

**PRESCHOOL CHILD CARE PROGRAM ENROLLMENT FORM**

**(Four and Five-Year-Old Children)**

**(Must be Four by August 31<sup>st</sup> and Toilet Trained)**

**(School Year Only! No Summer Program Available)**

**2019-2020 School Year**

**Please return Enrollment Form to the Extended Day Program  
with a \$20.00 non-refundable registration fee**

**Please Print**

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Tel. # \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please submit most recent physical and immunization  
Records and birth certificate for your child**

Circle Days / Time of School Attendance:

School Attendance      A.M. Session      P.M. Session      Full Day

(A minimum of a 2-day enrollment each week is required)

Circle Days of School Attendance:      M      T      W      TH      FRI

Circle Days of Daycare Attendance:      M      T      W      TH      FRI

Drop off Time: \_\_\_\_\_ Pick up Time: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

**VACATIONS**: Must sign up 3 weeks prior to school vacations.

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***SCHOOL DEPARTMENT USE ONLY - DO NOT FILL OUT***

Application Received \_\_\_\_\_ Registration Fee Received \_\_\_\_\_

Date of Admission \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Home Tel. #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**Emergency Information:** Please give name, address, relationship and phone numbers of two people that may be notified in case of an emergency or illness if parents cannot be reached.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Please list the names of anyone who is authorized by you to pick up your child. (Other than parents/guardians) **If there is a custodial issue or dispute at any time during the school year, while your child is enrolled in the Extended Day Program, please provide the Extended Day Program with court documents.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**ILLNESS/FIRST AID PERMISSION:** If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Taunton Extended Day Staff to administer emergency first aid and to transport or arrange transportation for my child to Morton Hospital or the closest medical facility to receive emergency medical treatment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIP PERMISSION:** I give permission for my child to attend the program field trips which may include walks to local parks, stores, etc., and bus field trips to recreation and education facilities. I understand that I will be notified in advance about the out of town trips that will be planned.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTOGRAPH/VIDEOTAPE PERMISSION:** I give permission for my child to be included in any newspaper, radio, television and/or website publicity related to the program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HEALTH INFORMATION:** All enrolled children must have an up to date record of immunization and a recent physical to be eligible for this program. Kindergarten and Preschool parents are required to bring in a copy of their child's health record. **(IF YOUR CHILD HAS A SERIOUS MEDICAL CONDITION PLEASE SEE THE EXTENDED DAY NURSE)**

1. Does your child have any food allergies? \_\_\_\_\_
2. Is your child allergic to bee stings? \_\_\_\_\_
3. Is your child allergic to any medication? \_\_\_\_\_
4. Does your child have any special health conditions that we should know about?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Does your child take any medication on a daily basis or any other medication such as Epi-Pen or inhaler, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Emergency Tel. # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Emergency Tel. # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Tel. # \_\_\_\_\_

1. Date of Last Physical Examination: \_\_\_\_\_

2. Physical Exam and Immunization Records are on file at child's school?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Please check the following medical conditions your child has had:

Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Epilepsy \_\_\_\_\_ Measles \_\_\_\_\_ Headaches \_\_\_\_\_

German Measles \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ (Please Specify)

Other: \_\_\_\_\_

4. Does your child have any physical limitations? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

5. Does your child have any special emotional needs? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

6. Does your child have any special limitations or concerns?  
(example: dietary restrictions)

\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRUG & ALCOHOL FORM**

I understand that the Taunton Extended Day staff will not relinquish a child to a parent or authorized person who is suspected of being under the influence of drugs or alcohol.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Authorization and Consent - Medical**

I understand in the event of illness, injury, or medical emergency concerning my child,  
\_\_\_\_\_, every attempt will be made to contact me.

Child's name

If I cannot be reached, the staff will attempt to contact the people whose names are given as emergency contacts on the enrollment form. If the staff cannot contact any of the emergency contacts, I hereby authorize the staff of the Taunton Extended Day Program to take my child to Morton Hospital or the closest medical facility that will administer the necessary medical treatment required. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Parent Release Form**

I give permission for the Extended Day Director and/or Group Leader to speak with my child's Teacher, Principal, or Guidance Counselor in regards to any educational or behavioral issues that would concern my child.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Automated Message Service**

The Taunton Extended Day Program strongly urges parents to sign up for the Automated Message Service. Through this system you will be notified of school cancellations, delayed starts, early releases and **Extended Day cancellations**. Please visit the Taunton Schools Website to sign up.

