

Ponds Child Care Center Child's Enrollment forms

Child Information

Child's name: _____ **Date of Birth:** _____

Age at Admission: _____ **Date of Admission:** _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ **Identifying Marks:** _____

Hair color: _____ **Eye color:** _____ **Skin color:** _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian name: _____

Relationship to child: _____

Home address: _____

E-mail address: _____

Reachable Phone Number: _____ **Cell:** _____

Business Name: _____

Business address: _____

Business Phone Number: _____

Hours at work: _____

Parent/Guardian name: _____

Relationship to child: _____

Home address: _____

E-mail address: _____

Reachable Phone Number: _____ **Cell:** _____

Business Name: _____

Business address: _____

Business Phone Number: _____

Hours at work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies / Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____

Parent/Guardian Signature

Date

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that the documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent/Guardian initials:

Parent/Guardian Signature

Date

First Aid And Emergency Medical Care consent Form

Childs name: _____ Date of birth: _____

I authorize the staffs at The Ponds Child Care Center 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 Ponds Child Care center to transport my child to the nearest medical care facility and/ or to _____ Tobey Hospital or Jordan Hospital _____, and to secure necessary medical treatment for my child.

Childs 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 Signature

Date (valid for one year)

Off Site Activities Permission form

Section 1 – Program completes prior to parental consent

Program: Ponds Child Care Center

Name of Educator(s) responsible for child: All members of the Ponds Child Care Center staff

Name of off-site location and address: Ponds of Plymouth exploration areas

Date of off-site activity: Ongoing Time Leaving Program: ----- Time Returning to Program: -----

Method of Transportation: NA

Fee associated with activity (if any): NA

****Note**** *Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.*

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity

Child's name: _____ Child's Date of Birth: _____

Parent's/Guardian's Name: _____ Phone Number: _____

I authorize child care program staff to secure necessary emergency medical treatment

Name of child's physician, Address, phone number: _____

Child's allergies, health conditions, or Individual Health Plan: _____

Health Insurance Plan and Policy #: _____

Emergency Contact Name: _____ **Contact #:** _____

(Parent/Guardian Signature)

(Date)

This form must accompany each child on the off-site activity

Water Activities Permission Form

My child _____ has permission to participate in the following type of Water Activity: _____

*Location of activity: _____
(Description of all types of water activity included)*

Parent's Signature

Date

Small Group and Large Group Transportation Plan and Authorization

Child's Name: _____

My child will arrive at The Program:

My Child will depart from the Program:

Parent Drop off

Parent Pick Up

Supervised Walk

Supervised Walk

Unsupervised Walk

Unsupervised Walk

Public/Private/Van

Public/Private/Van

Program Bus/Van

Program Bus/Van

Contract/Van

Contract/Van

Private Trans. Arranged By Parent

Private Trans. Arranged By Parent

Other

Other

Parent / Guardian Signature _____ ***Date*** _____

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:** _____

Please provide information for infants and toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ * Any history of colic _____

*Does your child use a pacifier or suck there thumb? _____ * When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

* If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

*Is your child fed in lap? _____ * High Chair? _____

* Does your child eat with a spoon? _____ * Fork? _____ * Hands _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ Is there a frequent occurrence of diaper rash? _____

* Do you use : oil: _____ 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 your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use bathroom? _____

Does your child have accidents? _____

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)? _____

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 also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animals, story, mood on waking ect.) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to stranger's: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like for your child to gain from this childcare / preschool 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, restroom habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent / Guardian Signature)

(Date)



Ponds Child Care Center Photo Release

I hereby give permission for my son(s) / daughter(s)

Students Name

To be photographed at the program. I realize that the photos may be published in the newspaper, a magazine, the centers website, or other publications.

Parent / Guardian signature

Date

I do not wish for my child's image to be used in social media.

Parent / Guardian Signature

Date

Oral Health Non-Participation

I the parent of _____ Do not wish to have my child participate in tooth brushing while in care at Ponds Child Care Center.

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Date: _____



Ponds Child Care Center Contract

Rates

Infant (6 weeks to 15 months)

Weekly \$295.00

Daily Rate: one days care \$95.00 Second Days care \$85.00 Third and Fourth Days care \$75.00 per day

Toddler (15 months to 2.9 Years)

Weekly \$270.00

Daily Rate: \$65.00

Preschool (2.9 months - 5 years)

\$245.00 per week

Full-day \$60.00

Weekly and daily rates include up to a nine hour day any additional time need will be subject to an additional hourly rate of \$7.00 per hour

Additional Preschool / Pre K Program

(session runs from 9:00am - 12:00pm)

\$20.00 per session

(session runs from 9:00am - 1:00pm)

\$28.00 per session

School age

Before and after school care \$25.00 per day

Full week of before and after school care \$110.00

Additional programs for school age: Public school half days and professional development days, Public school snow days, vacations and summer programs

Payments

Payments are due each Friday for the upcoming week's tuition. If your child is not scheduled for care on Fridays, payment will be due on the last day he or she is cared for during the week. The center accepts cash, money orders, personal checks and on-line credit card payments. There will be a \$10.00 fee for each day payment is late this also includes weekend days and Holidays. You must still pay for your child's scheduled time, regardless of whether or not your child is here, because those days are reserved specifically for your child.

Other Fees

Deposit: PCCC requires a full week's tuition during the enrollment process which will go towards your child's final weeks tuition. This is a non refundable deposit.

Returned checks: A charge of \$30.00 will be assessed.

Late Pick - up fee: If your child is picked up late from your contracted pick up time from PCCC, you will be charged a late fee of \$10.00 per every fifteen minutes after the scheduled pick up time.

Holidays:

I, a parent of Ponds Child Care Center student/s, understand that the center has twelve paid holidays when the center will not be open. If a paid holiday should fall on a Saturday or Sunday the center will be closed either on the Friday or following Monday respectively, and I am responsible for a full week's tuition on these weeks.

Holidays observed:

New Year's Day

Martin Luther King JR.

Presidents Day

Patriots Day

Memorial Day

Independence Day

Labor Day

Columbus Day

Veterans Day

Thanksgiving

Day after Thanksgiving

Christmas Day

Christmas Eve Center closes at 4:00pm

Halloween center closes at 4:30pm

Separation/Schedule Change policy:

I understand that I am required to give a 30 day **written** notice to The Ponds Child Care Center for notification of separation or any schedule changes. I am required to pay my regular rate as specified whether or not I continue to bring my child for the remaining 30 days of my contract.

I understand that I am responsible for any acquired late fee's and court/attorney fee's as well as all collection agency fee's due to necessary action taken to recover owed payment.

In the event of an outstanding balance past due 60 days Ponds child care center reserves the right to forward your outstanding debt to a collection agency. In addition to the principle obligation, you will also be responsible for a collection fee equal to 33 and 1/3% of the principle obligation”

My child will attend Ponds Child Care Center on the following days

Mon.____ Tue.____ Wed.____ Thur.____ Fri.____ From:_____ To:_____

I agree to pay \$_____ per week for the above listed days / hours for the care of my child/ren Name:_____

I understand this is a guaranteed rate and includes full payment for holidays, with no credit for absent or sick days or closures due to Ponds child care’s snow policy that includes if a state of emergency is declared, a blizzard warning is in effect or if the governor of MA asks for all non essential workers to remain off the roadways.

I (Name)_____ have read and will comply with this contract. I have received and will follow The Ponds Child Care Centers policies and procedures listed in the parent hand book.

Parent’s signature_____ Date_____

First day of enrollment:_____

Contract is valid for one year from the signature date