



MASHPEE RECREATION DEPT. / KIDS KLUB
501 GREAT NECK ROAD NORTH
MASHPEE, MA 02649
(508) 539-9361
HOURS: MON. - FRI. 7:00 A.M. - 5:30 P.M.

KIDS KLUB PRE-SCHOOL / DAY CARE REGISTRATION
2010/2011

Child's Name: _____ D.O.B.: _____

Home Address: _____ Email: _____

Telephone: _____ Primary Language: _____

Eye Color: _____ Hair Color: _____

Identifying Marks: _____ Sex: Male: _____ Female: _____

Date of Admission: _____ Age at Admission: _____

Allergies / Special Diets: _____

PARENT / GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Work Name: _____ Work Name: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Hours of Work: _____ Hours of Work: _____

ADDITIONAL INFORMATION:

Child's Physician Name & Address: _____

Physician's Telephone (including area code): _____

Chronic Health Conditions: _____

Special limitations or concerns: _____

ATTENDANCE & RATES

PLEASE MARK THE DAYS YOUR CHILD WILL BE ATTENDING MORNING PRE-SCHOOL:

3 YEAR OLD: AM HOURS 9:00 A.M. — 12:00 P.M.

Monday: ___ / Tuesday: ___ / Wednesday: ___ / Thursday: ___ / Friday: ___

4 YEAR OLD: AM HOURS: 9:00 A.M. - 12:00 P.M.

Monday: ___ / Tuesday: ___ / Wednesday: ___ / Thursday: ___ / Friday: ___

PLEASE MARK THE DAYS AND HOURS YOUR CHILD WILL BE ATTENDING DAYCARE:

Mon.: _____ Tues.: _____ Wed.: _____ Thur.: _____ Fri.: _____

MORNING PRE-SCHOOL RATES:

2 days — \$135, 3 days — \$165, 4 days — \$195, 5 days — \$225

*** The above rate is for 3 & 4 year old morning (half day) preschool (paid monthly)

TODDLER DAYCARE RATES: (AGES 15 Mos. To 2.9 Years)

\$225 / Week (5 days) / \$45 / Day (2-Day Minimum)

PRE-SCHOOL AGE DAYCARE RATES: (Ages 2.9 to 7 years) (Includes Preschool + Daycare)

5 DAY PROGRAM - 3 Year Old: \$215 / Week / 4 Year Old: \$215 / Week

LESS THAN 5 DAYS - \$45 / Day (2-Day Minimum)

*** **NOTE: All Pre-school payments must be made one month in advance.
All Day Care payments must be made weekly.**

I/We, the undersigned father, mother or guardian (circle) of _____, a minor, do hereby consent to my child's participation in the Pre-School or Day Care programs of the Town of Mashpee (hereinafter the "Town"). I/We do also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the Pre-School or Day Care programs of the Town (the "Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participating in the said Town Pre-School or Day Care programs which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire either before or after reaching majority. **I understand that the registration fee for Kids Klub Pre-School is \$50.00 (non-refundable) and shall be paid upon application to the program. Please make check payable to the TOWN OF MASHPEE. (Mail to: Mashpee Recreation Department, 16 Great Neck Rd. North, Mashpee, MA 02649)**

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

**MASHPEE RECREATION DEPARTMENT
KIDS KLUB PRE-SCHOOL
FIRST AID/EMERGENCY MEDICAL CARE
INFORMATION/CONSENT FORM**

Child's Name: _____ Date of Birth: _____

I authorize staff in the childcare program who are trained in the basics of first aid to give my child first aid 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: _____

Physician Address: _____ Phone: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Special Limitations: _____

I give permission to release any pertinent medical information to the emergency contact person _____

EMERGENCY CONTACTS (The order in which they should be contacted, all contacts must be local):

Name: _____ Address: _____

Relationship to child: _____ Phone #: _____

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

Name: _____ Address: _____

Relationship to child: _____ Phone#: _____

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

Name: _____ Address: _____

Relationship to child: _____ Phone#: _____

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

Name: _____ Address: _____

Relationship to child: _____ Phone#: _____

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

Health Insurance Coverage:

Insurance Company: _____ Policy #: _____

Parent(s) Name: _____ Phone (W): _____ Phone(H): _____ Cell: _____

Parent(s) Name: _____ Phone(W): _____ Phone(H) _____ Cell: _____

Parent/Guardian Signature _____

Date: _____

EMERGENCY CARD INFORMATION

Child's Name: _____

Date of Birth: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
(Doctor's Name, Address, Phone #)

EMERGENCY CONTACT PERSON(S)

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give _____
(Name of program)

permission to administer basic first aid and/or CPR to my child _____
(Name)

and/or take my child _____, to a hospital for medical
(Name)

treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent Signature)

(Date)

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy# _____

Participating Hospital: _____

Special Instructions: _____

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.

