



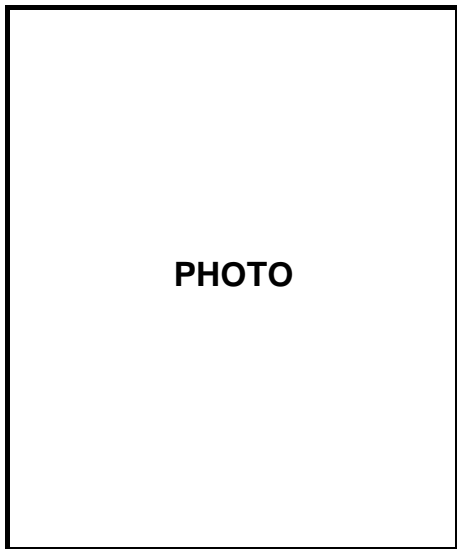
Rogers-Pierce
CHILDREN'S CENTER

2021-2022
Parent Enrollment Packet

ROGERS-PIERCE CHILDREN'S CENTER

75 Pleasant Street, Arlington, MA 02474
Tel. (781)646-5280 FAX (781)646-5295

GROUP DAY CARE AND SCHOOL AGE CHILDCARE CHILD'S FACE SHEET / ENROLLMENT FORM



CHILD'S INFORMATION:

Name _____
Address _____
Phone # _____
Eye Color _____ Hair Color _____
Height _____ Weight _____
D.O.B. _____ Ethnic Group _____
Identifying Marks _____

PARENT/GUARDIAN INFORMATION

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Cell Phone # _____	Cell Phone # _____
E-mail Address _____	E-Mail Address _____
Other # _____	Other # _____
Occupation _____	Occupation _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
Business Phone _____	Business Phone _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirement, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

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DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

* Questions preceded by an asterisk are only required for children enrolling in a Toddler room. *

CHILD'S NAME _____ DATE OF BIRTH _____

DEVELOPMENTAL HISTORY

Age began sit _____ Crawling _____ Walking _____ Talking _____
*Does child pull up? _____ *Crawl _____ *Walk with support? _____
Any speech difficulties? _____
Special words to describe needs _____
Language spoken at home _____ *Any history of colic? _____
*Does child use pacifier or suck thumb? _____ When? _____
*Does child have a fussy time? _____ When? _____
*How do you handle this time? _____

HEALTH

Any known complication at birth? _____
Serious illnesses and/or hospitalizations? _____
Special physical conditions, disabilities? _____
Allergies e.g. 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 food: _____
Foods refused _____
* Is child fed held on lap? _____ High chair? _____
* Does child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

* Are disposable or cloth diapers used? _____
* Is there frequent occurrence of diaper rash? _____
* Do you use _____ 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 particular procedure to be used for your child at the center _____
What is used at home? Potty chair? _____ Special Child Seat? _____ Regular Seat? _____
How does child indicate bathroom needs (include special words)? _____
Is child ever reluctant to use the bathroom? _____
Does child have accidents? _____

(cont'd) DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

SLEEPING HABITS

* Does your child sleep in a crib? _____ Bed? _____
Does child become tired or nap during the day (include when and how long) ? _____

When does 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: _____

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 child? _____

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

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

DAILY SCHEDULE

Please describe your child's schedule on a typical day. *For toddlers, 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

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Medical Information and Emergency Information Form

CHILD'S NAME _____ DATE OF BIRTH _____

I authorize staff in the child care program who are trained in the basics of First Aid 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. 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)

PARENT NAME: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

PARENT NAME: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

1. Name _____ Address _____

Relationship to child _____ Phone # _____

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

2. Name _____ Address _____

Relationship to child _____ Phone # _____

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

3. Name _____ Address _____

Relationship to child _____ Phone # _____

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

4. Name _____ Address _____

Relationship to child _____ Phone # _____

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

Parent / Guardian Signature

Date

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Transportation Plan and Release Authorization

Child's Name: _____

Date of birth: _____

My child will arrive at RPCC by:

- Parent Dropping Off
- Other

My child will depart from RPCC by:

- Parent Picking Up
- Other

If Other is checked, please describe how your child will arrive at or depart from RPCC:

Parent / Guardian Signature

Date

I give permission for the following people to drop off and pick up my child at Rogers-Pierce Children's Center.
I understand that a photo identification will be required for any person picking up my child.

