



Child's Name: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Marks: \_\_\_\_\_

**Parent/Guardian Information: (Please inform us when any of this information changes)**

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_ City & State: \_\_\_\_\_  
 Cell phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
 Work Name: \_\_\_\_\_ Work Name: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Hours at Work: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

**Additional Information:**

Allergies or Special Dietary restrictions \_\_\_\_\_  
**If yes, does your child have an Individual Health Care Plan? 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: \_\_\_\_\_

**Contact Information:**

**Please indicate who is to be contacted first in case of an emergency.**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please list an email address where you will receive frequent updates and information from administration and the teachers.**

1. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date (VALID FOR ONE YEAR)

**First Aid and Emergency Medical Care Consent**

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 to secure necessary medical treatment for my child. (UMass Memorial Health Alliance Hospital – Leominster Campus)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (VALID FOR ONEYEAR)

**Medical Information**

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

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

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

Health Insurance Coverage: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Additional Emergency Contacts (In order to be contacted after parents/guardians)**

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)

**Child Release Form (I give permission for my child to be released to the following people)**

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. (Note: To add or remove someone from this list we require a written notice.)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date (VAILD FOR ONE YEAR)

**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.

\_\_\_\_\_  
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)

## Tuition Fee Agreement & Payment Requirements

This fee agreement is for the tuition of the days and hours scheduled for your child. **The weekly fee is always the same even if the child is absent from the center.**

### Tuition Fees due before enrollment

- Non Refundable Registration Fee \$100.00
- Non Refundable Deposit (The deposit is equal to one week's tuition)
- First week of tuition

### Tuition

All tuition payments will be set up as a recurring payment using QuickBooks. An automatic funds transfer will be withdrawn on a weekly schedule directly from a bank account. Tuition will be withdrawn on Thursdays.

Child care services may be suspended if tuition is not paid up to date, or failure to meet the terms and conditions contained in this agreement. Child care will be suspended until the past due balance is paid in full. We will not secure placement if payment is not received within two weeks of suspension.

A written two week notice is required to terminate services in order for your deposit to be applied to the last week of attendance. If a written two week notice is not provided, your deposit will not be applied to your account.

### Schedule: (Please indicate below the day's & hours your child will attend)

Monday through Friday: \_\_\_\_\_ 

Hours: \_\_\_\_\_

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. Our regular hours are 7:00am – 5:00pm. I know that the total tuition 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/emergency closures.

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

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

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

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## Highlights from our Parent handbook

(Our parent handbook is located on our website)

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.

**Vacation Allowance:** A “vacation allowance” of one week per year is allowed after twelve 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.

**Center Closings:** Our center is closed on the major holidays (see Handbook) and one Professional Development Day (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 announcements and/or closings will be sent through email.

**Child Absence:** Parents/guardians must notify the Center by 9:00am whenever a child is going to be absent.

**Illness:** Sick children should be properly cared for at home, or another appropriate place. We must consider the health of all children and staff; therefore we ask if your child is not well enough to participate in our daily activities, they stay home. 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.

**Parent/Center Cooperation:** 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.

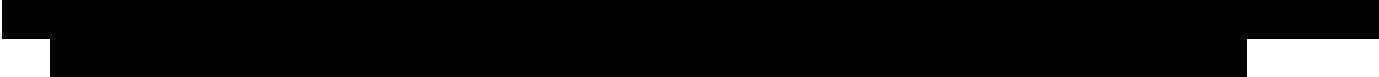
**Parent/Child Information:** The Center Director must be notified of any changes of address, home/cell/work phone numbers, or daily schedules (of the parent). We must have current information from you in case of an emergency.

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 Parent Handbook.

## 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.
2. Seasonal clothing such as:
  - a. Waterproof boots or for outdoor play (we do like to play in the snow);
  - b. Ski pants or snowsuit and a warm overcoat in the winter;
  - c. Mittens or gloves pinned or clipped to a jacket or snowsuit;
  - d. Warm hat or hooded overcoat;
  - e. Sweater or light jacket during fall and spring months;
  - f. Swim wear and a towel in the summer to participate in water related activities.
3. All personal items must be labeled with a permanent laundry marker to help ensure that they do not get "lost".
4. Store all personal items in the assigned place; do not send anything in a plastic bag as they are potential safety hazards.
5. 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.


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7. Resting items such as a blanket, and a small comfort item (small pillow or "stuffy")
  8. 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.
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- 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



## Enrollment Information

### Programs:

Ducklings: 8 Weeks – 15 Months

Ducks: 15 months – 2 years 9 months

Guppies: 2 years 9 months - 3 years 6 months

Munchkins: 3 years 6 months – 4 years 6 months

Stars: 4 years 6 months – 6 years

### Schedules:

Ducklings & Ducks: Full time only (Monday – Friday)

Guppies, Munchkins, & Stars (Preschool)

Monday – Friday



### Tuition Fees: (Weekly)

<u>Ducklings &amp; Ducks</u>
9 Hours - \$350
10 Hours - \$400
11 Hours - \$450

<u>FT Preschool</u>
9 Hours - \$250
10 Hours - \$280
11 Hours - \$310

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