

MOPPETS



ASCHOOLFOR YOUNG CHILDREN

Enrollment Application

Child's Full Name: _____

Application Date: _____

Moppets, Inc.
736 Main Street
Woburn, MA 01801
Tel: 781-933-0924
Fax: 781-933-0619



DEPOSIT AGREEMENT

Thank you for choosing Moppets! The submission of this form and a non-refundable deposit payment will hold your child's place in the requisite, age appropriate room/program you have selected. The deposit payment for an infant room spot is equal to one (1) month of tuition, per infant. The deposit payment for a spot in any other program/room is equal to two (2) weeks of tuition, per child.

PARENT/GUARDIAN NAME: _____

PRIMARY PHONE: _____ Please check: ☐ home ☐ work ☐ cell

ADDRESS: _____

EMAIL: _____

REQUESTED DATE OF ENROLLMENT: _____

CHILD 1

| | |
|---------------------|--|
| CHILD NAME | |
| CHILD DATE OF BIRTH | |
| CHILD AGE GROUP | Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Toddler Preschool <input type="checkbox"/> Pre-K <input type="checkbox"/> |
| REQUESTED SCHEDULE | Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> (AVAILABLE AS DISCUSSED) |
| REQUESTED DAYS | All Weekdays <input type="checkbox"/> OR, Selected days: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> |

CHILD 2

| | |
|---------------------|--|
| CHILD NAME | |
| CHILD DATE OF BIRTH | |
| CHILD AGE GROUP | Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Toddler Preschool <input type="checkbox"/> Pre-K <input type="checkbox"/> |
| REQUESTED SCHEDULE | Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> (AVAILABLE AS DISCUSSED) |
| REQUESTED DAYS | All Weekdays <input type="checkbox"/> OR, Selected days: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> |

I _____, understand that the non-refundable deposit payment described above, is required to secure my child's/children's space in the requisite room(s)/program(s). By placing this deposit, Moppets, Inc. shall guarantee my child's/children's place(s) for the chosen date of enrollment (indicated above). If, for any reason, after paying this deposit, I decide not to send my child/children on the date of enrollment, I understand that my deposit will be forfeited, and the space being held will be opened by Moppets immediately to fill. I understand that tuition rates may differ at the time of enrollment, depending upon the amount of time that has elapsed from the payment of the deposit and the chosen enrollment date.

Signature

Date

Signature

Date



CHILD & FAMILY OVERVIEW

| CHILD INFORMATION | | |
|--------------------|---|----------------------|
| Child's Full Name: | | |
| Nickname: | Age at admission: | Primary Language(s): |
| Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |

| FAMILY INFORMATION |
|--------------------|
|--------------------|

Parent 1

| | | |
|----------------|-------------------|------------|
| Relationship: | First Name: | Last Name: |
| Cell Phone: | Secondary Phone: | |
| Email: | Primary Language: | |
| Home Address: | | |
| City: | State: | Zip: |
| Employer Name: | | |
| Work Address: | | |
| City: | State: | Zip: |
| Work Phone: | Hours at Work: | |

Parent 2

| | | |
|----------------|-------------------|------------|
| Relationship: | First Name: | Last Name: |
| Cell Phone: | Secondary Phone: | |
| Email: | Primary Language: | |
| Home Address: | | |
| City: | State: | Zip: |
| Employer Name: | | |
| Work Address: | | |



| | | |
|-------------|----------------|------|
| City: | State: | Zip: |
| Work Phone: | Hours at Work: | |

My signature below indicates the above information is complete and correct to the best of my knowledge

Signature

Date

Signature

Date



MEDICAL INFORMATION AND PHYSICAL DESCRIPTION – PAGE 1 OF 2

| Child's Physician Information | | Child's Physical Description <i>Optional: attach recent photograph</i> | |
|-------------------------------|--|---|------------|
| Physician/Clinic Name: | | Height: | Weight: |
| Phone: | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address: | | Hair Color: | Eye Color: |
| City: | | Race/Ethnicity: | |
| State, Zip: | | Distinguishing Features: | |

Allergies & Conditions *(describe in the space provided, if needed, submit a separate sheet to detail specific care requirements). Additionally, any child with a chronic health condition and/or allergy will be required to complete an Individual Health Care Plan, as well as an Action Plan completed by the child's medical provider:*

Allergies and Their Reactions:

Chronic Health Conditions:

