

Enrollment Procedure & Non-Discrimination Statement

Enrollment Procedures

1. All necessary forms must be completed and returned to the center Director before enrollment is completed. All forms must be updated at least every year, sometimes sooner according to need. Please inform the center director immediately of any changes.
2. Pay the non-refundable registration fee per child; **\$85** new families, **\$65** current families.

Listed below you will find the list of forms that you will need to return to (Fine Futures) before or on your child's 1st day.

*Receipt of Parent Handbook (after enrollment)

*Enrollment form

*Enrollment Contract receipt

*Developmental History form

*Emergency Information Card

*Medical Emergency Care Consent Form

*Receipt of Health Policy (after enrollment)

*Receipt of Payment Policy

*Recent Physical and Immunization record

*Transportation Plan & Authorization

*Oral Health policy

*Parent release form

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Non-Discrimination Statement

We at Fine Futures Early Childhood Education do not discriminate in providing services to families based on race, religion, cultural heritage, disability, political beliefs, marital status or sexual orientation. In addition, we do not discriminate against children who are not yet toilet trained.

Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age: _____ Date of application: _____ Gender _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Child living with both parents? _____

If No, custody or living arrangements? **Court documents must be on file before child can begin**

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: _____

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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? _____

Dentist's Name: _____

Address: _____ Phone Number: _____

Program Information

Application Date: _____ Expected Start Date: _____

Expected Schedule (**Center hours 6.30am – 6pm**):

	Monday	Tuesday	Wednesday	Thursday	Friday
Time:	_____	_____	_____	_____	_____

Program Class Requested: Toddler ___ Preschool ___ Pre-K ___

Siblings Attending? Yes ___ No ___

Name: _____ DOB: _____ Program Class _____

Other Schools currently or previously attending?

School Name: _____

School Address: _____ School Phone Number: _____

I certify that I will provide a current physical examination and immunizations in accordance with EEC 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

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed childcare 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? _____ Highchair? _____

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* 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 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? _____

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? _____

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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)

MEDICATION CONSENT FORM

Name of child: _____

Name of medication: _____

Please one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has not previously taken this medication, but this is an emergency medication and I give

permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner: _____

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(Print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ **Date of Birth:** _____

I authorize staff in the childcare 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)

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 _____

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Home Phone _____ Cell Phone _____

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

Parent /Guardian Signature Date (valid for one year)

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

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109 Main Street, Unit 6-7 W. Dennis MA 02670

Childcare Rates for 2024-2025 Effective

Toddler (18mth-2.8yrs)			Preschool (2.9-4yrs)			Pre-Kindergarten (4.1-6yrs)		
5 days	3 days	2 days	5 days	3 days	2 days	5 days	3 days	2 days
\$395	n/a	n/a	\$365	\$308	\$225	\$365	\$308	\$225

Drop In			Summer Only	
Toddler Daily Rate	Preschool/Pre-k Daily Rate	Yearly Registration	Weekly - 5 days	Registration
\$90	\$85	\$85	\$440	\$85

Registration Fee	New applicants	\$85
Re-enrollment Fee	Returning yearly	\$65
Late pick-up Fee (after 10 minutes)	First 10 minutes	\$20 (\$1 for each minute after)
Late payment	Weekly	\$25
Returned payment fee		\$30

Child Care Payment

- *Fine Futures uses a payment app for billing and invoicing, additional information will be provided to parents after enrollment
- *Parents will have the option of paying weekly, bi-weekly or monthly, whatever option you choose payment will be required ahead of care by the Friday prior to the week of care.
- *Rates are subject to change and maybe adjusted annually with 30 days' notice
- *If the center is closed for weather or facility problems, you will still be responsible for payment as your paying for a spot and not for attendance. This also applies if the child is out of school due to sickness or vacation. For any other unique family situation, management will determine case by case, however a minimum of 2 weeks' notice will still be required for changes.
- *Summer students cannot change attendance dates once registration is complete unless there is a family emergency.
- *The Center is opened Monday -Friday from 6.45 a.m. -5.30 pm, throughout the year except for certain holidays (view parent handbook)

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Payment Policy and or Enrollment Agreement

Child's Name _____ Program_Start date _____ (all forms must be provided prior to start date)

Is this a joint account Yes ___ No ___ ?

