

Southborough Extended Day Program, Inc.

P.O. Box 390 ~ Southborough, MA 01772 ~ Phone: (508)481-9353 ~ Fax: (508)481-0794

www.southboroughextendedday.com

2011-2012 Southborough Extended Day – Preschool Registration

In order to enroll your child in our preschool enrichment program:

- ◆ Please complete and sign all the attached registration forms
- ◆ Please submit a \$25 registration fee, your first month's tuition and a security deposit equal to one month's tuition.
- ◆ Security deposits will be carried over year to year and applied to your final month in the program. 30 day notice of withdrawal is required.
- ◆ Tuition is due in advance of services, on the 1st of every month
- ◆ Make checks payable to SEDP.
- ◆ Registration forms and payment may be dropped off at any of our sites or mailed to PO Box 390, Southborough, MA 01772.
- ◆ The Preschool enrichment program operates 12:00-3:00PM on all school days, with the exception of "early release days" at the Finn School. A list of closures is available to all parents at the beginning of the school year. If the public schools are closed, the preschool enrichment program will also be closed. Please note that preschool children are not eligible for enrollment in the afterschool program, before-school program, or full-day programs offered by SEDP.

We look forward to getting to know your family! Don't hesitate to call if you have any questions or would like to schedule a visit to one of our programs.

Sincerely,

Karen Isaacson

Executive Director

2011-2012 Preschool Tuition

| Program | 5 Days/Wk | 4 Days/Wk | 3 Days/Wk | 2 Days/Wk |
|--|-------------|-------------|-------------|-------------|
| Preschool Enrichment <small>(Finn)</small> | \$420/Month | \$335/Month | \$250/Month | \$170/Month |

- **Extra Day Rates: \$25 per day**

- **Family Discount:**

You receive a 5% discount off your total tuition if more than one child is enrolled at SEDP.

2011-2012 Preschool Registration

Child's name: _____ Date of birth: _____

Desired Start Date: _____

Schedule: Please check the days your child will be attending Extended Day:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

I understand that I must provide 30-day written notice for any changes to the above schedule, including withdrawal from the program. I understand I will be responsible for full tuition payments during that time period.

Parent Signature: _____ Date: _____

Office Use Only:

Security Deposit: On file: _____ New: _____

Check # _____ Amount: \$ _____ Rec'd by: _____ Date: _____

Reg. Fee: _____ Tuition: _____ Schedule: _____ ED approved: _____

2011-2012 Southborough Extended Day - Enrollment Form

Child Information

Child's name: _____ Date of birth: _____
Age as of September 1st 2011: _____ Grade entering Sept 2011: _____
Child's home address: _____ City/St/Zip: _____
Home phone number: _____ Primary language: _____
Eye color: _____ Hair color: _____ Skin color: _____ Gender: M or F
Height: _____ Weight: _____ Identifying marks: _____

Parent/Guardian Information

Name: _____
Relationship to child: _____
Primary language: _____
Address: _____
City/St/Zip: _____
Cell phone #: _____
Work phone #: _____
Employer: _____
Employer address: _____
City/St/Zip: _____
Occupation: _____
Hours at work: _____
Email: _____

Parent/Guardian Information

Name: _____
Relationship to child: _____
Primary language: _____
Address: _____
City/St/Zip: _____
Cell phone #: _____
Work phone #: _____
Employer name: _____
Employer address: _____
City/St/Zip: _____
Occupation: _____
Hours at work: _____
Email: _____

Both email addresses will be used for sending monthly invoices and newsletters unless otherwise indicated. We will not share your address with any other party.

Are both parents allowed to pick up at any time? yes no
(If no, the custodial parent must provide a court order defining the arrangements.)

Are there any stepparents who are allowed to pick up? yes no
If yes, please list name(s): _____

2011-2012 Southborough Extended Day - **Transportation Plan**

Below is SEDP policy for arrival and departure from our program. Any variation to this policy requires director approval and written authorization must be maintained in the child's file.

