Located in Roslindale
(Address given upon
enrollment)

reignandrootacademy@gmail.com

617-396-0076

ENROLLMENT PACKET

REIGN & ROOT ACADEMY

Enrollment Form

Child & Contact Information

Child Information

Full Name _____ Nickname _____

Place of Birth _____ Date of Birth (DD/MM/YYYY) ____ / ____ / ____

Gender ○ Male ○ Female

Address _____

City _____ Zip Code _____

Primary Language of Child _____

Primary Language of Parents _____

Parent / Guardian Information

Primary Guardian

Full Name _____ Relationship to Child _____

Address (If different from child's) _____

City _____ Zip Code _____

Phone Number _____ E-mail _____

Employer / Work Address _____

Work Phone Number _____

Secondary Guardian (If applicable)

Full Name _____ Relationship to Child _____

Address (If different from child's) _____

City _____ Zip Code _____

Phone Number _____ E-mail _____

Employer / Work Address _____

Work Phone Number _____

Emergency Contact Information

In the event of an emergency when I may not be reached, the Educator may contact the following individuals whom I authorize to take my child from the Reign & Root Academy premises.

Emergency Contact #1

Full Name _____

Relationship to Child _____

Phone Number _____

Emergency Contact #2

Full Name _____

Relationship to Child _____

Phone Number _____

Authorized Pick-Up Persons

Person #1

Full Name _____

Relationship to Child _____

Phone Number _____

Person #2

Full Name _____

Relationship to Child _____

Phone Number _____

Basic Medical Information

This form collects basic medical information for daily care. Additional medical and developmental details will be required in separate forms to ensure we can best support your child's health and safety needs.

Does your child have any known allergies? ○ Yes ○ No
If yes, please specify _____

_____

Does your child take any regular medications? ○ Yes ○ No
If yes, please specify _____

_____

Does your child have any medical conditions we should be aware of? If yes, please explain ○ Yes ○ No _____

_____

Primary Physician's Name _____

Physician's Phone _____

Preferred Hospital/Clinic (if applicable) _____

Health Insurance Provider (If applicable) _____

Special Needs of Additional Information

Development Concerns (If any) _____

Behavioral Concerns or Support Needed _____

Cultural or Religious Considerations _____

Enrollment & Schedule Details

Preferred Start Date _____

Enrollment Type ○ Full Time ○ Part Time

Days of the Week Attending ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Arrival Time / Pick-Up Time _____ / _____

Acknowledgment & Signature

Parent/Guardian

I, the undersigned, hereby certify that all information provided on this registration form is accurate. I have read and understood the policies and procedures of Reign & Root Academy. I agree to comply with the terms and conditions outlined by Reign & Root Academy.

Name _____

Signature _____

Date _____

Office Use Only

Date Received _____

Staff Name _____

Staff Signature _____

Enrollment Confirmed ○ Yes ○ No

Child Development & Background Information Form

Child Basic Information

Full Name _____ Date of Birth (DD/MM/YYYY) ____/____/____

Gender ○ Male ○ Female

Primary Language Spoken at Home _____

Additional Language (If any) _____

Siblings (Names & ages) _____

Eating Habits & Dietary Preferences

Typical Meal Times, Food Eaten, & Portion Size

	Breakfast	Lunch	Dinner	Snack
Time	_____	_____	_____	_____
Food Eaten	_____	_____	_____	_____
Portion Size	_____	_____	_____	_____

Favorite Foods _____

Disliked Foods _____

Dietary Restrictions (allergies, cultural, or personal preferences) _____

_____

Self-feeding Skill ○ Uses utensils ○ Needs assistance ○ Uses fingers

Bottle-feeding Preference (If applicable) _____

Special Characteristics or Difficulties _____

Toilet Habits

Toilet Training Status ○ Fully Trained ○ Not Yet Started ○ In Progress

What type of diapers are used (If applicable)?

☐ Disposable ☐ Cloth Diapers

Is there a frequent occurrence of diaper rash? ○ Yes ○ No

Do you use diaper ointment/cream? ○ Yes ○ No

Toilet Schedule or Routine

Times the child typically uses the bathroom (e.g., After meals, before nap)

_____

Does the child need assistance? (Wiping, handwashing, etc.)

