

This enrollment application and agreement constitutes a contract by and between MOPPETS and (Please print both parent's names) _____ for child care services. Please read it carefully and complete it in detail.

Child's Name _____

Date of Admission _____

Date of Birth _____

Primary Language _____

Allergies _____

Food Restrictions _____

Sensory Restrictions _____

Chronic Health Conditions: _____

Distinguishing Marks (scars, birthmarks, hair color, eye color) _____

Weekly Schedule:(choose one)

___ 5 DAYS _4DAYS ___ 3 DAYS ___2DAYS (PS/PK only)

Days of Week (Circle please) M T W TH F

3 DAYS M/W/F and 2 DAYS T/TH (based on availability)

Please tell us your approximate schedule (maximum of 10 hours per day): _____AM to _____PM

EMAIL 1: _____

EMAIL 2: _____

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Parent1 _____

Parent 2 _____

Address _____

CONTACT INFORMATION Please provide all phone numbers and extensions: If you prefer text please note that beside your cell phone number.

Parent1

() _____

() _____

() _____

Parent2

() _____

() _____

() _____

() _____

Emergency Other

() _____

Child's Health Insurance Coverage:

Physician:_____

Provider Name:_____

Policy # _____

Name of Insured: _____

Relationship to Child: _____

Parent1 Signature

_____ Date _____

Parent2 Signature

_____ Date _____

Authorization and Consent for Emergency and Non-Emergency Contact / Pick-Up

We must have the names and daytime telephone numbers of ADDITIONAL responsible persons who are authorized to accept responsibility for your child. These persons may remove your child from this center at any time with or without additional notice to you. These persons may be called upon to make medical related decisions for your child or to care for your child should an unforeseen circumstance arise.

If no one other than you, the parent(s), is allowed to remove your child from this center, please write "NO CONSENT" on this form.

MOPPETS reserves the right to refuse to surrender a child to a person who cannot furnish proper identification or appears to be under the influence of drugs, alcohol or other mental impairment.

Contact #1
Name _____

Address _____

Telephone (____) _____

Work (____) _____

Emergency (____) _____

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Contact #2
Name _____

Address _____

Telephone (____) _____

Work (____) _____

Emergency (____) _____

Contact #3
Name _____

Address _____

Telephone (____) _____

Work (____) _____

Emergency (____) _____

Parent1 Signature _____ Date _____

Parent2 Signature _____ Date _____

Authorizations: By initialing each paragraph, you give your consent, approval or authorization for the activity, requirement or policy stated.

_____ **OPEN DOOR POLICY:**

I understand that MOPPETS has an open door policy and that I am *encouraged* to drop by any time to observe my child, participate in the daily activities of the classroom or just visit.

_____ **Emergency Care and Transport Authorization:**

I understand that every effort will be made to contact me in the event of a medical emergency. Whether or not I am reached, I hereby authorize MOPPETS to call for emergency care and transport my child to the nearest hospital or **Winchester Hospital, 41 Highland Avenue, Winchester, MA Main #781-729-9000 or Emergency Room #781-756-2000**. Further, I authorize MOPPETS to secure for my child any and all necessary medical care or treatment. I understand that MOPPETS will authorize medical care that is deemed necessary by Emergency Medical Technicians or hospital personnel. I understand that MOPPETS' personnel are trained in the basics of First Aid and CPR and I authorize them to provide either emergency treatment if necessary.

_____ **Acknowledgement of Outdoor Play:**

Except during inclement weather, children play outside daily. I understand that I am responsible for providing appropriate, labeled clothing for outdoor play. Further, ***I understand that if my child is too ill to play outside, he or she will not attend school.***

_____ **Permission to use sunscreen and bug spray.**

I give permission for MOPPETS staff to apply both sunscreen and bug spray to my child. This permission applies unless my child has an allergy or reaction to these topicals. If so, I will list the allergy or reaction on the face sheet of this enrollment application.

Permission to Swim in Onsite Pool

I give permission for my child to swim in the onsite swimming pool. I understand that teachers will use their best supervision to ensure that my child is safe. I understand that it is my responsibility to provide a life preserver.

Pre-Kindergarten Program:

The Pre-K program at MOPPETS is not certified by any town or city. Each city/town has specific requirements for entering the first grade. Usually, cities and towns do not require kindergarten, however, you should verify the kindergarten requirement with your hometown or city.

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Authorization for Photography:

MOPPETS faculty and children’s parents enjoy photographing and videotaping students for use in bulletin boards, art projects and school related displays. Events at which photographs and/or videotapes are taken include birthday parties, holiday celebrations, special activities and events, and theme days. By initialing this section, you give our faculty and children’s parents’ permission to photograph and/or videotape your child. Under NO circumstance will these pictures and/or videos be used in advertisements, commercials or other promotional materials. Parents are allowed to make ONLY personal use of these photos and they may not be disseminated for any reason.