If yes, please list other responsible party:

Parents will have the option to decide on paying weekly, bi-weekly, or monthly. Whichever way you decide, you will be paying ahead for care. Ex. If you choose to pay monthly, the entire following month will be paid on the Friday prior to the first week of the new month. A two week advance written notice is required if you need to end care or change of schedule.

I/We choose to pay:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Weekly _____ Bi-Weekly _____ Monthly _____

Your Parent Fees/Rate \$ _____

1. Statements will be available via the Fine Futures app (access provided once enrolled)
2. Weekly parent fees are billed according to the number of Mondays within that month.
3. Payments must be received by the Friday before the next billing week (you are always paying ahead).
4. Checks/money orders should be written to the "**Fine Futures Early Childcare Education**". Please include the child's full name and program in the memo line on your check and or money order. There is a \$30.00 fee for all returned checks.

DELINQUENT PAYMENT POLICY:

When you become delinquent on your account, not paying according to your agreement, the following procedure will occur:

1. If the parent fee is not paid by Friday, a phone call will be made to you on Friday reminding you that a payment must be made.
2. If no payment is received by 12 noon Monday, you will receive a letter stating that you must have two weeks paid by that Friday.
3. If the two-week payment is not received by that Friday, your child/children will be terminated from the program(s) effective that Friday, your security deposit will be applied to the outstanding balance and your account will be reviewed by our accounting office.
4. Fine Futures Early Childhood Education Center will review accounts that are delinquent. Unpaid accounts will be turned over to a collection agency if not settled within 30 days of termination and are subject to small claims court.

I agree to the above payment policies and enrollment terms

Parent or Guardian's Signature/Date

Daycare Director/Administrator/Date

Oral Health Non-Participation Form

In January 2010, EEC issued new regulations for childcare programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to childcare programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parents may choose that their child (ren) not participate in tooth brushing while present at the childcare program. You do not need to fill out this form to have your child(ren) participate in tooth brushing while they are in childcare. However, if you do not want your child to brush his or her teeth while s/he is attending the childcare program, please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child’s record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child’s file. Thank you.

I do not wish to have my child participate in tooth brushing while in care at

(Fine Futures Early Childhood Education)

Child’s Name: _____

Parent/Guardian’s Name: _____

Signature: _____

Date: _____

If you have any questions or concerns, please call:

_____ at _____

(Director)

(508-398-6363)

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM: MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT DROP OFF ___ PARENT PICK UP

___ SUPERVISED WALK ___ SUPERVISED WALK

___ UNSUPERVISED WALK ___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN ___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN ___ PROGRAM BUS/VAN

___ CONTRACT/VAN ___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT ___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER ___ OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM: MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT DROP OFF ___ PARENT PICK UP

___ SUPERVISED WALK ___ SUPERVISED WALK

___ UNSUPERVISED WALK ___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN ___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN ___ PROGRAM BUS/VAN

___ CONTRACT/VAN ___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT ___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER ___ OTHER

PARENT /GUARDIAN SIGNATURE _____

DATE _____

Early Education and Care in the State of MA

Dear Parents

Massachusetts Early Childhood Education licensing requirements states that we must provide you with the following statement below.

You have the right to visit and observe our center at any time without having to secure their permission: the center’s obligation to be licensed and to comply with licensing standards and the obligation of all citizens to report suspected child abuse, neglect, exploitation to the Department of children and family services as well as EEC. All centers are licensed and governed by the Department of Early Education and Care and can be contacted at 617-988-2451.

Sincerely

Fine Futures Early Childhood Education

Please complete and return this portion below to the center

Name of Child: -----

Name of Parent: -----

I have read and received a copy of the Information to Parents statement prepared by the Department of Early Education and Care

Signature

Date