_____

How does your child indicate bathroom needs?

_____

Accidents

Frequency of accidents _____

Known triggers (e.g., Change in routine, anxiety) _____

Daily Routines & Other Habits

Typical Wake-Up Time _____

Typical Bedtime _____

Nap Schedule (if applicable) _____

Sleep-related habits (e.g., pacifier, white noise) _____

Comfort Items (e.g., blanket, toy) _____

Favorite toys or activities _____

Developmental & Social Information

Physical Milestone

Age started

Sitting _____ Walking _____

Crawling _____ Talking _____

Speech & Language

How does your child communicate?

☐ Speaks in full sentences ☐ Uses single words ☐ Uses gestures/signs

When did the child start speaking? _____

How clear is the child's speech?

☐ Easily understood ☐ Difficult to understand ☐ Often mispronounces words

Does the child have any known speech delays or concerns? _____

_____

Is the child currently receiving speech therapy? ○ Yes ○ No

If yes, any specific strategies that need to be followed? _____

_____

How does your child express emotions (e.g., excitement, frustration, fear)?

_____

Any special words/gestures used to describe needs? _____

_____

Social and Emotional Milestone

Previous daycare experience? ○ Yes ○ No

If yes, how was the experience? _____

_____

How does your child handle new environments or transitions? _____

_____

Does your child have any fears or anxieties (e.g., loud noises, separation, darkness)?

Interaction with other children

☐ Shy ☐ Outgoing ☐ Prefers playing alone ☐ Enjoys group play

Does the child show any specific behavioral concerns (e.g., aggression, tantrums, trouble sharing, etc.)?

Specific situations or events that cause stress (e.g., loud noises, new places, being around unfamiliar adults)

Other

Anything that is particularly unique or noteworthy about the child's development?

Any concerns regarding your child's development (Behavior, speech, language, mobility, etc)?

Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc)

Medical Background & History

Any known complications at birth? ○ Yes ○ No
If yes, please explain

Any past or ongoing chronic medical conditions? ○ Yes ○ No
(e.g., asthma, diabetes, epilepsy)

Is the child up to date with vaccinations? ○ Yes ○ No
If no, what vaccines are missed or to be administered in the future?

Does your child have any physical disabilities or limitations? ○ Yes ○ No
If yes, please explain

Does your child require any special accommodations for daily care? If yes, please explain ○ Yes ○ No

_____

_____

Any past allergic reactions? ○ Yes ○ No
If yes, please explain _____

_____

Family history of allergies (if relevant to child's health) _____

_____

_____

If your child has allergies, dietary needs, or medical conditions requiring accommodations, the **Special Needs, Allergy & Dietary Restrictions Form** will also need to be completed for more detailed support.

Acknowledgment & Signature

I confirm that the information provided in this form is accurate and complete to the best of my knowledge. I understand that it is my responsibility to update Reign & Root Academy if there are any significant changes to my child's routine, health, or developmental needs.

Parent/Guardian Name _____

Signature _____

Date _____

Special Needs, Allergy & Dietary Restrictions Form

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Special Needs & Medical Conditions

Please provide details about any diagnosed conditions, medical needs, or special accommodations your child requires while in our care.

(Check all that apply and provide details as needed.)

- ☐ Allergy (Please specify the details in the allergy list section)
- ☐ Asthma
- ☐ Diabetes
- ☐ Seizure Disorder
- ☐ Sensory Processing Issues
- ☐ Speech or Communication Delay
- ☐ Developmental Delay
- ☐ Glasses
- ☐ Hearing Aid/Cochlear Implant
- ☐ Feeding Tube or Dietary Supplements
- ☐ Other _____

Additional notes for any medical condition, symptoms, or accommodations required _____

_____

_____

_____

Allergy & Dietary Restrictions

Please list any allergies (food, environmental, medication) your child has, including its severity and reaction type

Allergy	Severity (mild, moderate, severe)	Reaction (skin rash, swelling, difficulty breathing, etc)

Treatment Plan (e.g., EpiPen, Benadryl) _____

_____

Dietary Restrictions
- ☐ Vegetarian
- ☐ Vegan
- ☐ No Dairy
- ☐ No Nuts
- ☐ Other _____

Foods to Avoid _____

Alternative Foods or Substitutes _____

I, the parent/legal guardian of the above-named child, acknowledge that the information provided in this form is accurate and complete to the best of my knowledge. I understand that it is my responsibility to update Reign & Root Academy with any changes regarding my child's medical needs, allergies, dietary restrictions, or special accommodations.

