

1, Child's Name:	Sex:	Date of Admission:	Skin Color:
Date of Birth:		Hair Color:	Height:
Identifying Marks:		Eye Color:	Weight:
Allergies / special diets:		Primary Language:	Child lives with:

February-June	Mon. ___ Tue ___ Wed ___ Thu ___ Fri ___	Drop off time _____	Pick up time _____	Start Date: _____	Classroom: _____
June-August (Summer)	Mon. ___ Tue ___ Wed ___ Thu ___ Fri ___	Drop off time _____	Pick up time _____	Start Date: _____	Classroom: _____
September-February	Mon. ___ Tue ___ Wed ___ Thu ___ Fri ___	Drop off time _____	Pick up time _____	Start Date: _____	Classroom: _____

My child will arrive at center by: Parent/Guardian _____ School Bus _____ Other (Describe) _____

My Child will leave the center by: Parent/Guardian _____ School Bus _____ Other (Describe) _____

Does your child have an IEP Plan _____ If yes, please provide us with a copy

Is there anything else we need to know about your child? _____

Has your child been enrolled in a childcare program before _____ If yes, when and reason for termination _____

School age children ONLY: extended/full day care needed for: Snow days ___ School vacations ___ Early releases/dismissals ___ Morning Delays ___ Summer ___

School age children ONLY: Name of primary school your child attends: _____

Parent/Guardian Signature _____ Date _____

2, Child's Name:	Sex:	Date of Admission:	Skin Color:
Date of Birth:		Hair Color:	Height:
Identifying Marks:		Eye Color:	Weight:
Allergies / special diets:		Primary Language:	Child lives with:

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School age children ONLY: Name of primary school your child attends: _____

Parent/Guardian Signature _____ Date _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

****Note: Please fill out pages 3 and 4 for children 4 years of age and younger**

Information listed in this developmental history and background information is for: _____

Child's Name

DEVELOPMENTAL HISTORY

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

Does child: pull up crawl walk with support

Times child is fussy: _____

How do you handle these fussy times? _____

How does your child communicate his/her needs?

HEALTH/ DEVELOPMENT

Serious illnesses or hospitalizations (describe)?

Any history of colic? _____

Special physical conditions, disabilities, or allergies (describe)?

Is your child presently or ever been diagnosed with a special need? _____

If so, is he/she receiving any special services? _____

Regular medications? _____

EATING HABITS

Special characteristics or difficulties? _____

Special diet: _____ Formula: _____ Breast Milk: _____

Any food allergies? _____

Have solid foods been introduced? yes no If yes, please identify: _____

Favorite foods: _____ Foods refused: _____

Child eats: on lap in high chair other

Child eats with: spoon fork hands other

TOILETING/DIAPERING HABITS

Is there frequent diaper rash? yes no

Do you use: oil powder lotion other

Does child wear: disposable diapers cloth diapers

Are bowel movements: regular how often: _____

Is there a problem with: diarrhea constipation

Is your child toilet trained: yes no If yes, when did you begin? _____

urination bowels or both

What is used at home: potty-chair special seat regular seat

Word used for urination: _____ bowel movement: _____

Does your child have accidents? yes no If yes, how often/when? _____

SLEEPING HABITS

Does child sleep in: crib bed with parents Does child sleep on: back side stomach

Times child take naps? Times: a.m. _____/_____ p.m. _____/_____

What does child take to bed? _____ Mood on awakening _____

What time does child go to bed at night: _____ awake in morning: _____

SOCIAL RELATIONSHIPS

Has child had any experience playing with children? If so, please describe.

Is child: friendly aggressive shy withdrawn

Reaction to strangers?

Have you had any previous child care experience? yes no If yes, did it meet your needs and expectations? Explain:

Prefers to play: alone in small groups

Favorite toys and activities?

Is child frightened by: animals rough children loud noises dark other

Explain: _____

How do you comfort your child?

How does your child prefer to be held?

What is your style of disciplining?

DAILY SCHEDULE

Please describe by approximate time your child's current daily activities (e.g., awakening, eating, time out of crib, napping, toilet habits, fussy time, bedtime):

What do you hope to get out of your child's experience with us?

Parent/Guardian's Signature

Date

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.

