

Main Fax Number: 978-928-1142

Gardner Fax Number: 978-632-1716

Child's Name: _____

Return package with this form by:

Location: _____



Dear Families,

To better assist you with paperwork and items your child will need on their first day/every day, we have provided a checklist to help with the enrollment process.

<i>The following must be brought in a minimum of two days prior to enrollment: (Please refer to forms in your enrollment package)</i>
___ Registration form/fee
___ 1 st weeks tuition payment
___ Tuition Express/Voided Check (pg.1) WE DO NOT ACCEPT CREDIT CARDS
___ Voucher Responsibility form
___ Enrollment forms (pg. 2-3)
___ Developmental history (pg. 4-7)
___ An updated physical form from your child's physician (within the past year)
___ A list of current immunizations
___ A current lead test
___ 1 st aid/Emergency form (pg.8)
___ Transportation form (pg. 9)
___ Individual Health Care Plan (for any chronic illness (ex: asthma, allergies)
___ General permission form (pg. 11)
___ Emergency card form (pg. 12)
___ Parent handbook & Tuition Agreement (pg. 13)
___ Holiday closings (pg. 14) <i>Please keep this pg.</i>
___ Any court documents related to your child (ex: custody agreements, restraining orders)

On your child's first day of school, he/she will need the following items: <i>(Your child will need these items every day at school. Ensure you label all your child's belongings.)</i>
<i>Send your child to school every day dressed to make messes and MEMORIES, both inside the classroom and out!!</i>
___ A full set of seasonal extra clothes (tops, pants, socks, underwear).
___ A pair of indoor shoes or slippers to change into upon arrival
___ A crib sheet (to be used as a mat covering) , blanket, and small pillow for rest time. Please provide both in a small storage bag.
___ A lunch, snack, and drinks. We have a snack mid-morning and another mid-afternoon. (Send all food items in a labeled lunchbox with an icepack). **Please no candy or soda**
<i>In addition to the items listed above Infants and toddlers should also bring the following labeled items:</i>
___ An additional set of extra clothing
___ Diapers/pull-ups and wipes
___ Diaper Rash ointment (If needed)
___ Ready-made bottles (daily- one for each feeding) , formula or breast milk
___ Pacifier (if needed)
** Please do not send toys from home to school** (A small stuffed animal for nap/comfort is ok, for children 15 months and ^)

123 GROW USE ONLY:

___ Face Sheet ___ Tuition Express ___ Voucher Responsibility ___ Tuition/Registration ___ Registration Form

The Commonwealth of Massachusetts Department of Early Education and Care

Child's Enrollment Form

Start Date: _____ Weekly Fee: _____

Infant * Toddler * Preschool * School age

(Please circle days of attendance) M T W TH F from _____ to _____

Child's Information

Child's Name: _____ Date of Birth: _____

Age at time of Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Height: _____ Weight: _____ Sex: _____

Parent/Guardian Information

Parent/Guardian Name: _____ **Relationship to Child:** _____

Parent's Home Address: _____

Reachable Phone Number: _____

E-mail Address: _____

Business Name: _____

Parent/Guardian Name: _____ **Relationship to Child:** _____

Parent's Home Address: _____

Reachable Phone Number: _____

E-mail Address: _____

Additional Information:

Child's Physician: _____

Address: _____ Phone Number: _____

Does your child have any allergies, restrictions or special diets? _____ If yes, please explain _____

Does your child have a chronic health condition which requires an Individual Health Plan? _____
If yes, please explain and attach with this form. _____

Are there any custody agreements, restraining orders, court orders pertaining to the child? _____
If yes, please explain and attach with this form. _____

Any special limitations or concerns? _____ If yes, please explain _____

Parent/Guardian Signature

Date

School Age Only:

Current School _____ Phone Number _____

School Address _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/ Guardian Initials:** _____

The Commonwealth of Massachusetts
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ Date of Birth: _____

Please provide information for Infant and Toddlers (marked *) as appropriate to the age of your child.

