



Child's Name: _____ Admission Date: _____
 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 #: _____
Employer: _____	Employer: _____
Work address: _____	Work address: _____
Work phone #: _____	Work phone #: _____
Working hours: _____	Working hours: _____

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: _____
2. Name: _____	Phone: _____

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 Childcare & Development Center who is 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 ONE YEAR)

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 ONE YEAR)

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:

- Parent drop off
- Supervised walk
- Public / private / van
- Private transportation arranged by parent

How my child will depart from the program:

- Parent pick up
- Supervised walk
- Public / private / van
- Private transportation 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 (VALID FOR ONE YEAR)

Permission to Take Child off Premises

I give Northwest Childcare & 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: Nature walks, neighborhood walks, special community events, playground visits. (Advance notice will be given)

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 application by (please check one):

Email notification: _____ Notice sent home with my child: _____

Email address: _____

Permission to Photograph

I understand that Northwest Childcare & 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, on 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 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 school hours are 7:00am – 5:00pm. I know that the total tuition **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

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.

Two Week Trial Period: All new enrollments will begin with a two-week trial period in our classrooms to determine if our Center is the best fit for the child, the family and our staff. At any point during the initial two weeks of enrollment the Center can choose to end care due to incompatibility for the child to acclimate to our schools policies, procedures and daily routine in the classroom. At the end of the initial two-week period the Center Director will meet with the Parent/Guardian to review the events of the initial weeks to determine if the enrollment will become full time, if the trial period should be extended or if care needs to be terminated.

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.

Attendance: Parents/guardians must notify the Center by 9:00am whenever a child is going to be absent. Parents/guardians must notify the Center within one hour of the scheduled drop-off time if the child is going to be late.

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 for outdoor play (we do like to play in the snow)
 - b. Snow 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.
6. Resting items such as a blanket, and a small comfort item (small pillow or "stuffy")
7. Daily lunch (see our [website](#) and Handbook 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)
- DO NOT send 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.
- Seasonal Items such as:
 - Summer: sunscreen, bathing suit, water shoes, towel
 - Fall / Spring: sweater or light jacket
 - Winter: 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

Tuition Fees: (Weekly)

<u>Ducklings & Ducks</u>
9 Hours - \$375
10 Hours - \$425

<u>Preschool</u>
9 Hours - \$275
10 Hours - \$305

Northwest Childcare & Development Center

Developmental History and Background Information

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ Date of Birth: _____

Developmental History

Age began sitting: _____ Rolling: _____ Crawling: _____ Walking: _____ Talking: _____

Does your child pull up: _____ Crawl: _____ Walk with support: _____

Does your child self soothe?: _____ How?: _____

Does your child use pacifier or suck thumb?: _____ When?: _____

How does your child communicate?: _____

Any special words she/he to communicate?: _____

Does your child drink from a bottle?: _____

Does your child self-feed? (Table food): _____

Health Information

Any known complications at birth?: _____

Serious illnesses and/or hospitalizations?: _____

Special physical conditions / disabilities?: _____

Allergies: _____

Regular medications: _____

Eating Habits

Does your child eat on your lap: _____ in a high chair: _____ at table: _____

Does your child use their hands: _____ a spoon: _____ a fork: _____

Favorite foods: _____

Foods refused: _____

Any other important eating habits / difficulties: _____

Toilet Habits

Are disposable or cloth diapers used?: _____

Is there a frequent occurrence of diaper rash?: _____

Do you use oil: _____ Powder: _____ Lotion: _____ Other: _____

Are bowel movements regular?: _____ How many per day?: _____

Is there a problem with diarrhea?: _____ Constipation?: _____

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

Has toilet training been attempted?: _____

Please include any particular procedures to be used for your child at the Center in regards to toileting: _____

Sleeping Habits

Does your child sleep in a crib?: _____ Bed?: _____

Does your child nap during the day? (when and how long): _____

When does your child go to bed at night?: _____ Get up in the morning?: _____

Describe any special needs (stuffed animals, story, etc.) _____

Please note: The American Academy for 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.

Special Relationships

How would you describe your child?: _____

How does your child react to new people?: _____

How do you comfort your child?: _____

Favorite toys / activities: _____

Fears (the dark, animals, etc.): _____

What is the method of behavior management / discipline you use 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: _____

Is there anything else we need to know about your child? _____

In-Home Language

What language(s) is used at home?: _____

Does your child understand and speak the language(s) listed above?: _____

If the language that is used at home is not English, please help us learn some key words and phrases that may help us to help your child feel more comfortable as he/she adjusts to the Center. Please include words in regards to greetings, toileting, eating, comfort phrases and any other words that would be helpful for staff to know.

Parent/guardian signature

Date

Recurring Payment Form

Parent Name: _____ Child Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home Phone #: _____

Email Address: _____

Recurring Tuition Payments

Transaction Type (circle one): Checking Account / Savings Account

Name on Account: _____

Routing #: _____ Account #: _____

Account Holder Address (if different than child): _____

City: _____ State: _____ Zip Code: _____

Please specify the amount to be paid weekly:

Amount: \$ _____ Date of First Payment: _____

Note: All tuition payments are deducted weekly on Thursday. It can take up to 2-3 business days for the transaction to process.

*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.*

By signing below, I hereby authorize Northwest Childcare & Development Center to initiate recurring payments directly from my account as I have indicated. I understand that this is a recurring authorization and will remain in effect until enrollment ends or until I pay off my balance (including insufficient fund service charges). Tuition payments are due on Thursday of each week. By signing below, I agree to pay in advance for the following week the child is to be in attendance. A late payment fee of \$10 will be charged for any payment that gets declined or disputed.

I also understand that Northwest Childcare and Development Center can cancel my enrollment in this program due to nonpayment of tuition.

Signature

Date