CHILDS'S NAME _____ DATE OF BIRTH _____

Note: 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 a 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? Potty chair? _____ special child seat? _____ regular seat? _____

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

Is your child ever reluctant to use the bathroom? _____

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 walking 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?

TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- _____ UNSUPERVISED WALK
- _____ SUPERVISED WALK (WHO _____)
- _____ SCHOOL BUS DROPP OFF
- _____ PROGRAM BUS
- _____ PROGRAM VAN
- _____ PARENT DROP OFF
- _____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- _____ PARENT PICK UP
- _____ UNSUPERVISED WALK
- _____ SUPERVISED WALK (WHO _____)
- _____ PROGRAM BUS
- _____ PROGRAM VAN
- _____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MASHPEE RECREATION
KIDS KLUB PRE-SCHOOL
FIELD TRIP PERMISSION SLIP

I _____ will allow my child, _____ to go on field trips with the Pre-School. I understand that the children will be transported by chartered bus or by supervised walking.

Following is a list of the possible field trips the children might go on:

Mashpee Public Library
Mashpee Police Station
Mashpee Fire Station
Stop and Shop
Woods Hole Aquarium
K.C. Coombs School

Parent/Guardian Signature: _____

Date: _____

MASHPEE RECREATION KIDS KLUB PRE-SCHOOL

TUITION AND PAYMENT POLICY

Preschool tuition - Registration Fee: \$50.00 per child (non-refundable)

Rate for 2-day program (3 & 4 yr. old): \$135.00/Month

Rate for 3-day program (3 & 4 yr. old): \$165.00/Month

Rate for 4-day program (3 & 4 yr. old): \$195.00/Month

Rate for 5-day program (3 & 4 yr. old): \$225.00/Month

Daycare rates – Registration Fee: \$50.00 per child (non-refundable)

Toddler (ages 15 months to 2.9 years) - \$225.00/week (5 days)

- \$ 45.00/day (2 day minimum)

Preschool age (ages 2.9-7 years) - \$215.00/week (5 days)

- \$ 45.00/day (2 day minimum)

PRESCHOOL:

Preschool tuition payment is on a monthly basis and is due on the first of the month. *Accounts with payments not received by the 10th of the month will be assessed a \$10.00 late fee.* If payments are in arrears (past due) thirty days, the child(ren) will be dropped from the program and will not be able to return until accounts are up to date, unless the Director of Mashpee Recreation or his authorized representative approves continuation.

The total Preschool tuition is divided into ten equal payments (one payment per month). The first payment is due September 1st and the last is due June 1st. If it is more convenient for the family to pay annually, the total yearly rates are: \$1350.00 for 2 days, \$1650.00 for 3 days, \$1,950.00 for 4 days, and \$2,250.00 for 5 days.

There are no monetary adjustments made on monthly rates for missed classes. This is a flat rate system to keep the program as economical as possible. A 30 day notice is required if there is a need to drop the child from the program.

DAYCARE:

Daycare payments are due on a weekly basis. If any account is more than **2 weeks** in arrears, the child will be dropped from the program until the account is current, unless the Director of Mashpee Recreation or his authorized representative approves continuation. A 2-week notice is required if there is a need to drop the child from the program.

Payments should be made at the Mashpee Recreation Department at Town Hall. Checks must be made payable to: Town of Mashpee. Mailing address is 16 Great Neck Rd. North, Mashpee, MA 02649.

Signature

Date

TO: ALL KIDS KLUB PARENTS//GUARDIANS

FROM: GUS FREDERICK, RECREATION DIRECTOR

DATE: 2010/2011 SCHOOL YEAR

RE: LATE PICK-UP POLICY

We ask your cooperation in being on time to pick up your child at Kids Klub. Any parent or guardian picking up a child late will be charged an additional fee of \$10.00 after 12:00PM and \$1.00 for each additional minute after 12:35PM. Any parent or guardian picking up a child after 5:30PM, will be charged \$10.00 and \$1.00 for each additional minute after 5:35PM. After thirty minutes we are required to notify Mashpee Police Department for assistance.

Parent/Guardian signature_____

Date: _____

Dear Physician: _____

(Child's Name)

is enrolled in an early childhood program licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone # _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance:

Has this child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities for chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care provider? If so, please detail below:

Physician's Signature: _____

Date: _____ Comments: _____

Please return to Program: _____

