

SHAWSHEEN EXTENDED DAY (SHED)
Springboard to Kindergarten
2012-2013 Registration Packet
Due back by June 1st, 2012

CHILD INFORMATION:

Child's Name: _____ Date of Birth: _____
Home Address: _____ Start Date: _____
Telephone: _____ Age at Admission: _____

List any special limitations or concerns you or your child may have including dietary restrictions, allergies, chronic health conditions: _____

Child's Identifying information (required by the Early Education and Care (EEC) Regulations):

Eye color: _____ Hair color: _____ Sex: _____ Height: _____
Weight: _____ Skin color: _____ Identifying marks: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home phone # if different: _____	Home phone # if different: _____
Home Address if different: _____	Home Address if different: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Hours at work: _____	Hours at work: _____
Business Phone #: _____	Business Phone #: _____
Cell phone #: _____	Cell phone #: _____
E mail address: _____	E mail address: _____
Occupation: _____	Occupation: _____
Do either of you work for a large local corporation? Who? _____	Which corporation? _____

** In the event of an illness, who should be called first? _____

ADDITIONAL INFORMATION:

Any siblings? Name _____ Age _____ Name _____ Age _____

Please list any special interests or abilities your child may have: _____

Is there any other information you would like us to know about your child? _____

PARENT/GUARDIAN SIGNATURE

DATE

SHED Springboard to Kindergarten
2012-2013 FIRST AID AND EMERGENCY MEDICAL CARE
TRIPS AND PHOTOS, SUNSCREEN & BUG SPRAY
AUTHORIZATION AND CONSENT FORM

Child's Name: _____ Date of Birth: _____

I understand that the SHED staff are trained in the basics of first aid and I authorize them 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. I hereby authorize SHED to call a physician and/or secure necessary medical care in case of illness or accident, to administer first aid, and to otherwise act on my behalf when I cannot be reached and/or delay would be dangerous to the protection of my child. If I cannot be reached, I authorize SHED to transport my child to the Lawrence General Hospital or the Holy Family Hospital (or other as indicated) for medical treatment including administration of anesthesia if surgery is advised by a physician.

Choice of Hospital: _____

Child's Physician's Name: _____ **Phone:** _____

Physician's Address: _____

Health Insurance Coverage: _____ Policy # _____

Child's Allergies: _____

Chronic Health Conditions: _____

Parent (s) name: _____ Phone (w) _____

Phone (h) _____

Parent (s) name: _____ Phone (w) _____

Phone (h) _____

Emergency Contacts (In order to be contacted)

Name: _____ Address: _____

Relationship to child : _____ Phone # _____

Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Name: _____ Address: _____

Relationship to child: _____ Phone # _____

TRIPS AND PHOTOS

I hereby authorize SHED to allow my child to participate in the following:

_____ (initials) Field trips (special permission required for bus trips)

_____ (initials) Walks - may be considered a field trip but no further permission is required.

_____ (Initials) Photos (for SHED use within the program)

_____ (Initials) Photos (for SHED use of release to newspapers or on the Internet)

I hereby authorize SHED to apply the following as needed:

_____ (initials) Sunscreen (45 SPF) and _____ (initials) Bug Spray on clothing (7% DEET)

Parent/Guardian signature : _____ **Date:** _____

**SHED Springboard to Kindergarten
2012-2013 FINANCIAL AGREEMENT FORM**

PROGRAM FEES

<input type="checkbox"/>	Monday – Friday	8:30 AM – 1:00 PM	\$698.00 per month
<input type="checkbox"/>	4 days per week	8:30 AM – 1:00 PM	\$583.00 per month

In addition to the morning session, these Extended Day options are available:

<input type="checkbox"/>	Monday – Friday	1:00 PM – 3:00 PM	\$360.00 per month
<input type="checkbox"/>	4 days per week	1:00 PM – 3:00 PM	\$288.00 per month
<input type="checkbox"/>	3 days per week	1:00 PM – 3:00 PM	\$216.00 per month
<input type="checkbox"/>	2 days per week	1:00 PM – 3:00 PM	\$160.00 per month
<input type="checkbox"/>	1 days per week	1:00 PM – 3:00 PM	\$ 80.00 per month