1. Name _____ Relationship to child _____

Address _____ Phone # _____

2. Name _____ Relationship to child _____

Address _____ Phone # _____

3. Name _____ Relationship to child _____

Address _____ Phone # _____

4. Name _____ Relationship to child _____

Address _____ Phone # _____

5. Name _____ Relationship to child _____

Address _____ Phone # _____

Parent / Guardian Signature

Date

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PERMISSION SLIP

My child, _____ has permission to leave the Rogers-Pierce Children's Center under appropriate supervision with his/her class either by walking or by public transportation to the following destinations:

1. Robbins Library, Mass. Ave. Arlington
2. Buzzell Field, Summer St. (end of Water St.) aka "Bridge Park"
3. Menotomy Rocks Park, Jason St., Arlington
4. The Indian and playground, Maple St., Arlington aka "Grass Park"
5. Magnolia Park, Magnolia St., Arlington
6. Edith Fox Library, Mass Ave. Arlington
7. Spy Pond Playground, Pond Lane, Arlington
8. Robbins Farm Park
9. Lussiano Field/Thompson School
10. Parallel Park-Medford St.
11. BCC "upstairs gym"

I also give permission for my child to go on a walk under appropriate supervision with his/her class and teacher(s) around the neighborhood, to destinations such as the Post Office, Fire Station, and to local stores.

I understand that I will be informed when my child's class travels out of the area to other destinations.

Parent/guardian signature

Date

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FEE AGREEMENT

Name: _____

Start/Return Date: _____

Address: _____

Registration Fee: _____

Telephone: _____

Tuition Deposit: _____

I am contracting childcare services for the following days and hours*. I understand that I am responsible for paying tuition for holidays, sick days, and all other absences such as vacations, snow days or other days that the center is forced to close. This includes closure due to an epidemic, pandemic or other natural disaster that is beyond the control of the center. In the case of a prolonged closure, the Director, Bookkeeper and Board of Directors will consider all means to reduce tuition (e.g. outside funding or staff furloughs) while ensuring the center's financial and operational viability. Families are encouraged to contact the Director and/or Bookkeeper in cases of financial hardship.

I further understand that if I withdraw my child from the summer program I am responsible to pay 30% of his/her regular tuition if I would like him/her to return to the center in the fall. Tuition rates generally increase each September, amount determined by the Director and Bookkeeper and approved by the Board of Directors.

I further understand that a one month's written notice is required for withdrawal, and that I am responsible for all charges within that notification period.

** For 2021-22, parents have two options for enrollment: (1) 7:45AM-3:30 PM Or (2) 7:45 AM-5:30 PM. Please circle your preferred days and hours. Operational hours are subject to change.*

DAYS OF WEEK

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

HOURS OF OPERATION

7:45 a.m. to 3:30 p.m.

7:45 a.m. to 5:30 p.m.

I have received a copy of the Rogers-Pierce Children's Center tuition policy and understand and agree to all stipulations, including the assessment schedule for late payments, late pick-ups, extended day rates and other administrative fees.

Parent/guardian signature

Parent/guardian signature

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CONTRACT

I wish to enroll my child, _____ in the Rogers-Pierce Children's Center. I understand that the Center will provide comprehensive care, including snacks.

I agree that as part of my responsibility as a parent, I will:

- attend parent conferences twice per year as scheduled.
- attend parent-teacher meetings.
- become involved in support of the center through fund-raising activities, clean-up and classroom projects.
- bring any concerns about my child or the program to the attention of my child's Teacher or to the Director.
- follow the policies of the Rogers-Pierce Children's Center as outlined in the Parent Handbook, Registration policies, and others deemed necessary by the Center throughout the year.