Medical Alerts, Disabilities, or Medical, Behavioral, Sensory or Dietary Limitations:

Physical and Immunizations

| | |
|---|----------------------------|
| <input type="checkbox"/> I have submitted my child's last physical record | Date of Last Physical: |
| <input type="checkbox"/> I have submitted my child's immunization record | Date of Last Immunization: |

Medications

☐ My child takes regular medications at home *(describe reason & potential side effects):*

☐ My child will take regular medications while at Moppets *(describe reason & potential side effects):*
(must also fill out medication consent form)



| Health Insurance Information | |
|------------------------------|------------------------|
| Provider Name: | Policy #: |
| Name of Insured: | Relationship to Child: |

In the unlikely event of an emergency requiring medical attention for my child, I understand that every effort will be made to contact me. I authorize staff at Moppets who are trained in the basics of first aid and CPR to give my client first aid and/or CPR when appropriate. However, if I cannot be reached or if my child needs immediate emergency treatment and delay would be dangerous to the health of my child, I hereby authorize Moppets to transport my child to the nearest hospital, **Winchester Hospital, 41 Highland Avenue, Winchester, MA, Main # (781)729-9000 or Emergency Room # (781)756-2000**, and to secure necessary medical treatment for my child, including but not limited to a epinephrine auto injection for suspected exposure to a life threatening allergen.

Moppets does not discriminate based on a person's religion, race, color, national origin, cultural heritage, sex, marital status or any other factors protected by law. Toilet training is not an eligibility requirement for enrollment. Please speak with a Center Director to address special needs or any reasonable accommodation issues.

Signature

Date

Signature

Date



EMERGENCY CONTACTS

Please list below all emergency contacts and persons besides legal guardians. Please also indicate where appropriate if the contact is authorized by you to pick your client up from Moppets. It is the policy of Moppets not to release children to anyone not authorized by the parent/guardian in writing. **If a child or parent/guardian is protected by a restraining order or a harassment prevention order, please provide a copy of the current order to Moppets. In addition, if there are ongoing, contentious legal proceedings regarding divorce and/or custody of the children in our care, please ensure that Moppets is notified accordingly, to ensure the safety of the children in our care.** Each person authorized to pick up your child, including parents, must produce a valid picture ID before any child will be released. There are no exceptions. Children may not walk home from Moppets unsupervised, nor are they permitted to take public transportation, including a bus, a van, a taxi, or any other paid transportation (as required by DEEC Transportation Plan and Authorization).

| Emergency Contacts (list in order to be contacted) | | |
|--|-------------|--|
| Parent/Guardian 1: | First Name: | Last Name: |
| | Cell Phone: | Secondary Phone: |
| Parent/Guardian 2: | First Name: | Last Name: |
| | Cell Phone: | Secondary Phone: |
| Additional Contact 1 | | |
| Relationship: | | Name: |
| Phone: | | Authorized to pick up child (<i>circle one</i>): Yes / No |
| Additional Contact 2 | | |
| Relationship: | | Name: |
| Phone: | | Authorized to pick up child (<i>circle one</i>): Yes / No |
| Additional Contact 3 | | |
| Relationship: | | Name: |
| Phone: | | Authorized to pick up child (<i>circle one</i>): Yes / No |

My signature below indicates that I have read and consent to all the above information and it is complete and correct to the best of my knowledge