Parent/Guardian Name _____

Signature _____

Date _____

Physician's Health Report

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

To ensure the well-being and appropriate care of your child at Reign & Reign Academy, please forward this form to your child's healthcare provider for completion.

Physician's Report & Health Examination Form

General Health Status

☐ Child is in good health and can participate in all daycare activities.

☐ Child has medical conditions that require special attention (describe below).

Information on allergies, special diets, chronic health conditions, special limitations, concerns _____

_____

_____

_____

_____

Medications Required During Program Hours

- Medication Name _____
- Dosage & Administration Instructions _____
- Special Storage Requirements

  ○ No ○ Yes, please specify _____

Immunization Record (Attach a copy of immunization records or complete below)

☐ Immunization record attached

☐ Child is up to date on required immunizations

☐ Exemption due to medical reasons (explain) _____

Physical & Developmental Milestones

- Height _____ in/cm. Weight _____ lbs/kg
- Motor Skills ○ Age-appropriate ○ Needs Monitoring
- Speech & Language ○ Age-appropriate ○ Needs Monitoring
- Cognitive Development ○ Age-appropriate ○ Needs Monitoring

Physician's Information

Physician's Name _____

Medical Practice/Clinic Name _____

Address _____

Phone Number _____

License Number _____

Name _____

Signature _____

Date _____

Emergency Contact List

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Emergency Contacts

Emergency Contact #1

Full Name _____ Relationship to Child _____

Address _____

City _____ Zip Code _____

Phone Number _____ E-mail _____

Emergency Contact #2

Full Name _____ Relationship to Child _____

Address _____

City _____ Zip Code _____

Phone Number _____ E-mail _____

I understand that the individuals listed above will be contacted in case of an emergency if I cannot be reached. I confirm that these individuals are aware that they have been designated as emergency contacts and are authorized to respond accordingly.

I acknowledge that it is my responsibility to keep this information accurate and up to date. I agree to inform Reign & Root Academy immediately if there are any changes to my emergency contact list.

Parent/Guardian Name _____

Signature _____

Date _____

Authorized Pick-Up List

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Individuals Authorized to Pick Up Child

These individuals will be allowed to pick up your child. They must present valid identification.

Person #1

Full Name _____

Relationship to Child _____

Phone Number _____

Person #2

Full Name _____

Relationship to Child _____

Phone Number _____

Person #3

Full Name _____

Relationship to Child _____

Phone Number _____

Person #4

Full Name _____

Relationship to Child _____

Phone Number _____

I, the parent/legal guardian of the above-named child, agree that:

- If someone not listed above needs to pick up my child, I will provide written consent and notify Reign & Root Academy in advance.
- My child will not be released to any individual who is not on this list unless I provide direct authorization.
- All authorized individuals must provide a valid photo ID upon pick-up.

Parent/Guardian Name _____

Signature _____

Date _____

General Consent Form

Activities & Routine Transportation

Child's Name _____

Date of Birth _____ /_____ /_____
(DD/MM/YYYY)

Permission for Daycare Activities and Transportation

Program Activities Participation

I give permission for my child to participate in all daily activities at Reign & Root Academy, including indoor and outdoor play, educational programs, and creative activities. I understand that all activities are supervised, and every effort is made to ensure my child's safety.

Basic Transportation Authorization

I authorize Reign & Root Academy to transport my child for routine program-related enrichment purposes, including but not limited to:

- Scheduled Field Trips (Detailed information will be given to parents).
- Short-distance outings within the local area.
- Emergency evacuations if needed.

I acknowledge that all transportation will be conducted following safety regulations, and I will be notified in advance for any non-emergency trips.

