electronic Toothbrush (labeled)
* Seasonal Items such as: (labeled) Sunscreen, bathing suit, water shoes, towel for summer months

Sweater or light jacket for fall and spring months.

Snow pants, warm jacket, hat, waterproof gloves and boots for the winter months

Child’s personal needs **Page 9**