Signature

Date



PARENTAL AGREEMENT & CONSENT FORM

Child's Full Name: _____

| <u>Terms</u> | <u>Initials</u> |
|--|------------------------|
| <u>General Information:</u> Our hours of operation are Monday through Friday from 7:30 AM-5:30 PM. Moppets is closed on most Federal and State holidays. Please see our School Calendar on our website for specific dates for this school year. | |
| <u>Daily Schedule:</u> The daily schedule is posted in each room and can be provided to you at the front office. Daily schedules will contain specific times of events in your child's classroom for that day. | |
| <u>Open Door Policy:</u> You understand that Moppets has an open-door policy and that you are encouraged to drop by at any time to observe your child, participate in the daily activities of the classroom or just visit. <i>And because it is so important, we say again...Parent visits are ALWAYS welcome at any time with or without notice!</i> | |
| <u>Outdoor Play:</u> Except during inclement weather, children play outside daily. You understand that you are responsible for providing appropriate, <u>labeled</u> clothing for outdoor play. Further, <i>you understand that if your child is too ill to play outside, he or she will not attend school.</i> | |
| <u>Sunscreen/Bug Spray:</u> You give permission to Moppets' Staff to apply both sunscreen and bug spray to your child. This permission applies unless your child has an allergy or reaction to these topicals. If so, you will list the allergy or reaction on the medical information sheet of this enrollment application. Parents are responsible for supplying sunblock and bug spray for their child. | |
| <u>Permission to Swim in Onsite Pool:</u> You give permission for your child to swim in the onsite swimming pool. You understand that teachers will use their best supervision to ensure that your child is safe. You understand that it is your responsibility to provide a life preserver. All children must be fully potty-trained (accident free for 2 weeks) to swim in the pool. | |
| <u>Accident Reports:</u> You understand that in the event of an accident or injury THAT REQUIRES MORE THAN A HUG to resolve, you will be offered an accident report which details the cause and conclusion of the accident or injury. If a child has an injury or accident that requires only a hug to resolve, the parent will be notified just verbally. Any accident which leaves broken skin or bumps will require an accident report to inform the parent. SEE OUR HEALTHCARE POLICIES IN THE OFFICE FOR FULL DETAILS. | |



Vaccinations/Immunizations: Moppets follows Massachusetts state requirements regarding vaccinations/immunizations. More specifically, no student shall attend Moppets without a certificate of immunization documenting that the child has been successfully immunized in accordance with current Massachusetts Department of Public Health required immunization schedules. This requirement shall not apply where the parent/guardian of the child meets the standards for a medical or religious exemption, accompanied by the appropriate documentation supporting the reason for the exemption, as recognized by Massachusetts law.

If your child meets the standard for a medical exemption, you must provide Moppets with medical documentation, signed by your child's physician outlining the exact reason for the medical exemption. This documentation will be required to be updated on an annual basis.

If you are seeking a religious exemption to the vaccination/immunization requirements, you must provide Moppets a written statement citing the fact that immunizations/vaccinations conflict with your sincere religious beliefs.

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 personal use only of these photos, and they may not be disseminated for any reason.

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

Moppets does not post photographs of children on any social media platforms, including but not limited to, Facebook, Instagram, Snapchat, LinkedIn, etc.

| | |
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| <p><u>Drop Off & Pick Up Safety:</u> 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. Please do not let your child run around the building or exit the building without you.</p> <p>It is your responsibility to escort your child to the appropriate location, whether the classroom, the pool or the playground. Please familiarize yourself with the classroom schedule.</p> | |
| <p><u>Health Care Policies:</u> Our complete Center and Health Care Policies are posted in the office.</p> | |
| <p><u>Sick Policy:</u></p> <p>Any child exhibiting symptoms of illness, including, but not limited to:</p> <ul style="list-style-type: none"> • Vomiting more than 2 times in a 24-hour period • Diarrhea more than 2 times in a 2-hour period • Persistent Cough, that impacts the ability to participate in classroom activities. • Green nasal discharge • Symptoms of any known virus. <p>OR</p> <ul style="list-style-type: none"> • A fever of greater than 100.4 degrees <p>Children must be kept home for 24 hours after the symptoms have resolved without fever reducing medication</p> <p>All children exhibiting these symptoms must be picked up ASAP and within 60 minutes of calling.</p> <p>No credits are refunds are issued for those subjected to health-related quarantines or days a child is out sick.</p> <p>If center sick policies are not followed, Moppets has the right to terminate childcare services.</p> | |



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| <p><u>Flu Policy:</u> After a flu diagnosis, a child's return to school is only allowed in the following manner:</p> <p>(A) Return to school with a confirmed diagnosis and doctor's release (Moppets to verify using parent signed HIPAA Release) and three days fever free without medication: or</p> <p>(B) Return to school five days after fever breaks and symptom-free. This usually will mean seven days from the time fever is noticed (whether at school or home). The CDC quite clearly states that children can remain infectious for up to 5 days after fever breaks. See CDC.GOV and search Influenza A. In conjunction with our Health Care Consultant and CDC Guidelines this policy and options for compliance were developed.</p> | |
| <p><u>COVID-19 Policy:</u> We follow all CDC recommendations regarding COVID-19. Children that are exposed to the virus are required to test per CDC guidelines. In the event of a COVID-19 case at the center parents will be contacted immediately with guidance to quarantine and/or test. No credits are refunds are issued for those subjected to COVID-19 quarantines. If your child or anyone in your household is showing symptoms, we will require you follow all current CDC guidelines at that time.</p> | |
| <p><u>Authorization to Obtain Medical Information & Administer Medication:</u> 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. During flu season we may ask for HIPPA release to verify flu results. 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 Epi-pens 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. The first dose of a medication is not permitted without written consent.</p> | |