Parent/Guardian Name _____

Signature _____

Date _____

Medical & Emergency Consent Form

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Emergency Medical Treatment

I, the parent/legal guardian of the above-named child, authorize Reign & Root Academy to seek emergency medical care, including transportation by emergency services, in the event of an illness or injury while in their care.
I consent to the administration of first aid by Reign & Root Academy staff and understand that every effort will be made to contact me or the emergency contacts listed. In case I cannot be reached, I authorize medical personnel to provide necessary treatment as deemed appropriate.

Preferred Hospital/Clinic (if any) _____

Primary Physician's Name _____

Physician's Phone _____

Health Insurance Provider _____

Policy Number _____

Does your child have any life-threatening allergies? ○ Yes ○ No
If yes, please explain _____

_____

Does your child carry emergency medication? (Check all that apply)

- ☐ EpiPen
- ☐ Inhaler
- ☐ Antihistamine (e.g., Benadryl)
- ☐ Other, please specify _____

_____

Administration of Medication Consent

☐ I give permission for Reign & Root Academy to administer prescribed or over-the-counter medication to my child as needed, following the provided instructions.

☐ I do NOT give permission for my child to receive any medication while at daycare.

If permitted, please complete the separate **Medication Authorization Form** to provide detailed information on any medications your child may need, including dosage instructions and administration guidelines

Emergency Contact Information

Other than parents or guardians

Emergency Contact #1

Full Name _____

Relationship to Child _____

Phone Number _____

Emergency Contact #2

Full Name _____

Relationship to Child _____

Phone Number _____

Parent/Guardian Authorization & Signature

I certify that the information provided is accurate and that I understand this consent form allows Reign & Root Academy to act in my child's best interest in case of an emergency.

Parent/Guardian Name _____

Signature _____

Date _____

Medication Authorization Form

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Over-the-Counter Medication

Parents must supply the following medications, each of which should be in the original container and clearly labeled with the child's name.

Medication #1

Medication Name _____

Dosage _____

Time(s) to Administer _____

Start Date / End Date _____

Reason for Use _____

Possible Side Effects _____

Special Instructions _____

Medication #2

Medication Name _____

Dosage _____

Time(s) to Administer _____

Start Date / End Date _____

Reason for Use _____

Possible Side Effects _____

Special Instructions _____

Prescription Medication

Parents must supply the following medications, each of which should be in the original container and clearly labeled with the child's name.

Medication #1

Medication Name _____

Dosage _____

Time(s) to Administer _____

Start Date / End Date _____

Reason for Use _____

Possible Side Effects _____

Special Instructions _____

Prescribing Doctor's Name _____

Doctor's Contact Number _____

Medication #2

Medication Name _____

Dosage _____

Time(s) to Administer _____

Start Date / End Date _____

Reason for Use _____

Possible Side Effects _____

Special Instructions _____

Prescribing Doctor's Name _____

Doctor's Contact Number _____

Topical Care Products Consent Form

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Permission to Apply Topical Products

I, the parent/legal guardian of the above-named child, give permission for the staff at Reign & Root Academy to apply the following topical products to my child as needed during care hours. I understand that staff will follow product instructions and apply only as directed.

Select Approved Items (Check all that apply)

Outdoor Protection

- ☐ Sunscreen – Protects against sun exposure during outdoor activities.
- ☐ Insect Repellent – Prevents bug bites during outdoor play.

Diapering & Personal Care

- ☐ Diaper Ointment/Cream – Prevents or treats diaper rash.
- ☐ Baby Wipes – Used for diaper changes and general hygiene.
- ☐ Lotion – Used to prevent dry skin.

Other Topical Products

- ☐ Lip Balm – Protects against dry or chapped lips.
- ☐ Hand Sanitizer – Used when handwashing is not immediately available.

For each approved product, please provide the product name, application instructions, and any special considerations in the next section.

Product Information & Instructions

Product	Provided by Parent/Guardian	Brand Provided	Special Application Instructions	Known Allergies or Sensitivities
Sunscreen	Y / N			
Insect Repellent	Y / N			
Diaper Ointment/Cream	Y / N			
Baby Wipes	Y / N			
Lotion	Y / N			
Lip Balm	Y / N			
Hand Sanitizer	Y / N			
Display in Website	Y / N			
Other:	Y / N			

I understand that staff will use the selected products as needed and according to my instructions (if any, otherwise use as product instructions). I acknowledge that it is my responsibility to inform Reign & Root Academy of any allergies or sensitivities my child may have.

