



ROUDENBUSH SCHOOL AGE PROGRAM

65 Main Street - Westford, MA 01886 (978) 496-1707

~ SERVICES OF THE ROUDENBUSH COMMUNITY CENTER ~

PARENT REGISTRATION PACKET CHECKLIST

2020/21 CONTRACT YEAR

SCHOOL AGE OPERATES ON A 10-MONTH CALENDAR – SEPTEMBER THROUGH JUNE
REGISTRATIONS ARE ACCEPTED THROUGHOUT THE YEAR DEPENDING ON AVAILABILITY

The following **Registration Forms** and **Medical Documents** are mandatory requirements per the Massachusetts Department of Early Education and Care (EEC) for young children attending child care. Prior to submitting, please review your packets to make sure all forms and have been filled out completely and have been signed and dated where applicable. If any information is missing, including signatures and dates, your registration packet will be returned to you for completion. For your convenience, we have provided a checklist below. Completed registration packets, including all medical documentation (see below) and applicable registration fees must be submitted to the School Age Director/Administrator prior to your child's start date.

REGISTRATION FORMS – ALL FORMS MUST BE COMPLETED, SIGNED AND DATED BY PARENT/GUARDIAN

- ☐ Tuition Contract completed, signed and dated
- ☐ Automatic Direct Payment ACH Form (only one needed per family if applicable)
- ☐ \$75 Non-refundable registration fee (per family) by check made payable to TRCCI
- ☐ Emergency Medical Consent / Release Form - Transportation Plan
- ☐ Child's Information Form (2 pages)

MEDICAL DOCUMENTS - ALL DOCUMENTS MUST BE SIGNED AND DATED BY PRACTITIONER

- ☐ **PHYSICAL EXAMINATION OFFICE VISIT RECORD:** Full physical exam documented within the past year (must be updated annually)
- ☐ **COMPLETE IMMUNIZATION RECORD:** Proof of up-to-date age-appropriate immunizations documented

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CHILD'S NAME _____ D.O.B. ____/____/____

School in September _____ Age _____ Grade _____

MOTHER/GUARDIAN INFORMATION

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Home Email _____ Business Email _____

FATHER/GUARDIAN INFORMATION

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Home Email _____ Business Email _____

PLEASE CIRCLE THE APPROPRIATE PACKAGE ATTENDING

PACKAGE	SCHOOL AGE PROGRAM	DAYS & HOURS
A	Full Day Remote Learning	Monday – Friday (8:00 -5:00)
B	½ Day Kindergarten	Monday – Friday (12:30 – 5:00)
C	After School Care	Monday – Friday (2:30 -5:00)
CHILD'S START DATE:		

SCHOOL AGE PROGRAM TUITION CONTRACT 2020-21

- To pay a non-refundable registration processing fee of \$75.00 per family. Checks, money orders or bank checks made payable to TRCCI.
- Tuition is calculated on a program year and invoiced on a monthly basis. Payments are billed on the 1st of each month and due by the 15th of each month.
- PAYMENT OPTIONS - Please indicate your choice ☒ below:**
 - ☐ I: OUR PREFERRED PAYMENT OPTION - AUTOMATIC WITHDRAWAL (ACH) from your checking or savings account to be withdrawn on the 15th of each month.
 - ☐ II: CHECK PAYABLE TO TRCCI due on the 15th of each month.
- To submit a (30) thirty day written notice for any changes in my child's schedule to the Program Director/Administrator following the start of the program.
- To pay tuition by the last day of the billing month (before the first day of the scheduled month). Failure to do so will automatically activate my withdrawal notice and my child/ren will be considered withdrawn from the program(s). I understand that Roudenbush Community Center will have the right to enroll another child in that slot.
- Upon entering a program, I will download and read the PARENT HANDBOOK from www.roudenbush.org and will adhere to the policies as set forth by Roudenbush Community Center.
- Return Check Policy** - Any form of payment (check or automatic withdrawal/ACH) returned three (3) times within a 12 month period will require payment by cash or certified check for all future payments. A service charge of \$35.00 for any and all returned transactions will be applied to your account.
- Tuition includes **contracted days** each pod when Westford Public Schools are closed for professional development days and conference days. Tuition does not include Westford Public vacation weeks.
- I have read and will adhere to the Policy Agreement on page 2 of this Tuition Contract.