Preschool enrichment program (Finn)

- Arrival: Students are walked to the extended day classroom by one of their preschool teachers at 12:00. SEDP staff check them in upon arrival
- Departure: Extended Day staff walk the children to the parent pick-up area at 2:50 PM. (The doors near the gym.) Staff wait with children until a parent or other designated adult arrives, and then signs the child out of the program. Children will only be released to parents or other adults authorized in writing by the parents. Parents and other authorized pick-ups should have a photo ID ready.
- Alternate departure: Parents are welcome to pick up their child early by coming directly to the Extended Day classroom. Parents should enter the building through the blue door marked #10 on the left side of the building.

IMPORTANT REMINDERS:

- Parents must tell their child's teacher and the school office which days their child will be attending Extended Day. The school will not allow your child to come to SEDP without your consent.
- Any **absences** or **changes** to your child's schedule must be communicated to **both** your child's teacher **and** SEDP. It is not the responsibility of the school office to communicate absences or changes to SEDP.

Child's Name

Grade (2011-2012 school year)

I authorize my child to arrive and depart from SEDP in the manner described above. I understand that any changes or variations to this policy require written parental consent and director approval.

Parent/Guardian Signature

Date

2011-2012 Southborough Extended Day – First Aid & Medical Consent Form

Child's Name: _____ Date of Birth: _____

Health History

Child's allergies: _____ None

Chronic health conditions: _____ None

Special diet/food restriction: _____ None

Special limitations or concerns: _____ None

Behavioral/emotional concerns: _____ None

Regular medications: _____ None

Possible side effects: _____

Physician/Insurance Information

Child's physician name: _____

Address: _____

Phone number: _____

Health insurance coverage: _____

Policy #: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. If no, please provide a copy of your child's immunization history and record of a physical exam within the last 12 months.

yes no Name of School: _____

I authorize SEDP staff, who are trained in the basics of first aid/CPR, to give my child first aid/CPR when appropriate.

yes no

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

yes no

Parent/Guardian signature

Date

2011-2012 Southborough Extended Day –Additional Information

Child's name: _____ Date of birth: _____

Emergency Contact and Authorized Pick-up list

Name: _____ Relationship to child: _____

Address: _____ City/St/Zip: _____

Day time phone #: _____ Alternate phone #: _____

Should this person be contacted in the event of an emergency? Yes _____ No _____

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

Name: _____ Relationship to child: _____

Address: _____ City/St/Zip: _____

Day time phone #: _____ Alternate phone #: _____

Should this person be contacted in the event of an emergency? Yes _____ No _____

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

Name: _____ Relationship to child: _____

Address: _____ City/St/Zip: _____

Day time phone #: _____ Alternate phone #: _____

Should this person be contacted in the event of an emergency? Yes _____ No _____

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

Parent/Guardian signature

Date

Communication With School

A child's classroom teacher and the school counselor can be great sources of information about your child's needs and his/her ability to have a successful "whole school" experience.

I give permission for SEDP staff to discuss my child's progress with school personnel (classroom teacher, nurse, special ed. dept, school psychologist, etc.).

yes no

Parent/Guardian signature

Date

Photograph Consent (please check appropriate box)

- My child has permission to be photographed at Southborough Extended Day, by staff and by member of the press, for the purpose of publicity, including publications and websites.
- My child has permission to be photographed by Southborough Extended Day staff for internal program use only, and **not** by the press for publicity purposes.
- My child may not be photographed at any time.

Parent/Guardian signature

Date

Help us get to know your child!

Child's name: _____ Date of birth: _____

Language spoken at home: _____

How would you describe your child? _____

Previous experience with other children/child care: _____

Reaction to new people: _____

Favorite toys and activities: _____

Fears (loud noises, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline used at home? _____

What would you like your child to gain from this experience? _____

Health and history

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Any speech difficulties? _____

Daily routines

Any difficulties eating? _____

Favorite foods: _____

Does your child become tired or nap during the day? (include when and how long) _____

Is your child ever reluctant to use the bathroom? _____

Does your child ever have toileting accidents? _____

Is there anything else we should know about your child? _____