Parent/Guardian Name _____

Signature _____

Date _____

Photo & Media Release Form

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Photos/Videos Usage

Documenting Reign & Root Academy's activities is a part of our program. From time to time your child's picture may be taken for educational or promotional purposes.

Purpose	Accept	Decline
Permission for Internal Use *– Allows the use of photos within the RR Academy setting.*		
Display in Personal Scrapbook	☐	☐
Display in Facility Scrapbook	☐	☐
Display in Newsletters	☐	☐
Used as Class Displays	☐	☐
Share with current parents/guardians	☐	☐
Permission for Public Use *– Approves the use of child's images for public promotion.*		
Promotional Print Materials	☐	☐
Social Media Posts	☐	☐
Display in Website	☐	☐
Other:	☐	☐

Parent/Guardian Authorization & Signature

I, the parent/legal guardian of the above-named child, hereby give permission for Reign & Root Academy to use photographs or videos of my child for the purposes I have marked as "accepted".

I acknowledge that I have read and understand the photo release statement provided by Reign & Root Academy.

I understand that I have the right to revoke this consent or withdraw my authorization for any of the mentioned uses at any time by notifying Reign & Root Academy in writing.

Parent/Guardian Name _____

Signature _____

Date _____

Technology & Screen Time Consent Form

Child's Name _____

Date of Birth _____ /_____ /_____
(DD/MM/YYYY)

Permission for Educational Screen Time

I, the parent/legal guardian of the above-named child, give permission for my child, to participate in limited, supervised screen time activities that are educational in nature.

This may include:

- Age-appropriate learning videos
- Interactive educational games
- Virtual storytime or reading programs
- Teacher-led instructional content

I understand that screen time will be limited and incorporated into the daily schedule as an enhancement to learning.

○ Yes, I give permission
○ No, I do not give permission

Device Usage Guidelines

I acknowledge and agree to the following guidelines regarding the use of electronic devices:

- My child may use program-provided devices under supervision for educational purposes.
- Any internet access will be restricted to child-friendly, approved educational content.
- Personal devices from home (e.g., tablets, smartwatches, gaming devices) are:

○ Allowed (under supervision)
⊗ Not allowed

Recreational Screen Time

I understand that occasional recreational screen time may be included for special activities such as:

- Age-appropriate movie days
- Music and movement videos
- Digital art or creative apps

○ Yes, I allow my child to participate in limited recreational screen time
○ No, I do not allow my child to participate in recreational screen time

Additional Notes or Parent/Guardian Preferences

_____

_____

_____

Parent/Guardian Name _____

Signature _____

Date _____

Tuition Agreement & Fee Schedule

Child's Name _____

Date of Birth _____/_____/_____
(DD/MM/YYYY)

Program Enrollment and Payment

Program Enrollment

- ☐ Full-Time Care ([Monday – Friday, 8:00 AM – 3:00 PM])
- ☐ Part-Time Care ([2 day or 3 day option based on availability - 8:00 AM - 3:00 PM])
- ☐ Stay & Play 3:00 PM - 4:00 PM ([Only offered on child's scheduled enrollment days and is based on availability.)]

Tuition Fee

- Weekly Tuition Rate: $285 per week
- Due Date: Every **Thursday by 12:00 PM**
- Late Payment Fee: $25 per day after Friday
- Registration Fee: $75 (One-time, non-refundable)
- Deposit Amount: $285 (Equivalent to one week's tuition, applied to last payment)
- Part Time: **2 days** - $114/ week and **3 days** - $171/ week
- Stay & Play: No Extra Charge

** *Private Pay families deposit must pay an amount of 2 weeks of care (this will be applied to the last 2 weeks of care.*

Payment Method Accepted

- ☐ Venmo
- ☐ Zelle _____
- ☐ Square Invoice
- ☐ Other

Late Payment & Withdrawal Policy

Late Payment & Withdrawal Policy

- Payments must be made on or before the due date.
- If payment is not received by Friday, 12:00 PM, a $25 late fee per day will apply.
- If tuition is ***3 days***, childcare services will be suspended until the balance is paid.
- A two-week written notice is required for withdrawal. Tuition will still be charged during this period.