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| <p><u>SIDS Risk Reduction:</u> 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.</p> | |
| <p><u>Emergency Evacuation:</u> You are responsible for familiarizing yourself with our emergency evacuation policy and protocol. It is posted in the front office. A copy can be made available to you upon request.</p> | |
| <p><u>Parent Provided Material and Equipment:</u> Based upon the age of your child(ren), you are responsible for providing the following:</p> <p><u>Younger Infants</u> (up to 12 months) – Formula or breast milk, pacifier (if used), bottles, sleep sack, baby food, special diet items, special diapers and/or wipes, extra clothing (2 complete sets).</p> <p><u>Older Infants</u> (12-15 months) – Formula or breast milk, baby food, special diet, special diapers and/or wipes, extra clothing (2 complete sets), a sleeping bag and pillow.</p> <p><u>Toddlers</u> (15 months-33 months) – Special diet, special diapers and/or wipes, extra clothing (2 complete sets) and a sleeping bag and pillow for rest period.</p> <p><u>PS/Pre-K</u> (33 months and up) – Special diet, extra clothing (1 complete set), and a sleeping bag and pillow for rest period. Summer – a PFD, bathing suit, swim shoes and a towel.</p> <p>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 \$50.00 to your account.</p> <p>Children must be dressed each day in weather appropriate clothing and season appropriate footwear. Once walking, ALL children are required to wear shoes.</p> <p>Children are not permitted to wear jewelry of any kind to school.</p> | |

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| <p><u>Closures:</u> 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, we will add a late fee of \$8 per minute to your account.</p> <p>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 or illness outbreaks. In the event of unforeseen closures, parents are responsible for full tuition, without offset or reduction.</p> <p>We typically follow the Woburn Public school system regarding winter storm closures. If they close, please plan that we will do the same. There may be exceptions and parents will be e-mailed if this occurs.</p> | |
| <p><u>Pre-Kindergarten Program:</u> 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 Pre-K as a prerequisite to enrolling your child in Kindergarten, however, you should verify the Kindergarten requirement with your hometown or city.</p> | |
| <p><u>Potty-Training:</u> A child is considered potty-trained when they are accident-free in underwear for two weeks. Please see our detailed potty-training policy contained in this enrollment package.</p> | |
| <p><u>Transition for New Students:</u> 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.</p> | |
| <p><u>Office Staff:</u> Office Staff will try to be available for short conversations during your pick-up or drop-off, but this is not always possible. 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.</p> | |
| <p><u>Volunteers and Student Teaching:</u> This center does not allow volunteers or student teaching.</p> | |
| <p><u>EEC Contact Information:</u> If you have any questions or concerns, EEC's contact information is as follows: Lawrence Office, 978-681-9684. Our licenser is Susanna Hall.</p> | |

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|---|--|
| <p><u>Optional Toothbrushing Supervision:</u> MOPPETS fee for tooth brushing supervision/assistance is \$2 per day of service. Please circle one option:</p> <p>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.</p> <p style="text-align: center;">OR</p> <p>I DO NOT want my child to brush his/her teeth at MOPPETS</p> | |
| <p><u>Withdrawal:</u> Should you choose to remove your child from the center, you are required to provide six weeks written notice. This requirement is without offset or reduction. Should a parent withdraw a child from MOPPETS we will not reenroll the child.</p> | |
| <p><u>Summer-time Reduction of Schedules:</u> Between July 1 and August 30 each year, we permit families to reduce to a part-time schedule. All summer schedule changes must be for a minimum of 6 weeks, and we must receive a 6 week notice of schedule change. Part-time spaces first come, first serve, and limited to center availability.</p> <p>To hold a full-time spot at MOPPETS for the fall a two-week deposit is required for Toddlers, PS/PK and we require a four-week deposit for Infants. Deposits are non-refundable.</p> | |
| <p><u>Babysitting:</u> We do allow Moppets staff to babysit <u>outside</u> of operational hours. Operational hours are Monday-Friday 7:30-5:30. Staff cannot leave their shift early to provide private services. Recruitment of staff to use for personal purposes during operational hours is forbidden.</p> <p>Please see our detailed babysitting policy contained in this enrollment package.</p> | |
| <p><u>Transportation Policy:</u> Moppets does NOT transport any of the children in our care.</p> <p>Initial Here By initialing, you agree to drop off and pick up your own child daily via your own private transportation.</p> <p>Children cannot take public transportation, taxi or rideshare services to arrive or depart Moppets property.</p> | |