Further, by initialing this section, you agree that no photograph or video be used by persons other than the parent(s) of the children at MOPPETS and that photographs and videos may not be sold, bartered or otherwise removed from your personal possession. Under no circumstance may these videos or photographs be used for commercial purposes.

SICK CHILD POLICY

To help us better contain contagious illness, we have developed the following policy. If your child exhibits any of the following symptoms, they must be kept out of school until they have been symptom free for 24 hours or have a physician’s approval to return. Please have your pediatrician send permission for us to administer ibuprophen, cough & cold, tooth ache remedy, etc.

Fever of 100°

Cough/achiness consistent with colds and flu

Vomiting more than 2 times in 1 hour

Diarrhea more than 2 times in 1 hour

Combination of vomiting and diarrhea more than 2 times in 1 hour

Symptoms which are consistent with known viruses

Nasal discharge (you know, the green or yellow slimy kind) which is consistent with any contagious condition/virus.

Parent1 Signature

Date

Parent2 Signature

Date

Drop-Off and Pick-Up Safety:

During drop-off, please make sure your children and any belongings are in the care of the Teacher before you leave the classroom or playground. For the safety of your children, it is important that the Teacher acknowledge your child before you leave. Once you have entered the children’s area at pick-up and have made eye contact with your child, you are responsible for the care, safety and well-being of your child. As we are certain you understand, your child will always be more responsive to you than to a faculty member.

It is your responsibility to escort your child to the appropriate location, whether the classroom, the gymnasium or the playground. Please familiarize yourself with the classroom schedule.

Authorization to Obtain Medical Information and Administer Medication:

MOPPETS requires you to provide medical information, including immunization records, physical examination results, lead test results and other related information. Also, from time to time your child may need medication. Prescription medication must be in the original container, labeled with the child’s name and dosing instructions AND you must complete a Medication Authorization/Log Form. For non-prescriptions you must complete a Medication Authorization/Log Form which is valid for a maximum of 1 year.

If your child requires DEA level II-V (INCLUDING psychiatric medications), these meds will be locked and secured in the director’s office. Emergency medications, including, but not limited to inhalers and Epipens are allowed within the classroom. Teachers keep these meds out of the reach of the children, but easily accessible to themselves. Any unused medication that stays in the center for more than 24 hours will be disposed of by the staff. We do not allow staff to provide children with medications unless we have a signed authorization form for that specific medication. A first dose of a medication is not allowed without written consent. We require weekly parental consent for all over-the-counter medications, No Exceptions.

Parent Provided Material and Equipment:

I understand I am responsible for providing the following equipment.

Each extra set of clothing must fit and be weather appropriate. Each set must include pants, top, underwear, and socks. Please note that all children over the age of 12 months must have a sleeping bag and pillow. Unfortunately, failure to supply this gear will result in an additional charge of \$25.00 to your account.

Extra Clothing: A fee of \$20.00 per use of Center clothing applies to all children. Please provide extra clothes for your child at all times. These clothes should be left in your child's cubby and must be clearly labeled in indelible ink.

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We are not responsible for lost or stolen clothing, toys or other property. In order to help us properly identify your child's belongings, please label them using indelible ink.

Younger Infants (up to 12 months)	Formula or breast milk, pacifier (if used), bottles, sleep sack, baby food, special diet, special diapers or wipes, extra clothing (two complete sets).
Older Infants (12-15 months)	Formula or breast milk, baby food, special diet, special diapers or wipes, extra clothing (two complete set), and sleep sack (under 12 months) or a sleeping bag and pillow (over 12 months) for rest period.
Toddlers (15 months-33 months)	Special diet, special diapers or wipes, extra clothing (two complete sets), and a sleeping bag and pillow for rest period.
PS/PreK (33 months and older)	Special diet, extra clothing (one complete set), and a sleeping bag and pillow for rest period. Summer a PFD, Bathing suit, swim shoes and towel.

Sleeping Bag Fee: Failure to provide appropriate rest time materials (sleeping bag & pillow) will force us to purchase one for your child. For this service, you will be charged \$25.00.

Volunteers and Student Teaching: This center does not allow volunteers or student teaching.

SIDS Risk Reduction: To help reduce the risk of SIDS within our center, we put all children under the age of 1 year on their backs to sleep. If you have any special requirements for your child's sleep position, you must provide written consent, as well as your doctor's permission to change sleep positions.