Parent/Guardian Signature

Date

Program Administrator Signature

Date

Policy Agreement

(Please Keep for Your Records)

1. Tuition:

Tuition is calculated on a program year and divided into 3 equal payments starting in April and ending in June. If tuition payment is not received by the last day of the billing month, it will automatically activate my withdrawal notice and my child/ren will be considered withdrawn from the program

2. Fees:

Based on daily rates. There will be NO tuition refunds based on child's illness, inclement weather, emergency or holiday closings, vacation or other legitimate conditions beyond the control of the Children's Center or Roudenbush Community Center. Variations in attendance from the regular schedule will be billed accordingly. **Full and completed registration packets are due (3) business days in advance to child's start date or a \$25 late fee will apply.**

3. Sibling Discount:

Roudenbush offers a 10% family discount given to the child with the least expensive daily rate.

4. Changes or Withdrawal from Program:

A (30) thirty-day written notice is required for all changes and withdrawals. Account(s) must be paid in full by the last day of withdrawal from any program.

5. Pick Up Time:

Late charge of \$1.00 per minute will be applied to your account(s) if pick up is late (subject to change).

The Roudenbush children's programs are self-supporting.

We count on your timely payments to meet our monthly expenses and to maintain our commitment to quality education.

~Thank You~

Roudenbush Community Center Mission Statement

"We open doors to connect and enrich our community."

The mission of the Roudenbush Community Center, Inc. (TRCCI) is to bring enrichment to INDIVIDUALS, FAMILIES and COMMUNITIES in an inviting environment where there is always something new and exciting to explore. TRCCI seeks to collaborate with area business, community organizations and local government in order to develop and deliver relevant programs and services for all to enjoy.

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EMERGENCY MEDICAL CONSENT / RELEASE

CHILD'S NAME _____ D.O.B. _____

Address _____ (City) _____ (State) _____ (Zip) _____

*EMAIL WHERE PARENT CAN BEST BE REACHED _____

Mother/Guardian Name _____ Father/Guardian Name _____

Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Special Calling Instructions _____ Special Calling Instructions _____

Child's Physician _____ Child's Dentist _____

Address _____ Address _____

Phone Number _____ Phone Number _____

ALLERGIES / SEIZURES, MEDICATIONS, UNUSUAL DISORDERS _____

Hospital Preferred _____ Health Insurance Carrier and Policy # _____

My child's physical exam / immunization record is currently on file at the _____ school.

EMERGENCY CONTACTS WITHIN APPROXIMATELY 30 MINUTES IF PARENT/GUARDIAN CANNOT BE REACHED

#1 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

#2 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

#3 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

#4 Name _____ Relationship to Child _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Numbers _____

CONSENT: I authorize staff at Roudenbush Children's Center who is trained in the basics of first aid to give my child First Aid or 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 a parent or legal guardian cannot be reached, I hereby authorize the program to release my child to one of the emergency contacts listed above or transport my child to the nearest medical care facility or to my preferred hospital listed above and to secure necessary medical treatment for my child. I also give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

RELEASE: In the event that I cannot pick up my child for any reason, I hereby authorize The Roudenbush Children's Center to release my child to individuals listed on my EMERGENCY CONTACTS above.