Returned Payments

- A $35 fee will be charged for any returned checks or failed auto-draft payments.
- After two returned payments, only cash or money orders will be accepted.

By signing below, I acknowledge and agree to the payment terms outlined above.

Parent/Guardian Name _____

Signature _____

Date _____

Payment Authorization Form

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Payment Method

- ☐ Venmo
- ☐ Zelle
- ☐ Square Invoice
- ☐ Other _____

Auto-Draft Authorization (If Applicable)

I authorize Reign & Root Academy to automatically withdraw my child's tuition from the account below:

Bank Account (ACH Withdrawal)

Name on Account _____

Bank Name _____

Routing Number _____

Account Number _____

By signing below, I, the parent/legal guardian of the above-named child, agree to the terms of automatic payment processing and understand that all charges are non-refundable unless otherwise specified in the daycare's refund policy.

Parent/Guardian Name _____ Staff Name _____

Signature _____ Signature _____

Date _____ Date _____

Refund or Withdrawal Request Form

Child's Name _____

Date of Birth _____ / _____ / _____
(DD/MM/YYYY)

Withdrawal Information

Date of Request _____ / _____ / _____
(DD/MM/YYYY)

Last Date of Attendance _____ / _____ / _____
(DD/MM/YYYY)

Reasons for Withdrawal

- ☐ Moving
- ☐ Financial Reasons
- ☐ Dissatisfaction with Services
- ☐ Other _____

Refund Policy Acknowledgment

I, the parent/legal guardian of the above-named child, confirm my request for withdrawal and acknowledge Reign & Root Academy's refund policy as below:

- Tuition is non-refundable.
- Registration and supply fees are non-refundable.

Parent/Guardian Name	_____	Staff Name	_____
Signature	_____	Signature	_____
Date	_____	Date	_____

Reign & Root Academy Contract

Parent/Guardian - Provider

This Reign & Root Academy Contract (the "Agreement") is made and entered into as of the date of signature by and between:
Reign & Root Academy ("Danielle Eddins"), located at 100 Annafran Street Roslindale, MA 02131, and
Parent/Guardian Name(s): [Parent/Guardian Name(s)] ("_____"), the parent(s)/legal guardian(s) of [Child's Name] ("_____").

By signing this agreement, both parties acknowledge and agree to abide by the terms outlined below.

Childcare Services

The Child will be enrolled in the daycare program starting: _____

Care will be provided on the following days and hours:

- Days of Attendance: MON TUES WED THUR FRI
- Arrival / Pick-up Time: 8:00 AM/ 3:00 PM Stay & Play: 4:00 PM
- Program Type: FT PT

Additional care outside expected hours must be pre-arranged and may incur additional fees. Parent/Guardian agrees to notify the Provider in advance of any planned absences or schedule changes.

Tuition & Fees

- The agreed-upon tuition fee is $_____ per Week.
- Stay & Play Fee is $25 per Week.
- Payments are due on Thursdays. Late payments will incur a fee of $25
- Accepted payment methods: Zelle, Square Invoice, Venmo, ACH Deposit.
- Non-payment for 3 days may result in suspension or termination of childcare services.
- Returned checks will be subject to a $15 fee.
- Late Pick-Up Fee: $1 per 1 after scheduled pick-up time

TOTAL TUITION: $_____

Tuition is required regardless of absences, holidays, or closures due to unforeseen circumstances (e.g., weather-related closures).

The Parent/Guardian shall be responsible for any and all fees, which may be charged by the bank, with regards to any check returned for non-sufficient funds or any payment declined due to lack of funds or credit available.

Enrollment & Withdrawal

A non-refundable registration fee of $75 is required upon enrollment.
Parent/Guardian must provide a 2-week written notice before withdrawing their child from the Reign & Root Academy.

Attendance & Absence

Regular attendance is expected. Parent/Guardian must notify Reign & Root Academy by 8:00 AM if their child will be absent.