Parent1 Signature _____ Date _____

Parent2 Signature _____ Date _____

Fees: Tuition for my child, _____, is \$_____ per week. This fee includes up to 10 hours of care per day, _____ days per week as stated on the face sheet as your weekly schedule. The additional hourly fee for my child is \$_____ per hour. We offer no reductions or discounts for

unused days including vacations, holidays, illnesses or other absences. Fees are due on the Thursday before services are provided. Late fees are assessed at 6 PM on Thursday night. We cannot hold checks. Postdated checks are subject to a late fee. For customers paying monthly there is a 3% rate reduction. Monthly payments are due on the last Friday of every month for the upcoming month. Monthly fees are calculated at 4.33 weeks per month.

Closures: Should the Center close for snow or other natural or unforeseen phenomenon, parents will be notified and given a maximum of 1 hour to pick-up. **Should we be unable to reach you or should you choose not to pick-up within the allotted hour, a late fee of \$7 per minute will be assessed**

The Center makes every effort to open during regularly scheduled school days. However, circumstances may arise which force us to close. Some examples include severe snow or ice, power outages, fallen trees, lack of heat or running water. In the event of unforeseen closures, parents are responsible for full tuition, without offset or reduction.

Late Pick-Up: A fee of \$ 7 per minute will accrue for every minute after 6PM your child remains in the center this is with or without a parent. The center closes promptly at 6 PM. Everyone must leave the building before 6 PM to avoid a late pickup fee. Fees will be reflected on your next weekly invoice.

Late Payment Fee: Tuition is due each Thursday in anticipation of the following week's services. For tuition received after the close of business on Thursday, a \$30 per child late fee will accrue. This means that tuition paid on Friday, for one child, will increase by \$30. The late fee accrues whether or not the Center is open. Unfortunately, we are unable to provide care to families who have not paid tuition or fees.

Returned Check Fee: For each check returned to us unpaid by your bank, for any reason, a fee of \$30 will be accrued to your account.

ACCIDENT REPORTS: I understand that in the event of an accident or injury THAT REQUIRES MORE THAN A HUG to resolve, I will be offered an accident report which details the cause and conclusion of the accident or injury. In the event that a child has an injury or accident that requires only a hug to resolve, parent will be notified verbally only. Any accident which leaves broken skin or bumps will require an accident report to notify the parent. SEE OUR HEALTHCARE POLICIES IN THE OFFICE FOR FULL DETAILS.

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GENERAL INFORMATION:

PARENTS ARE ENCOURAGED TO VISIT THE CENTER AT ANY TIME.

Hours of Operation: Monday – Friday 7:00AM – 6:00PM

Holiday Closures: Federal Holidays - **12 per year**, please see our School Calendar

_____ **Daily Schedule:** Please see the Daily Schedule for specific times of events in your child's classroom. The Daily Schedule is posted in each room and can be provided to you at the front office.

_____ **Late Arrival:** Since our program is based on a full-day schedule, we expect all children to arrive by 9:15AM. A fifteen-minute grace period will be permitted (9:15-9:30). The center allows for one late arrival per month, however, upon the second late arrival, the parents will be charged \$10.00 for that day and additionally for each late arrival for that calendar month.

_____ **SUGGESTION BOX:** Feel free to drop anonymous suggestions in our mailbox. The mailbox is located at the top of the walkway. Also, feel free to talk with the teachers and director at any time!

_____ **Identification:** Each person on your pick-up list, including parents, must produce a valid picture identification card before we can release your child(ren). There are no exceptions to this rule. We are sure you understand our commitment to safety.

_____ **Health Care Policies:** Our complete Center and Health Care Policies are available for your review. Just ask anyone in the office.

Parent1 Signature _____

Date _____

Parent2 Signature _____

Date _____

_____ **Home Toys:** Are limited to one per child per day. We do not allow bats, swords or other swing hitting home toys in the center or on the playground. Please choose other home toys to bring.

_____ **Withdrawal:** Should you choose to remove your child from the center, you are required to **provide written notice at least 6 weeks prior** to the termination date. This requirement is without offset or reduction. Should a parent withdraw a child during the school year (September 1 – June 30), MOPPETS will not re-enroll the child at a later time.

_____ **Summer-time withdrawals:** Between July 1 and August 30 each year, summertime withdrawals are permitted with **6 weeks' notice**. All summer withdrawals must be for a **minimum of 6 weeks**. In order to hold a spot at MOPPETS for the fall a two-week deposit is

required for Toddlers, PS/PK and a four-week deposit is required for Infants.

Termination of Services

_____ The center may choose to terminate services for any of the below listed reasons by providing two weeks written notice of termination to you. **SHOULD SERVICES BE TERMINATED FOR UNPAID TUITION OR FEES, NO NOTICE WILL BE GIVEN** and the center reserves the right to seek damages, including unpaid fees, unpaid notices and uncollected fees through the Massachusetts courts.