Parent /Guardian Signature

Date

RPCC Representative Signature

Date

I hereby give Rogers-Pierce Children's Center permission to use my child's photograph (without name) in articles, advertising, website or newspaper accounts regarding the Rogers-Pierce Children's Center.

Child's Name

Parent / Guardian Signature

Date

Classroom Website Permission Form

Remember that our classroom website is ONLY accessible to parents and teachers in our classroom!

Please check the appropriate boxes, sign and return this form to your teacher as soon as possible. Thank you.

I give permission to show my child's photograph on the class list

YES NO

I give permission to show my child's parent name(s) on the class list

YES NO

I give permission to show my child's home address on the class list

YES NO

I give permission to show my child's home telephone number on the class list

YES NO

I give permission to show my child's photographs in classroom settings

YES NO

Child Name(s): _____

Classroom: _____ Date: ____ / ____ / ____

Parent or Guardian

Name (please print): _____

Signature: _____



Rogers-Pierce
CHILDREN'S CENTER

2021-2022 RPCC Calendar for School Closings

This year RPCC is closed for twelve holidays and three staff days. The Center closes early at 3:00 p.m. on the Wednesday before Thanksgiving.

Rogers Pierce Children's Center	
2021– 2022 Closings	
Description	Date
Labor Day 2021	September 6
Columbus Day	October 11
(3:00 p.m. closure for Thanksgiving Eve)	November 24
Thanksgiving	November 25
Friday after Thanksgiving	November 26
Christmas Eve Day	December 24
Christmas Holiday Monday after	December 27
New Year's Eve Day	December 31
Martin Luther King Day	January 17
President's Day	February 21
Staff Professional Development Day	March TBA
Patriot's Day	April 18
Memorial Day	May 30
Independence Day Holiday	July 4
Staff Days Thurs.& Fri. before Labor Day	September 2 & 3

**Rogers-Pierce Children's Center
FY 2021-2022 Tuition and Fees**

TUITION SCHEDULE

TODDLER		Daily Tuition	Monthly Tuition
	Numbers of Days Attending		
5:30 PM	5	\$115	\$2,475
	4	\$132	\$2,270
	3	\$148	\$1,915
	2	\$176	\$1,515
	Numbers of Days Attending		
3:30 PM	5	\$94	\$2,025
	4	\$108	\$1,860
	3	\$119	\$1,535
	2	\$151	\$1,300

PRESCHOOL + Pre-K

	Numbers of Days Attending		
5:30 PM	5	\$110	\$2,365
	4	\$127	\$2,185
	3	\$138	\$1,775
	2	\$151	\$1,300
	Numbers of Days Attending		
3:30 PM	5	\$87	\$1,865
	4	\$102	\$1,760
	3	\$111	\$1,430
	2	\$137	\$1,175

One Time Registration Fee (non refundable)	\$	100.00
Tuition Deposit	\$	500.00
Single Extended Day Fee (3:30 to 5:30)	\$	40.00
2 Extra Days	<i>Billed at daily rate corresponding to child's tuition</i>	
3 Late Pick Up Fees	<i>per policy</i>	

- 1, 2 - Extended days or extra days are granted on a space available basis with the Director's pre-approval.
 3 - Children picked up late from their program will be billed according to RPCC tuition 10% family discount is given on the lower tuition.



Rogers-Pierce
CHILDREN'S CENTER

Things to Bring

- Nut-Free Lunch in an insulated lunch box with ice pack (no heat-ups allowed at this time)
- Crib Sheet (laundered weekly)
- Small blanket (laundered weekly)
- Pacifier or “lovey” if needed for nap
- 2 complete sets of extra clothes (in zip lock bag)
- Extra shoes
- Weather appropriate outdoor clothes
- Diapers (if needed)
- Wipes (if needed)
- Water bottle or sippy cup (toddlers 2 cups)
- Family photo: (please provide name and relationship on back)
- 2 clean masks

Please LABEL all items!