\_\_\_\_\_ I am enrolled or **will be enrolling** in the Automated Message Service.

\_\_\_\_\_ I would like to be contacted by the Taunton Extended Day Program.

I have provided 2 numbers to contact me for early releases only.

Telephone numbers: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# **This is a legal and binding contract!**

## **TAUNTON EXTENDED DAY PROGRAM ENROLLMENT AGREEMENT/ CONTRACT**

**\*\*\*Please Read Carefully!\*\*\***

### **I AGREE TO ALL OF THE RULES AND POLICIES DESCRIBED BELOW**

1. I agree to all of the regulations stated in the Parent Handbook 2019-2020.
2. I agree to notify the program in the event my child will be absent for reasons of illness, etc.
3. I agree and acknowledge there will be no credit or refunds due to absence including contagious diseases.
4. I understand that **full week** family vacations (children will not be attending the Extended Day Program) will be tuition free only if a dated **two-week notice** is given to the Extended Day Director in **writing**. It is not the staff's responsibility to notify the Director of a vacation without a written notice from the parents.
5. I understand that if I decide to switch a day that my child is not scheduled to attend with a day he/she is scheduled to attend (must check with office for availability), I must pay the tuition fee for both days.
6. I understand that during days' school is closed due to bad weather, the program will be cancelled.
7. I understand that during vacation periods, if there is bad weather the program will be cancelled.
8. I understand that a minimum of a two-day enrollment each week is required.
9. **I understand that I am responsible for weekly payment of contracted fees, paid in advance on Thursday or Friday by check or exact change.** Failure to pay will result in termination from the program. I will give a two-week notice in writing to the Director if I decide to withdraw my child from the program or I will lose my deposit. All payments will be made out to: City of Taunton. **Parents who leave the program with an outstanding balance will be prosecuted to the full extent of the law.**
10. I agree to pay the tuition rates that are posted in the Parent Handbook 2019-2020.

**Enrollment Agreement / Contract (continued)**

11. I understand that there will be at least a two-week wait period prior to starting in the program. The wait period will be longer at the beginning of the school year and the beginning of the summer. **If there is a change in schedule prior to my child starting the Extended Day Program, I agree to give a proper 2-week written notice to the program.**
12. I agree to pick up my child by the program's closing time. Failure to comply will result in penalty fees. Late pick-ups occurring more than three times may result in termination from the program.
13. I understand that if I drop off or pick up my child prior to or after my scheduled drop off/pick up time, I will be charged the appropriate tuition fee.
14. I understand that if a check is returned to the Extended Day office, City Hall's policy is:
  - a. **When a check is returned to the Extended Day Program, we are required by City Hall to no longer accept checks from that account.**
  - b. **The City of Taunton's bank charges parents a \$25.00 fee for all checks on accounts which have insufficient funds, accounts that have been closed, etc.**
15. The Taunton Extended Day Program reserves the right to terminate or limit a child participating in its program, if by the judgment of the staff, the child's behavior is inappropriate in the program.
16. Parents with a varying schedule need to call the office a week in advance with the schedule for the following week. If we do not receive the schedule in advance, parents will be charged for all 5 days.
17. **I have read and understand the policies, procedures and fee schedules of the Taunton Extended Day Program. I agree to follow them as stated in the handbook. I understand that the enrollment of my child obligates me to a weekly fee. This is to be paid weekly without regard to absences.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Taunton Extended Day Program

## **Check Information Form**

Dear Parent:

We are requesting that all Extended Day parents who pay tuition by check complete the bottom portion of this form. If you choose not to submit your Social Security Number or License Number, we will no longer be able to accept your checks.

All files are kept confidential. If you have any questions, please contact our office at 508-821-1224. Thank you.

**Child's Name:** \_\_\_\_\_

**Daycare Site:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security or Driver's License Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security or Driver's License Number: \_\_\_\_\_

Alternate Person's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security or Driver's License Number: \_\_\_\_\_

**I prefer not to give my Social Security Number or License Number and I understand that I will have to pay either by cash or money order.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date