

**Classroom:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ eye color \_\_\_\_\_ skin color \_\_\_\_\_

Home Address: \_\_\_\_\_ hair color \_\_\_\_\_ height \_\_\_\_\_

Telephone: \_\_\_\_\_ weight \_\_\_\_\_ sex \_\_\_\_\_

**Date of Admission** \_\_\_\_\_ **Age at Admission** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Primary language** \_\_\_\_\_

**Identifying Marks** \_\_\_\_\_

**Allergies/ Special diets** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

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

**Home Address** \_\_\_\_\_ **Home Address** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Cell phone carrier** \_\_\_\_\_ **Cell phone carrier** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Business Name** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **Work Address** \_\_\_\_\_

**Work phone #** \_\_\_\_\_ **Work phone #** \_\_\_\_\_

**Hours at work** \_\_\_\_\_ **Hours at work** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Child's Physician/Clinic** \_\_\_\_\_  
name address phone

**Chronic Health Conditions** \_\_\_\_\_

**Special Limitation or Concerns** \_\_\_\_\_

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

\_\_\_\_\_  
Date

## Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_.  
(name)

However, if I can't be reached I hereby authorize the LEICESTER EARLY LEARNING CENTER to transport my child to the \_\_\_\_\_ hospital (or  
(name)  
nearest hospital) and to secure for my child the necessary medical treatment. I understand the staff members at the child care center are trained in the basics of First Aid and CPR.

I authorize them to give my child first aid and/or CPR when appropriate.

NOTE: Written emergency procedures are located in Health Care Policy given to parents at intake and posted in each classroom.

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

\_\_\_\_\_  
Date

### Permission Slips

I give the Leicester Early Learning Center permission to apply sun screen to my child as needed.

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

\_\_\_\_\_  
Date

I give the Leicester Early Learning Center permission to photograph my child for use within the classroom..

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

\_\_\_\_\_  
Date

I give the Leicester Early Learning Center Permission to post pictures of my child on The Leicester Early Learning Center.com. webpage. I realize that my child's name will never be mentioned.

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

\_\_\_\_\_  
Date

I give my child permission to go one walking or city bus field trips that are listed; Leicester Police station, Breezy Gardens, Leicester public library, Community field, or other various field trips located in the town of Leicester. All parent will be notifies in writing prior to us ever leaving the center.

### **Child Release and Emergency Contact List**

The Staff at the Leicester Early Learning Center are trained to never release a child to anyone unless we have written consent from the parent and the person authorized by the parent has a picture ID that can be compared with parental written consent. In an emergency we will always try to contact the parent first but anyone that has your consent to pick up your child should be included here in case of an emergency.

**Health Insurance Coverage:**

**Policy #**

\_\_\_\_\_

**I hereby authorize the Leicester Early Learning Center to release my child to the following persons (other than the parents):**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

## Transportation Policy and Child Release

Child's Name \_\_\_\_\_

**My child will arrive to the program:**

\_\_\_\_ Parent/Assigned Adult drop-off  
\_\_\_\_ Supervised Walk  
\_\_\_\_ Unsupervised Walk  
\_\_\_\_ Other \_\_\_\_\_

**My child will depart from the program:**

\_\_\_\_ Parent/ Assigned Adult Pick Up  
\_\_\_\_ Supervised Walk  
\_\_\_\_ Unsupervised Walk  
\_\_\_\_ Other \_\_\_\_\_

All **school-age children** will either walk or take a school bus to or from this program.

My child attends \_\_\_\_\_ School.

They will:

\_\_\_\_ Walk to school from the center                      \_\_\_\_ Walk to the center after school  
\_\_\_\_ Take a school bus from the center                      \_\_\_\_ Take a school bus to center after school

All children must be picked up by a parent or parent designee. Whom ever picks up the child is responsible for signing them out. No child is ever released to anyone unless we have written parent notification on file. The person picking up will need to show picture identification.

If children are dropped off, the parent must always enter the building with the child and sign them in. Sign in sheets are always located in each classroom by the door.