Developmental History:

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull themselves up? _____ *Crawl? _____ *Walk with support? _____

Walk independently? _____ Does your child use a pacifier or suck thumb? _____

If so, when? _____

Does your child have a "fussy" time? _____ If so, when? _____

_____ How do you handle this time?

Any speech difficulties? _____

Special words to describe needs? _____

Language(s) spoken at home _____

Health:

Any known complications at birth? _____

Has your child had any serious illnesses or hospitalizations? _____ If yes, please explain _____

Does your child have any serious physical conditions or disabilities? _____ If yes, please explain _____

Does your child have any allergies? _____ If yes, please explain _____

Does your child take any regular medications? _____ If yes, please explain _____

Eating Habits:

Special Characteristics: _____

If infant using formula, please describe its preparation in detail _____

Favorite foods _____

Foods refused _____

* Is your child fed held in lap? _____ High Chair? _____ Booster Seat? _____

Does your child use a spoon? _____ Fork? _____ Hands? _____

Toileting Habits:

* Are disposable or cloth diapers used? _____

* Do you use powder? _____ cream? _____ lotion? _____ other _____

* Are bowel movements regular? _____ How many per day? _____

Any frequency of diaper rash? _____

Any problems with diarrhea? _____ constipation? _____

Has toilet training been attempted? _____

If so, please indicate any special procedure to be used for your child while at the center _____

At home, does your child use potty chair? _____ regular toilet? _____

How might your child indicate bathroom needs (include any special words)? _____

Is your child ever reluctant to use the bathroom? _____ If yes, please explain _____

Does your child have accidents? _____ If yes, please explain _____

Sleeping Habits:

* Does your child sleep in a crib? _____ their own bed? _____parent’s bed? _____

Does your child become tired or nap during the day? _____

If yes, indicate what time and how long?_____

What time does your child go to bed at night?_____

What time does your child wake up in the morning?_____

Please describe any special characteristics or needs (special blankets, stuffed animals, waking mood, etc)_____

Please note: that the American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on their back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child’s sleeping position with their caregiver.

Social Relationships:

How would you describe your child? _____

Has your child had any previous experience with other children/child care? _____

What is their reaction to strangers? _____

Is your child able to play alone easily? _____

What are his/her favorite activities? _____

Does your child have any fears (animals, bugs, the dark, etc.)? _____

How do you comfort your child when they are upset? _____

What is the method of behavior management used at home? _____

What would you like your child to gain from this childcare experience? _____

Daily Schedule:

Please describe your child's daily schedule (for a typical day) _____

Is there anything else we should know about your child? _____

Parent signature

Date

THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Parent/Guardian Signature:

Date:

Individual Health Care Plan

(The plan must be renewed annually or when the child's condition changes)

A licensee must have an individualized health care plan for any child who has been diagnosed with a chronic medical condition, including but not limited to a condition that may require an emergency response or ongoing, long-term administration of health care procedures. Examples of common conditions that require an individualized health care plan include, but are not limited to: • asthma • epilepsy • diabetes • serious allergies • anaphylaxis • physical disabilities • ADD/ADHD

Name of child:	Date of Birth:
Name of Chronic Health Condition:	
Description of Chronic Health Condition:	
Symptoms:	
Medical Treatment necessary while in the program:	
Who has been trained and will be administering this treatment while the child is at the program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	

Name and Phone Number of Licensed Health Care Practitioner (Please Print):

Parent/ Guardian Signature: _____

Program Administrator: _____



Emergency Card Information

Child's Name: _____ Date of birth: _____

Home Address: _____

HOW TO REACH PARENT/ GUARDIAN:

1. Name & Address: _____ Relation to child: _____

Home # ----- Cell # _____ Work # _____

2. Name & Address: _____ Relation to child: _____

Home # _____ Cell # _____ Work # _____

CHILD'S PHYSICIANS INFORMATION:

Physicians Name: _____ Phone number: _____

Address: _____

EMERGENCY CONTACT PERSON(S):

1. Name _____ Phone Number: _____

Address: _____ Relation to child: _____

2. Name _____ Phone Number: _____

Address: _____ Relation to child: _____

3. Name _____ Phone Number: _____

Address: _____ Relation to child: _____

EMERGENCY MEDICAL TREATMENT:

I hereby, give 123 Grow Child Center and its staff permission to administer basic first aid and/ or CPR to my child _____
Child's Name. In addition, I give 123 Grow Child Center and Its staff permission to call for
medical treatment when delay would be dangerous to my child's health.

INSURANCE INFORMATION:

Insurance Company Name: _____ Policy # _____

Special Instructions: _____

Parent Signature

Date



General Permission Form/ Transportation Plan
Do you give staff permission for 123 Grow Child Center and it's staff to?

