

ENROLLMENT CONTRACT AND FEE SCHEDULE

_____ will be attending Crayon Campus Inc. beginning
Child's Name _____
_____ for a weekly fee of \$ _____.

Days of the week scheduled: _____

Due upon enrollment First Week Tuition: \$ _____ Registration Fee: \$ _____

I understand that if I wish to withdraw my child at two week notice will be required. I also understand that I am responsible for my payment during those two weeks as well as any pervious balances owed.

I am personally responsible for payment on the first day of my child's week.

Parent/Guardian Signature

Date

PERMISSION SLIPS

My child has permission to participate in all functions and activities of Crayon Campus Inc. I understand that this includes field tri[ps] arranged by the Center and supervised by its staff. I give permission for my child to be transported to and from the Center with the Center's transportation.

I give permission for my child to be photographed for use in various activities or functions of the center.

I give permission for my child to be observed by students or people interested in the field of Early Childhood Education.

Parent/Guardian Signature

Date

TERMINATION and SUSPENSION of CHILDREN

Suspension

A child will be suspended if he/she knowingly causes injury to another student or teacher. A child may also be suspended for the use of profanity in the Center. The Center will document the incident. A copy of which will be given to the parent/guardian and a copy will be placed in the child's file.

Termination

Termination may occur when there have been three or more documented suspension. Reasons for termination will be detailed in a written report that will be provided to the parents or guardians. For example, behavioral issues, safety concerns and endangerment to him/herself and other in the center.

- Termination may also occur after three weeks of non-payment without notification to the parents or guardians since parents or guardians are notified of this policy.

Parent / Guardian Signature

Date

BEHAVIORAL MANAGEMENT PLAN

Keeping in mind the needs and development of the individual child, and to ensure the health and safety of all of the children the school rules and restrictions should be consistent and easy to understand.

If a child exhibits unacceptable behavior, staff will first redirect the child to another activity or remove the child from that situation. If the behavior is still inappropriate, we will separate the child from the group and redirected to another activity. The teacher then talks to the child about the behavior and why it was not acceptable. The teacher will then allow the child to rejoin the group.

The child needs to know that he/she is loved and accepted even though the behavior is not acceptable for the moment. If the unacceptable behavior is extreme, the child may be brought to the Director and the Director may call the parent/guardian if unable to remedy the behavior problem. In the event of unacceptable behavior the following is understood:

There will be no physical abuse, no verbal abuse or denial of food as a punishment.

Biting Policy

We are aware that biting does occur. Crayon Campus Staff will be alerted and will be made aware of situations where children may bite.

Staff and management will be available to work with children and their parents to ensure the safety of their child and others students.

We recommend that parents/guardians discourage biting under any circumstance.

Staff and management will be available to work with the parents/guardians if behavioral problems become apparent.

Parent/Guardian Signature

Date

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

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

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

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: _____

Parent/Guardian Signature

Date

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 Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

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

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

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail:

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____ other: _____

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

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center:

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)?

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

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child?

Previous experience with other children/day care:

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

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

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child?

(Parent/Guardian Signature)

(Date)

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) Any medical concerns may be released to the following people.

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 _____

Health Insurance Coverage _____ Policy # _____ Parent/Guardian
Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

For the safety and well-being of my child, Crayon Campus Inc will post allergies and or special medical concerns discreetly within the classroom and food preparation areas. If there are any issues regarding this I will address them to the Director.

Parent/Guardian Signature _____

Date _____

AUTHORIZED PICK-UPS

Permission is given for my child to be released from the program as stated below and/or I give permission for the following individuals, including parents/guardians to receive my child at the end of the day.

I authorize the following people to be informed of any medical concerns regarding my child.

If NOT authorized please indicate.

Name: _____	Relationship: _____
Address: _____	Phone #: _____
Name: _____	Relationship: _____
Address: _____	Phone #: _____
Name: _____	Relationship: _____
Address: _____	Phone #: _____
Name: _____	Relationship: _____
Address: _____	Phone #: _____
Name: _____	Relationship: _____
Address: _____	Phone #: _____
Name: _____	Relationship: _____
Address: _____	Phone #: _____

My child will attend Crayon Campus the following days: (check appropriate AM /PM days)

Monday AM PM Tuesday AM PM Wednesday AM PM Thursday AM PM Friday AM PM

My child will arrive at the program by:

Choose one and check whether AM or PM – notify Site Coordinator in writing of any special instances or changes.

- Walking from Classroom to Program Meeting Spot (Unsupervised Walk Supervise Walk)
 AM PM AM PM AM PM
- Parent Drop Off School bus Drop Off Bus # _____ Other _____

My child will depart from the program by:

Choose one – notify Site Coordinator in writing of any special instances.

- Parent Pick Up School Bus Pick Up Supervised Walk (who _____)
 AM PM AM PM AM PM
- Other _____ AM PM

Unsupervised Walk (I give permission for my child to be dismissed from Crayon Campus at the end of the program day without an authorized adult picking him/her up. It is understood that my child is responsible for finding his/her own way home and that I assume all responsibility for my child getting home. I also release Crayon Campus from any responsibility or liability during this time.)

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

Dear Teacher,

In order to assist my child in being successful in school, I have enrolled in the Crayon Campus Program. I am excited about the opportunities for increased personal and academic growth for my child that can result from a partnership among home, school, and Crayon Campus. To support that partnership, I give permission for you to release information regarding my child's school performance to Crayon Campus. Please contact me if you have any questions regarding this request.

Thank you for your cooperation in this important matter.

Sincerely,

Parent/Guardian Signature: _____ Student Name: _____

Name of Teacher: _____ School _____ Date: _____