TRANSPORTATION PLAN

PLACE CHECKMARKS AGAINST ALL THAT APPLY TO YOUR CHILD

ARRIVE AT PROGRAM: _____ Parent _____ Someone Other than Parent _____ School Bus

DEPART FROM PROGRAM: _____ Parent _____ Someone Other than Parent

Client/Parent/Guardian Signature

Date

For School Age Program Use Only

Date of Admission _____

Age at Admission ____ Yrs ____ Mos

Program _____

CHILD'S INFORMATION FORM

CHILD INFORMATION

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

Home Address _____ (City) _____ (State) _____ (Zip) _____

Primary Language _____

Sex _____ Height _____ Weight _____ Hair Color _____ Eye color _____ Skin Color _____

Identifying Marks _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Hours at Work _____ Hours at Work _____

Email Address To Be Used For Billing _____

OTHERS IN FAMILY / RELATIONSHIP

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	/	/	_____	/	/
_____	/	/	_____	/	/
_____	/	/	_____	/	/

**WALKING FIELD TRIP PERMISSION
PHOTO PERMISSION
PARENT HANDBOOK ACKNOWLEDGEMENT**

PLEASE COMPLETE APPROPRIATE SECTIONS BELOW AND SIGN AND DATE THE BOTTOM OF THIS FORM

CHILD'S NAME _____ **D.O.B** _____

WALKING FIELD TRIP PERMISSION

MY CHILD has my permission to walk with his/her classroom to the following locations:

☐

Location within 1 mile radius of The Roudenbush Community Center

***I will be given a permission slip before each field trip in-house or off site.**

PHOTO PERMISSION

☐

I DO NOT GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED

☐

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED FOR IN-HOUSE USE ONLY.
Photos will NOT be shared with the public.

☐

I GIVE PERMISSION FOR PHOTOS OF MY CHILD TO BE RELEASED for publicity purposes through the local newspaper, local cable television, Roudenbush newsletters, brochures and flyers or to be shared via classroom emails to parents.

PARENT HANDBOOK ACKNOWLEDGEMENT

The Roudenbush Community Center Parent Handbook is available online at www.roudenbush.org. To view, download and print the handbook, select the "School Age" tab to open our page where you will find the link (pdf) to the **Parent Handbook**.

The purpose of our handbook is to outline Roudenbush policies and procedures and to provide important information regarding our child care programs. We make every effort to work closely with parents in a partnership that will facilitate a child's growth and development. Communication between parents, teachers and site directors is a vital part of our program. Please be sure to read the Roudenbush Community Center Parent Handbook in its entirety so that you are familiar with and have a clear understanding of Roudenbush policies and procedures.

Your signature below indicates that you have read the parent handbook in its entirety and understand Roudenbush policies and will adhere to the policies as set forth by Roudenbush Community Center.

I UNDERSTAND THAT THIS PACKET BECOMES A PERMANENT PART OF MY CHILD'S FILE AND MY SIGNATURE BELOW INDICATES THAT I HAVE COMPLETED ALL REQUIRED INFORMATION TO THE BEST OF MY KNOWLEDGE

Parent/Guardian Signature

Date

THE ROUDENBUSH COMMUNITY CENTER, INC.

65 Main Street Westford, MA 01886

978-496-1707

AUTOMATIC DIRECT PAYMENT (ACH) FORM

Our Preferred Plan will include an Automatic Direct Payment choice. This option allows you the convenience of automatic deduction from your checking or savings account, saving you time and money.

Return Check Policy: Any form of payment (check, auto withdrawal) returned three (3) times within a 12 month period, will require payment by cash or certified check for all future payments. A service charge of \$35.00 for any and all returned transactions will be applied to your account. Finance charges of 1.5% per month will be applied to the account until paid in full.

YES – I want the Direct Payment option!

I (we) hereby authorize The Roudenbush Community Center, Inc., hereinafter-called COMPANY, to debit entries to my (our) account indicated below and the financial institution names below, hereinafter all call FINANCIAL INSTITUTION, to debit the same to such account.

Financial Institution Name

Branch

Address

City, State, Zip

Routing Number

Account Number

This is a: ☐ Checking Account ☐ Savings Account

The authority is to remain in full force and effect until The Roudenbush Community Center, Inc., has received written notification from me (or us) of its termination in such time and manner as to afford The Roudenbush Community Center, Inc., and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Signature

Date

Print Roudenbush Account #

Date

Email Address

NOTE: Any changes in name, address or financial institution require new ACH form.

PLEASE ATTACH A VOID CHECK

Tuition payments will be charged approximately the 15th of every month.