Extended absences of more than 2 consecutive days without notice may result in termination of this contract.

Health & Safety

- Parent/Guardian must submit up-to-date immunization records prior to enrollment.
- Parent/Guardian must notify the Provider if the Child is ill and will not attend daycare.
- Children showing signs of illness (fever, vomiting, contagious conditions) must remain at home until symptom-free for 24 hours.
- The Provider reserves the right to refuse care to a sick child to prevent the spread of illness.
- In case of an emergency, every effort will be made to contact the Parent/Guardian immediately.
- If necessary, emergency medical treatment will be sought as per the Medical & Emergency Consent Form.
- Children can only be picked up by their parent/guardian or an individual that has previously been authorized by the parent/guardian and registered on the Authorized Pick-up List.

Discipline & Behavior Management

Reign & Root Academy uses positive reinforcement and redirection for behavior management. Unacceptable behaviors include, but are not limited to:

- Aggressive behavior (biting, hitting, kicking)
- Disruptive conduct
- Persistent defiance of daycare rules

Repeated behavior issues may result in a parent conference, behavioral support plan, or, in extreme cases, termination of care if the safety of the child, other children in the program and/or educator are at

Meals & Nutrition

- Meals and snacks provided will meet nutritional standards.
- Parents must notify RRA of any food allergies or dietary restrictions.
- Outside food is Not Allowed unless approved for medical or religious reasons.

Personal Items & Dress Code

- The Parent/Guardian must provide: change of clothes, pull-ups, etc.
- Reign & Root Academy is not responsible for lost or damaged personal items.
- Children should be dressed in appropriate, comfortable clothing. No crocs or open-toe shoes.

Photo & Video Consent

Reign & Root Academy does take photos/videos of children for educational or promotional purposes. A separate Photo & Video Release Form must be signed by the Parent/Guardian.

Communication

Parent/Guardian agrees to maintain open and regular communication with the Provider regarding the Child's needs, updates, and any changes in scheduling or important information. The Provider will also provide regular updates and reports on the Child's progress and activities.

Termination of Contract

Either party may terminate this agreement with 14 days' written notice.
The Provider may terminate this contract immediately if policies are violated or tuition is unpaid.
No refunds will be given for early withdrawal unless otherwise agreed upon.

Governing Law

This Contract shall be governed by and construed in accordance with the laws of Massachusetts. Any disputes arising out of or in connection with this Contract shall be resolved through negotiation or, if necessary, through legal proceedings in the courts of the Commonwealth of Massachusetts.

Agreement Acknowledgment

By signing below, the Parent/Guardian acknowledges that they have read, understood, and agree to abide by the policies and terms outlined in this contract and documents specifically incorporated herein by reference.

Parent/Guardian Name _____ Parent/Guardian Name _____

Signature _____ Signature _____

Date _____ Date _____

Daycare Representative Name _____

Signature _____

Date _____

Parent/Guardian Acknowledgment of Forms Received

Child's Name _____

Date of Enrollment _____/_____/_____
(DD/MM/YYYY)

Acknowledgment of Forms

As a parent/guardian enrolling my child at Reign & Root Academy, I acknowledge that I have received, reviewed, and completed the following required forms and documents:

Enrollment & Child Information Forms	
☐	Enrollment Form - Child & Contact Information
☐	Child Development & Background Information Form
☐	Special Needs, Allergy & Dietary Restrictions Form
☐	Emergency Contact List
☐	Authorized Pick-Up List
Consent & Authorization Forms	
☐	General Consent Form - Activities & Routine Transportation
☐	Medical & Emergency Consent Form & Medication Authorization Form
☐	Topical Care Products Consent Form
☐	Photo & Media Release Form
☐	Technology & Screen Time Consent Form
Parent-Provider Agreements	
☐	Parent Handbook (Policies & Procedures)
☐	Daycare Contract (Terms of Enrollment)
☐	Tuition Agreement and Fee Schedule & Payment Authorization Form
Additional Documents Provided (If Applicable)	
☐	Physician's Health Report
☐	Immunization Records
☐	Refund or Withdrawal Request Form

Parent/Guardian Name _____ Staff Name _____

Signature _____ Signature _____

Date _____ Date _____