TERMINATION OF SERVICES – PAGE 1 OF 2

Moppets reserves the right 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.** Moreover, the center reserves the right to seek damages, including unpaid fees, unpaid notices and uncollected fees through a court of competent jurisdiction in the Commonwealth of Massachusetts. These fees include payment for the six-week notice of withdrawal requirement.

1. More than four late pick-ups within any six-month period.
2. More than two 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. Failure to pay late pick-up fees within 24 hours.
8. Failure to follow our sick child policy.
9. Failure to produce DEEC required paperwork.
10. Hiring a Moppets employee for personal services during the operational hours of 7:30-5:30 Monday-Friday.
11. Directing inappropriate or sexual (including flirtation or requests for dates, etc.) comments to any faculty member, especially with children present.

The center may choose to terminate services for any of the below-listed reasons *without notice*. The center reserves the right to seek damages, including unpaid fees, unpaid notices and uncollected fees through a court of competent jurisdiction in the Commonwealth of Massachusetts. This includes payment for the one-month notice of withdrawal requirement.

1. A 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 (This will trigger the notice requirement, and you will be responsible for those fees.)
5. Theft or willful destruction of center property
6. Carrying weapons of any kind on Moppets property.



TERMINATION OF SERVICES – PAGE 2 OF 2

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. These 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 refuses 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.
4. We will provide parent(s) the opportunity to work with the teachers and director to help resolve issues inside and outside of the classroom.
5. Notify you if we believe your child should see a pediatrician for referrals for evaluations, diagnostics or therapeutic services
6. 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 offer one on one care.
7. We will work together with every family to help develop a plan for behavior management at home as well as within the classroom.

My signature below indicates that I have read and consent to all the above information.

Signature

Date

Signature

Date



POTTY TRAINING POLICY

All children must start the potty-training process at home. Once they are using the toilet **successfully** at home, please notify their teachers and we will begin by asking them if they would like to use the toilet here at school. We will offer parent approved rewards for success (M&M's, stickers, marshmallows). We will never not force a child to use the toilet.

Moppets provides diapers in our infant and toddler programs. This includes the toddler/preschool mixed group upstairs. Pull-ups are not allowed in the center unless they have break-a-way sides. If you choose to use pull-ups you must provide your own.

Once a child can do the following tasks, they are ready to be in underwear at school.

1. Has had success using the toilet for **peeing and pooping** at home on a regular basis,
2. Children must be able to pull up and down their own pants and,
3. Must be able to tell a teacher they would like to use the bathroom.

Moppets is taking precautions, we know that accidents are expected during training, - it's a normal part of the learning process. Feces and urine are transmission-based fluids, they need to be contained within the diaper or pull-up, they carry lots of infectious organisms.

When waste material is not contained, sanitation and disinfection policies must go into effect. The method used for cleaning bodily hazards is extensive. Because of this all children that are potty-training and in underwear, after **one accident**, the child is released to diapers for the day to let them relax. If they ask the teacher to use the bathroom, they can but will stay in diapers/or home pull-up for the day. They can try again in underwear the next school day.

To use the pool and receive a pre-school rate, children must be accident-free in underwear for two-weeks and in a pre-school classroom.

THIS IS FOR THE SAFETY OF ALL CHILDREN. ALL CLEANING IS DONE DAILY!

My signature below indicates that I have read and consent to all the above information.

Signature

Date

Signature

Date



PAYMENT POLICY AND AGREEMENT – PAGE 1 OF 2

| | |
|--------------|--------------|
| Parent Name: | Parent Name: |
|--------------|--------------|

☐ Tuition is billed on a WEEKLY basis. Tuition for my child is \$_____

This fee includes up to 10 hours of care per day (7:30-5:30 PM), _____ days per week, as stated on my Deposit Agreement. Weekly fees are due on the Thursday before services are provided. Late fees will be assessed at 5:30 PM on Thursday night.

