

LEICESTER EARLY LEARNING CENTER
759 Main Street, Leicester MA 01524

Classroom: _____ Date/ Age at Admission: _____

Child's Name: _____ Date of Birth: _____

Home Address: _____ Primary Language: _____

Skin Color: _____ Hair Color: _____ Height: _____ Eye color: _____

Weight: _____ Sex: _____ Identifying Marks: _____ Primary Language: _____

Allergies: _____

(If your child has an allergy please provide us with an individual healthcare plan from your child's physician.)

Special Diets: _____

1) Parent/ Guardian: _____ Cell #: _____

Address: _____ Cell Phone Carrier: _____

Business Name: _____ Work #: _____

Work Address: _____ Hours at Work: _____

Email Address: _____

2) Parent/ Guardian: _____ Cell #: _____

Address: _____ Cell Phone Carrier: _____

Business Name: _____ Work #: _____

Work Address: _____ Hours at Work: _____

Email Address: _____

4) Physicians Name: _____ Child's Physicians Address: _____

Health Insurance Coverage: _____ Policy #: _____

Health Conditions: _____ Limitations or Concerns: _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?

If yes, please attach. _____

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 Leicester Early Learning Center to transport my child to the _____ (name of hospital or nearest hospital) and to secure for my child the necessary treatment. I understand all staff members at the child care center are trained in the basics of First Aid & CPR. I authorize them to give my child first aid and/ or CPR when appropriate. NOTE: Written emergency procedures are located in the 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 sunscreen 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 their webpage. I realize that my child's name will never be mentioned.

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

I give the Leicester Early Learning Center permission to participate in off-site activities with further written consent on a detailed permission slip.

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

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.

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

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Parent/ Guardian 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:

	Drop Off	Pick Up
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 ratios 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 picked up and when you are not here, they will become anxious and upset.

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 to drop off your child 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 pickup 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 okay 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 an additional tuition may apply depending on the length of the day.

I understand and agree with the policy stated.

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 to the program:

___ Parent/ Assigned adult pick up

___ Supervised Walk

___ Unsupervised Walk

___ Other: _____

All school age children will either walk or take the school bus to or from this program.

My child attends _____ School.

They will:

___ Walk to school from the center

___ Walk to the center from the school

___ Take a school bus from the center

___ Take a school bus to the center after school

All children must be picked up by a parent or parent designee. Whomever picks up the child has to be listed on the child release and emergency contact list. 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 notify the teacher to sign them in. If you pick up your child off of the bus at the center, you must enter the building with the child and notify the teacher to sign them out.

We are not responsible for any child who enters the building unaccompanied by a parent. We will assume all responsibility for 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 the bus and onto 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. The 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.

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

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 the 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 your service and rendered with accrued late fees.

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

Checks should be handed to the director in the office which will be placed into the safe. Cash should be handed to the director in the office and a receipt will be given to you otherwise we will have no record of receiving this payment.

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) Notifies us at least three weeks prior.**
- 4) It must be taken in 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 weeks notice must be given prior to your child's withdrawal from the program or if there is any 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.

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:** _____

*Note: 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 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: _____

*Is your child fed in your 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 _____ 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 the 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, sound machine, etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/ daycare: _____

Reaction to strangers: _____

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: _____

Direct Payment Authorization Form

When Payment Authorization is constant and no week/ monthly statement

I hereby authorize the Leicester Early Learning Center, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to our account which is indicated below, and the bank to debit and/ or credit the same to such amount.

_____ Checking Account for my weekly tuition at:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Or

_____ Savings Account for my weekly tuition at:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

For Payment tuition of \$ _____, weekly every two weeks monthly

I will receive prior notice if the amount of my tuition changes. Debits will be taken out Tuesdays for that week of services.

It is understood that this agreement may be terminated by me at any time by giving written notification to the Leicester Early Learning Center. Any such notification given to the company shall be effective only with respect to entries initiated by said company after receipt of such notification and a responsible opportunity to act on it.

Signature _____

Name _____ Date _____