**We are not responsible for any child who enters the building unaccompanied by a parent.**

**We will assume all responsibility of a child once the child is signed in and acknowledged by a teacher.**

If children are transported by bus the teacher who waits for the children and retrieves them from the bus will be responsible for marking the attendance. We will also put children onto the public school bus when necessary and adjust the attendance accordingly.

**We are not responsible for children until they walk off of the bus on to our property. Once we have put them onto the bus we are no longer responsible until their return.**

Children will not be transported in any vehicle unless;

It is a scheduled field trip where a permission slip is obtained from the parent. This permission slip will specifically outline the details of the transportation.

All parents must call the center to let us know if their child will be absent. If you do not call and your child is not here for attendance directly after school, we will call you.

I have read and understand this transportation policy and I agree to its terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Tuition and Service Need Contract Agreement

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

I agree to pay the amount of \$ \_\_\_\_\_ per Week/Month as child care tuition for the following days and times;

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Staff is scheduled based on the number of children who are scheduled to be here and who are actually here on a daily basis. We need to keep proper child/staff ratio's to ensure the safety of children. Also, consistency and a schedule are needed for most young children, this is why we follow a daily schedule. Children know when they are usually pick up and when you are not here, they will become upset and anxious.

If you are running late please call the center so that we know and can prepare your child because they will ask where you are.

Keep in mind that if you show up earlier than your regular scheduled time you will be asked to stay until we are properly staffed.

**Anyone who has their child here longer than the regular scheduled pick up time or drop off time (a few minutes will be given for traffic etc.) will receive a letter of warning, and a second time you will be given a termination notice.**

We will work with you if you have a particular need to change your hours short term or long but you must ask the office and get an OK in advance. We do understand from time to time you may be a little late but you must call the center. If you need to change this contract more permanently because job hours change we can also do that but a new contract will need to be written and additional tuition may apply.

I understand and agree to this policy as stated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Leicester Early Learning Center  
759a Main Street  
Leicester, MA 01524  
(508) 892-3168*

**Payment Policy**

All children are on a weekly set schedule. Payments are expected in full each week, regardless, if your child attends or not; no discounts for illness, holiday closure, snow or unavoidable emergency closures. No discounts for more than one child!

**All Payments are expected in full, for the upcoming week on Friday prior to services**

If payment is received more than 7 days late, a \$25 late fee will be applied.

If payment is more than 21 days late, your child will be terminated for non payment without notice. You will be billed for services rendered with accrued late fees.

All checks returned for insufficient funds will be a \$25.00 addition fee. If your check is returned you must pay for the check in cash including the \$25.00 service fee with in two days of us receiving the check back.

Checks should be dropped into the Check Box located on the wall inside the office. Cash can be given to your child's teacher but a receipt must be taken by you. Without one, we have no record of receiving this and nothing will be applied to your account.

**No discounts for vacation weeks unless**

- 1. The child is full time or in the after school program, year round and is paying full time tuition on non school days.**
- 2. Have no outstanding balance due.**
- 3. Notify us at least three weeks prior**
- 4. It must be taken during the summer months**

**NO EXCEPTIONS !!!!**

If the above applies, and the child does not attend for the week, you will receive one week, tuition free.

A two week notice must be given prior to your child's withdrawal from the program or if there is a decrease in services. If a two week notice is not given you will be required to pay.

I have read and understand the Payment Policy as written; (A copy of this Policy is also in The Parent Handbook that you received at enrollment.

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Signature

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Date

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**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 pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \*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 held in lap? \_\_\_\_\_ High chair? \_\_\_\_\_
- \* Does your child eat with spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

**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? \_\_\_\_\_
  - \*Has toilet training been attempted? \_\_\_\_\_
  - \*Please describe any particular procedure to be used for your child at the center: \_\_\_\_\_
- 
- \*What is used at home? Pottychair? \_\_\_\_\_ Special child seat? \_\_\_\_\_ Regular seat? \_\_\_\_\_
  - \*How does your child indicate bathroom needs (include special words): \_\_\_\_\_
  - Is your child ever reluctant to use the 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 animal, story, mood on waking etc) \_\_\_\_\_
-



**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_  
\_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_  
\_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ 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 your child to gain from this childcare 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, toilet habits, fussy time, night bedtime, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)