Take your child off the premises for neighborhood walks.

___ Yes ___ No (Initial one)

123 Grow Child Center and staff photo graph children doing various activities through-out their day. We use these photos to keep parents up to date with the fun events happening daily. We also use these for your child's classroom postings, portfolios and staff trainings.

IF YOU DO NOT WISH to have your child photographed at 123 Grow Child Center, please attach a note separate stating so.

If your child leaves our center to attend another program/ school, do you:
Give permission for 123 Grow staff to walk your child to meet their bus/van?

___ Yes ___ No (Initial one)

Apply sunscreen and/ or insect repellent to your child when needed. (Parent provided item)

___ Yes ___ No (Initial one)

Apply diaper rash ointment/cream to your child when needed. (Parent provided item)

___ Yes ___ No (Initial one)

Apply hand sanitizer to your child if needed.

___ Yes ___ No (Initial one)

Do you give permission for an Early Childhood Specialist to observe your child's classroom?

___ Yes ___ No (Initial one)

Small Group and Large Group Transportation Plan and Authorization

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- ___ PARENT DROP OFF
___ SUPERVISED WALK
___ PUBLIC/ PRIVATE BUS
___ CONTRACT VAN

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- ___ PARENT PICK UP
___ SUPERVISED WALK
___ PUBLIC/ PRIVATE BUS
___ CONTRACT VAN

Parent Signature

Date



Parent Handbook and Tuition Agreement

Please take a few minutes to look over our Parent Handbook, which is located on our website, at the following Address:

<http://www.123growchildcenter.com/contact.nxg>

(Look for the Parent Handbook link on the bottom of the page.)

Weekly tuition: For your convenience, tuition payments are processed each Friday by our tuition program, Tuition Express. A \$35.00 fee will be charged to your account for any return for non-sufficient funds. This \$35 fee will be applied to the following week’s tuition. You can view your transactions any time by logging onto www.MyProCare.com. You will be asked for your e-mail address and to set up a password. If you have any problem with this, contact our administrative assistant by sending an email to 123Grow.Marcia@gmail.com.

Registration Fee: Our registration fee of \$75.00 is non-refundable and should be included with your child’s enrollment registration form. This registration fee holds your child’s spot in our program upon your decision to enroll in our center. Each May you will be charged a re-registration fee of \$35.

Late Pick-Up: Please make every effort to pick your child up on time. Failure to do so will result in a fee of \$1 per minute after the center’s closing time.

Termination Procedure: Enrollment may be terminated by the parent or guardian who established enrollment. The parent/guardian must submit a two-week written notice to the director. The parent/guardian will be responsible for tuition for the entire two-week period, regardless of whether or not the child attends the program.

Behavior Management and Discipline Policy: We recognize that young children enrolled in our center may be encountering first-time social, real first-time and group learning experiences. 123 Grow Child Center uses 1, 2, 3 Method as its method of discipline. This method is used to stop the behavior. In other words, it is used to deal with things like arguing, fighting, whining, yelling, tantrums, etc. It is not used to get a child to do something like lay down for nap or eat a certain food. The 1, 2, 3 Method uses the “No Talking/No Emotions Rule.” You are clear and consistent with what you are expecting without excessive talking/reasoning/arguing. Your authority is NOT negotiable. You are the boss and there are consequences to the child’s negative behavior. You give one explanation if necessary – then count. There is no extra talking or emotion. For more information on this behavior management technique, please ask a staff member. Any child who exhibits dangerous behavior while at our center will not be allowed to stay for the rest of the day. A parent or other authorized pick-up person will be required to immediately pick up that child. That child will then be unable to return to our center on the next scheduled school day. A meeting will also be set up between parents and staff members to discuss strategies to address the challenging behavior that is occurring.

Absences and Holidays: Tuition pays for your child’s weekly slot. We are subject to the state- mandated teacher/child ratios. Our staffing remains consistent based on these ratios, so weekly tuition fees remain consistent regardless of absences or holidays. It is similar to paying tuition for a college semester or a term for a private school.

I have read and am fully aware of the policies in the parent handbook. I understand that the policies mentioned in the Parent Handbook are considered legal documents. I also understand that non-compliance of the center rules and policies may result in termination from the center.

I agree to the tuition agreement and absence/holiday policy stated above.

Parent Signature

Date