<input type="checkbox"/>	Monday – Friday	1:00 PM – 6:00 PM	\$600.00 per month
<input type="checkbox"/>	4 days per week	1:00 PM – 6:00 PM	\$480.00 per month
<input type="checkbox"/>	3 days per week	1:00 PM – 6:00 PM	\$360.00 per month
<input type="checkbox"/>	2 days per week	1:00 PM – 6:00 PM	\$280.00 per month
<input type="checkbox"/>	1 days per week	1:00 PM – 6:00 PM	\$140.00 per month

TOTAL TUITION DUE on the 1st of every month: \$ _____

I understand that I am responsible for payment of monthly fees in the amount of _____ (please fill in). I understand that the September payment and Facility Fee is due by June 10th, 2011. I will **give 30 days notice in writing prior to withdrawal from the program.** (____ initials)

SHED does not bill; payment is due on the first day of each month. I understand that if my payment is not received by the 5th of the month it is due, I will be charged a \$30 late fee (____ initials).

I understand that tuition is divided evenly over 10 months so tuition remains the same regardless of the number of school days in the month. I understand that I am also responsible for an additional tuition payment that is a "Facility Fee" equal to the amount of my tuition; I will make 11 payments. (the facility fee is non-refundable) (____ initials)

I understand that SHED is open according to the published SHED calendar that I will receive in August. SHED is closed on most Holidays and during the Winter Holiday break, but is open on a sign-up, additional fee basis (\$60.00 per day) during the other school vacation weeks (February and April) and In-Service days. Springboard is closed but may use SHED if needed as SHED is open on "no school snow days" (SHED opens at 8:00 AM) (____ Initials)

I understand that SHED reserves the right to close the program during the day if there is an extreme weather situation or prediction. I understand that I do not get a refund if the Program closes due to extreme weather. (____ initials)

I understand that I **must notify SHED** daily if my child will be absent on a regularly scheduled day. (____ initials)

I understand that in the event of any absences or personal vacations during the program hours, I am still responsible for fees for time reserved, not actual time spent at the Program. (____ initials)

I understand that all children are accepted into SHED on a two month trial basis. If SHED cannot accommodate the needs of my child, SHED will provide help in finding another placement. (____ initials)

**** Do you need a monthly receipt for dependent care expenses? _____ YES _____ NO**
(Receipts will be filed monthly in Dependent Care Receipt box in front hallway.)

Parent/Guardian Signature: _____ Date: _____

**SHED Springboard to Kindergarten
FEE SCHEDULE - PLEASE POST AND SAVE
PROGRAM FEES – 2012-2013**

This is a payment sheet to assist in sending payments. SHED does not bill; prompt payment of tuition is appreciated. Please save this sheet to refer to throughout the school year.

PROGRAM FEES :

Monday – Friday	8:30 AM – 1:00 PM	\$698.00 per month
4 days per week	8:30 AM – 1:00 PM	\$583.00 per month

Extended Day options (in addition to the morning session):

Monday – Friday	1:00 PM – 3:00 PM	\$360.00 per month
4 days per week	1:00 PM – 3:00 PM	\$288.00 per month
3 days per week	1:00 PM – 3:00 PM	\$216.00 per month
2 days per week	1:00 PM – 3:00 PM	\$160.00 per month
1 days per week	1:00 PM – 3:00 PM	\$ 80.00 per month

Monday – Friday	1:00 PM – 6:00 PM	\$600.00 per month
4 days per week	1:00 PM – 6:00 PM	\$480.00 per month
3 days per week	1:00 PM – 6:00 PM	\$360.00 per month
2 days per week	1:00 PM – 6:00 PM	\$280.00 per month
3 days per week	1:00 PM – 6:00 PM	\$140.00 per month

Registration Fee: \$75.00 due at registration (non-refundable).