Contract/Agreement Form

Payment Plan (Check one)	Weekly(Monday) ___ 1 st & 3 rd Monday of the month ___ Monthly (1 st Monday of the month)___
Registration Fees	A registration fee in the amount of \$35.00 is due and payable at the time of enrollment and annually in the month of February. This fee is non-refundable
Tuition	I agree to pay my tuition fee according to the payment plan I have chosen. If tuition is not paid per payment plan, there will be a \$10.00 late charge applied. If tuition is more than 2 weeks late, care will be terminated until payment is made.
Advanced deposit	An advanced deposit of the family's weekly tuition cost must be paid at the time of enrollment and will be adjusted as needed if changes are made to child's hours/days. This amount will be returned when care is terminated
Returned Check	A service fee of \$35 will be assessed for any returned check. In the event that 2 or more checks are returned, you will be asked to make all future tuition payments in cash only
Sick/ Holidays/Weather	Tuition refunds cannot be given for individual days missed for illness, holidays, weather, or any days our center is closed.
Vacation Policy	Children enrolled for a full year (September to September), are eligible for a two week credit on their tuition bill. Children enrolled for a school year (September to June), are eligible for a one week credit on their tuition bill. The eligibility of this credit will depend on if you are current with your tuition payments. The amount of credit will not exceed your weekly cost of tuition at any time.
Annual Closing	Either the last week in June or the first week in July, we will close so that we can thoroughly clean and repair our facility. Because this closing has been calculated into our tuition rates, there will still be a charge for this week. However, families have the option of applying their vacation credit (supplied by DCC) to this closing. If a family decides not to use a vacation credit, they are responsible for making a tuition payment for that week
Tooth Brushing	I give permission for my children to participate in "Tooth brushing" (For children who are with us for lunch)
Movie Day & Special Events	My child may participate in a "Movie Day". Movie selections will be "G" for all children and occasionally "PG" for our school age students
Sunscreen/insect Repellent	Staff may apply sunscreen and/or insect repellent on my child. Families are responsible for providing these products
Diapering	Infant/Toddler Program Only: Staff may apply diaper rash ointment/creams to my child; as needed. Families are responsible for providing diaper rash ointment/cream
Walks	I give permission for my children to participate I supervised walks that take place in the area of the center
Field trips	Throughout the year we schedule field trips. Prior to these trips families will receive detailed information. By signing below, I give permission for my children to attend these trips. I understand I will have the opportunity to decline any trips I so deem. I understand that if I do decline I will need to find alternate care during the hours of the trip.
Photos	I give permission to Dracut Children's Center sometimes takes photographs or video during normal day-to-day activities, special events, or field trips of my children. These images may appear in scrapbooks, on school bulletin boards, for an activity, in newsletters or on our website. At no time will your child's personal information be released.
Late Policy	There will be a late charge of \$1.00 per minute until 6:05 pm and then \$5.00 per minute thereafter. At the time of your arrival, you will need to fill out one of our late forms. Payment needs to be paid within 48 hours. Time is determined by Program Clocks
Wading Pools/Sprinklers	I give permission for my children to participate in water activities
Family Termination	I agree to give two week notice when we intend to discontinue care
Center Termination	Excessive biting, Severe behavioral problems which cannot be controlled and may endanger the child or other children Parent's refusal to seek professional help, Failure to cooperate with the center's policies, Discriminatory, humiliating, intimidating, or harassing behavior of any kind which contributes to a hostile environment, Physical or emotional problems that require constant one-on-one attention, Parent/Guardian disrespectful behavior towards other parents, children, teachers, or any center's employee, Failure to provide health forms and other paperwork, Physical or emotional impairment that the center cannot reasonably accommodate, disrespecting or destruction of center's equipment/property by child or parent/guardian, Failure to pay tuition for two consecutive weeks. Termination may be immediate and without notice if the safety and wellbeing of all is in jeopardy.
Computers/Internet	I give permission for my children to use the center's computers/internet

By signing this contract, I agree to the terms and conditions outlined in this contract and all policies stated in Dracut Children's Center's Parent Guide.

 Parent/Guardian Signature

 Date

OFFICE USE ONLY		
Weekly Tuition \$ _____	Discount \$ _____	Total weekly tuition \$ _____
Administrator's Signature _____		Date _____