1. More than 4 late pick-ups within any six-month period.
2. More than 2 late pick-ups during any snow closing, illness, building closure or other unforeseen circumstances
3. More than 3 returned checks from your bank
4. Cursing or smoking at the center or playground
5. Refusal to pick-up when called for illness, closure or emergency
6. Refusal to pay returned checks and associated fees within 48 hours
7. Directing inappropriate or sexual (including flirtation or requests for dates, etc.) comments to any faculty member, especially with children present

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The center may choose to terminate services for any of the below listed reasons *without notice*.

1. Verbal or physical assault upon a child or staff member
2. Threatening a child or staff member
3. Physical violence in the presence of a child or staff member
4. Unpaid tuition or fees
5. Theft or willful destruction of center property

_____ *Not every circumstance or activity can be anticipated.* The Center Director bears ultimate responsibility and reserves the right to terminate any enrollment at any time with or without notice if she/he feels that children or staff are endangered physically (either by child or

parent), emotionally or financially (by theft or scheme) by the presence of a specific child or parent or guardian at the center. Some examples that may lead to immediate termination are given below but are in no way considered exclusive of any other type of activity or circumstance which may require immediate termination.

1. An overly aggressive child who bites, hits, pushes, spits or otherwise causes harm to other children and/or staff. We will notify at least one parent of the behavior and attempt to put a plan in place to resolve the aggressive behavior however if the parent refuse to participate in the resolution or if the child continues the behavior immediate termination (at the discretion of the director) may result.
2. We will work with your family to resolve any problems that arise within the center
3. If a parent or parent's visitor causes concern for safety, discomfort or disruption to the center or sets a negative example through actions or words, immediate termination (at the discretion of the center director) may result.

We will provide parent(s) the opportunity to work with the teachers and director to help resolve issues inside and outside of the classroom.

4. Notify you if we believe your child should see a pediatrician for referrals for evaluations, diagnostics or therapeutic services
5. If the need arises we will try to provide additional staffing to help support the regular classroom teachers at the sole expense of the parent. MOPPETS cannot provide one on one care.
6. We will work together with every family to help develop a plan for behavior management at home as well as within the classroom.

Transition for New Students: We will make every effort to help students from other programs transition to our center with ease. To make this transition as seamless as possible, we will help your child by explaining their new surroundings in a way that they can relate to, as well as communicating with the parents. Our goal is to keep everyone comfortable and happy throughout the day.

POTTY TRAINING: Our center does not allow pull-ups.

When a parent has started potty training at home staff will be happy to begin the process at school. We'll begin by asking the child to try to use the toilet every hour. When the child has been able to use the toilet, they will be rewarded (something small and parent approved). When the child progresses to understanding the use of the toilet, the parent will be asked to bring in multiple pairs of underwear and changes of clothing. The parent and teachers will explain to the child (individually), that he is finished with diapers and that he will start wear underwear on a specific day. Children must be potty-trained, defined as two weeks without diapers and accident free to use the pool.

Parent Conferences and Parent Input:

TALK TO US! We want you to feel confident that this center will provide the best possible care. We

Office Staff: will try to be available for short conversations during your pick-up or drop-off but this is not always possible. So, should you desire a conference either with your child's teacher or the administrative staff, please let us know. We are available to discuss your child's development, your concerns and/or suggestions about the program, or anything else on your mind. Where possible and practical, we will implement parent suggestion into the programs.

We are here to serve you. Please let us know what we can do to make your child care center better. We want to hear from you any time!

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And because it is so important, we say again...Parent visits are welcome at any time with or without notice.

SEE EMERGENCY EVACUATION PLAN IN OFFICE SEE HEALTH CARE POLICIES IN OFFICE

OPTIONAL TOOTHBRUSHING SUPERVISION: MOPPETS fee for tooth brushing supervision/assistance is \$2 per day of service.

Please circle one option:

I DO want my child to brush his/her teeth at MOPPETS If your child is to brush his/her teeth at MOPPETS, please add \$2 per day to your fee.

OR

I DO NOT want my child to brush his/her teeth at MOPPETS

PICK UP/DROP OFF METHOD: I certify that I will drop-off and pick-up my child and if I can't do it myself, I will cause a mature, responsible adult to take my place. Further I will not allow my child to walk unsupervised,

take public transportation, take a bus, van, taxi or other paid transportation.
(This statement is required by DEEC Transportation Plan and Authorization)

_____ **EEC Contact Info:** If you have any questions or concerns regarding
9, Lawrence, MA 01843, 978-681-9684. Our licensor is Michelle Holland.

Parent1 Signature _____ Date _____

Parent2 Signature _____ Date _____