Non- refundable Facility Fee: Equal to 1 month's tuition

Vacation days, In-service days, Snow days: \$60.00 (Not included in tuition: use on a sign up basis.)

Extra time slots (if available): 1:00 – 3:00 - \$30.00; 1:00 – 6:00 - \$45.00

2 children enrolled (Kid's Club also): 10% off lower tuition rate, snow, in-service and vacation days.

All payments during the school year should be dropped off at or mailed to: SHED, Inc., 65 Phillips St. Andover, Mass. 01810. **Checks should be made payable to SHED Inc. Please indicate on your checks what the payment includes (ex. tuition and extra day fee)**

September & Facility Fee	payments due by June 1, 2012
October, 2012	payment due October 1, 2012
November, 2012	payment due November 1, 2012
December, 2012	payment due December 1, 2012
January, 2013	payment due January 1, 2013
February, 2013	payment due February 1, 2013
March, 2013	payment due March 1, 2013
April, 2013	payment due April 1, 2013
May, 2013	payment due May 1, 2013
June, 2013	payment due June 1, 2013

Springboard to Kindergarten Child Medical Alert Form Tooth-brushing Authorization or Waiver

If your child has an allergy/medical condition, please fill out this form.

Child's Name: _____

Has an Allergy/Medical Condition _____

In helping us appropriately and safely deal with a situation involving your child in this concern, please complete the following:

1. How do you normally handle this concern?

2. How would you like us to respond if this concern arises?

3. Is there anything that triggers or complicates this situation?

4. Is there anything that your child should avoid doing?

5. What is it / Are there any medical limitations that we should be aware of?

6. Are there things that you find can make the situation worse?

7. Are there things that you find can make the situation better?

8. Are there any non-emergency situations that you would prefer to be phoned by a staff member about to alert you to a given situation?

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

Tooth-brushing Authorization or Waiver

Our licensing agency, EEC, has established a new policy regarding tooth-brushing. The policy states that if a child is in a program for more than 4 hours and if he/she eats a meal while at the program, then the child should have the opportunity to brush his/her teeth. Parents may, however, sign a statement indicating that their child does not need to brush while at the program.

___ Yes, I would like my child to brush his/her teeth while at Springboard to Kindergarten. I will supply a toothbrush and a tube of toothpaste for his/her use. I will label both the toothbrush and the toothpaste with my child's name. I will replace the toothbrush every 3 months.

___ No, I do not want my child to brush his/her teeth while at Springboard to Kindergarten.

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

Springboard to Kindergarten 2012-2013

Developmental History

Child's Name: _____ Birth date: _____
month, day, year

Personal History:

Any complications at birth? _____

Any developmental delays (sitting, crawling, walking)? _____

Any difficulties speaking? _____ Any other languages spoken at home? _____

Does your child see a counselor/therapist? _____ For what reason? _____

Any other helpful information? _____

Health:

Any serious illness or hospitalization? _____

Any physical disabilities/limitations? _____ Any allergies? _____

Any medications given regularly? _____ For what? _____

Eating:

List any eating problems: _____ Food allergies? _____

Favorite Foods: _____ Any food refused? _____

Toilet Habits:

Does child indicate his/her bathroom needs: _____ Does child have accidents? _____

Are there any specific words of which we should be aware to indicate bathroom needs? _____

Sleeping Habits:

Does child still take naps? _____ What time does child go to bed? _____

What time does child get up in the AM? _____ What does child take to bed ? _____

Social Relationships:

Has child had other child care experiences? _____ Where? _____

How long did he/she attend other program(s)? _____

Is your child involved in other outside activities? _____

How does your child relate to strangers? _____ What is your child's favorite toy? _____

Is he/she frightened by animals? _____ Rough children? _____ Loud noises? _____ Dark? _____ Storms? _____

Other? _____ Does your child have any pets? _____

How would you describe your child? (use back if necessary)

Parent/Guardian Signature

Date

