



## 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:  Sprinklers, water tables and water slide

Location of activity:  Ponds Child Care Centers property

(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

### **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 \$385.00

Daily Rate: one days care \$110.00 Second Days care \$105.00 Third and Fourth Days care \$95.00 per day

#### **Toddler ( 15 months to 2.9 Years )**

Weekly \$360.00

Daily Rate \$90.00

#### **Preschool ( 2.9 months - 5 years)**

Weekly \$335.00

Daily Rate \$85.00

Weekly and daily rates include up to a nine hour day any additional time needed will be subject to an additional hourly rate of \$18.00 per hour

#### **Additional Preschool / Pre K Program**

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

\$45.00 per session

#### **School age**

Before and after school care \$38.00 per day

Full week of before and after school care \$180.00

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 \$15.00 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 \$35.00 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 \$18.00 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:

<i>New Year's Day</i>	<i>Martin Luther King JR.</i>	<i>Presidents Day</i>	<i>Patriots Day</i>
<i>Memorial Day</i>	<i>Independence Day</i>	<i>Labor Day</i>	<i>Columbus</i>
<i>Day</i>	<i>Veterans Day</i>	<i>Thanksgiving</i>	<i>Day after Thanksgiving</i>
<i>Christmas Day</i>	<i>Juneteenth</i>		

*Christmas Eve Center closes at 3:00pm*

*Halloween center closes at 4:00pm*

**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

*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 the Plymouth public school systems decided that Plymouth public schools will be closed due to snow or other severe storms Ponds child care will also be closed.*

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***

Hi Families!

The teaching staff is very excited to welcome them into their classroom and have a fun filled curriculum planned. :)

We have put together a list of supplies to help you get ready for the big day!

### **Infants**

#### Bottles:

- \* 1 PER FEEDING, we are not allowed to reuse bottles per EEC regulations
- \* Already filled with breast milk or water

Formula: We can store as much as you'd like to provide here! The more the better :)

Food (if applicable): Jar or finger food - what ever they like to eat. We are also able to store extra food here too! - Please prep food such as cutting to the appropriate size for your child.

Bibs & Change of Clothes ( weather appropriate): the more the better, we tend to get messy as we play hard!

Binky ( If applicable)

Diapers & Wipes: The more the better. We will also send home notes as we start to run low.

Diaper cream: Please see attached form - Please return to the center with the cream.

Sleep sack: If your child uses one at home.

### **Please be sure to LABEL EVERYTHING!!**

### **Toddlers**

#### Food & Drinks:

- \* Lunch box with an ice pack
- \* Cups - Three are required by EEC. Can also be juices box's or water bottles.

#### Diaper & Potty items

Diapers or pull ups - Please send in pull ups with the side velcro closures.

wipes & Diaper cream - Please see attached form.

#### Sleep Stuff

Crib sheets & Blanket  
Comfort item - if they choose to have a stuffy,

#### Clothing & Outer wear

Two complete sets including socks  
Weather appropriate outer wear \* suggestion - a sweatshirt to be left in the cubby's.

**Please be sure to LABEL EVERYTHING!!**

### **Preschool**

#### Food and Drink

- \* Lunch Box with an ice pack
- \* 3 drink cups - can be milk, juice box's or water bottles.

#### Sleep Stuff

Crib sheet and blanket  
Comfort item - if they choose to have a stuffy

#### Clothing & Outer wear

two complete sets including socks  
Weather appropriate outer wear \* suggestion - a sweatshirt to be left in the cubby's.

**Please be sure to LABEL EVERYTHING!!**