Late Payment Fee: Tuition is due each Thursday in anticipation of the following week's services. For tuition received after 5:30 PM on Thursday, a \$40 per child, per day, late fee will accrue. For parents who pay their tuition on a weekly basis, this means that tuition paid on a Friday, for one child, will increase by \$40.00. Late fees for weekly tuition payments are applied at 5:30 PM every Thursday that the account remains unpaid. The late fee will accrue whether the center is open. Unfortunately, we are unable to provide care to families who have not paid their tuition or fees.

Late Pick-Up Fee: A fee of \$8 per minute will accrue to your account for each child at the Center after 5:30 PM. These fees are due **before** your child returns to Moppets.

Late Arrival Fee: Since our program is based on a full-day schedule, we expect all children to arrive by 9:15 AM. 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.

Before Care Fee: From September 2nd - June 19th, 2026, we will offer before care from 7-7:30 AM. Pre-Registration is required by Thursday before services are rendered. A daily fee of \$8 for each day registered, per child, regardless of attendance, will apply.

No before care will be offered on the following dates:

December 22nd-January 5th, 2026

February 16th-20th, 2026

April 20th-24th, 2026

PAYMENT POLICY AND AGREEMENT – PAGE 2 OF 2

Returned Check Fee: For each check returned to us unpaid by your bank, for any reason, a fee of \$35 will be added to your account.

Extra Clothing Fee: 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 labeled in indelible ink. **We are not responsible for lost or stolen clothing, toys or other property. To help us accurately identify your child's belongings, please label them using indelible ink.**

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 a fee of \$50.00 will be added to your account.

Holidays & Closures: Moppets does not provide reimbursement for planned or unplanned closures, including but not limited to inclement weather, power outages, construction, health emergencies, governmental closures, etc. On days the center is closed, you are responsible for arranging alternate care for your child(ren). Neither substitution nor compensation will be granted. Please refer to our website for the current list of holidays we are closed.

Absences: When a child is absent for any reason, neither substitution of days nor compensation will be granted. Any time a child is gone for more than two weeks without payment of the regular tuition, outlined above, the child is dropped from the enrollment list and the vacancy is filled. The six-week notice requirement will be triggered and sent out. Moppets reserves the right to deny re-enrollment and collect fees in the Massachusetts Court System.

You understand that you are contracting for a guaranteed slot for your child(ren) to the exclusion of all others and tuition is due and payable whether your child is out due to sickness, holiday closing, weather emergency or vacation. Tuition is our only source of revenue to pay for the operation of our center and for teacher payroll. Prompt payment is necessary and expected.

You understand that you are responsible for familiarizing yourself with our withdrawal notice requirements, outlined in greater detail in our parental agreement and consent form.

My signature below indicates that I have read and consent to all the above information.

Signature

Date

Signature

Date

Unsanctioned Childcare Waiver and Hold Harmless Agreement

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

BOTH PARENTS MUST SIGN BELOW

Moppets' administration does not arrange babysitting services. If you are looking to hire a Moppets employee for work at your home or other off-site property, this arrangement needs to be made between the participating parties.

The undersigned hereby assume all risks associated with an outside social relationship with a Moppets staff member. The undersigned understand that the organization selects and screens its staff members for its own programs. The undersigned understand that the organization can neither anticipate nor control the situations which might arise as a result of allowing a staff member being engaged with minors outside of an approved program. By signing, you understand that the staff member is not a representative of, nor an agent for, Moppets Inc.

Additionally, the undersigned agree to hold harmless, release, defend and indemnify Moppets Inc. and its affiliated organizations and companies, and each of their respective agents, employees, representatives, assigns, officers and directors (each hereinafter a "released party") for any and all liability and/or claims for injury or death to persons or damage to property arising from the outside social relationship with the staff member, including those claims based on any released parties alleged or actual negligence or breach of any express or implied warranty.

The undersigned takes full responsibility for any injury or loss to myself, my spouse, or child(ren), including death, which I, my spouse, or my child(ren) may suffer, arising in whole or in part out of the outside social relationship with the staff member. By signing this release, the undersigned agree not to sue any released party and agree that they are releasing any right to make a claim or file a lawsuit against any released party. The undersigned further agreed to defend and indemnify each released party for any and all claims of the undersigned and/or a third-party arising in whole or in part of the outside social relationship with the staff member. The undersigned agree to pay all costs and attorney's fees incurred by any released party in defending a claim or suit brought.

My signature below indicates that I have read and consent to all the above information.

Signature

Date

Signature

Date