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**Laugh & Learn Preschool**

**2019/2020 school year**

**~Registration Packet~**

**All forms can be found on our website: www.rsu5cp.org**

Registration Packet:

1. Registration Form
2. Emergency Information Form (2 pages)
3. "Getting to Know Your Child" Form
4. Behavior Contract
5. Financial Contract

All forms must be completed and returned to RSU5 Community Programs before your child can be enrolled- No Exceptions. A new registration packet must be completed for each new school year.

Please fill out all forms and return: **Incomplete packets will not be accepted**

 **Registration Checklist:**

\_\_\_\_ Registration form

\_\_\_\_ Emergency Information Form (2 pages)

\_\_\_\_ “Getting to Know Your Child” form

\_\_\_\_ Behavior Contract

\_\_\_\_ Financial Contract

\_\_\_\_ **\*Immunization Records \*Immunization records must be received before we can process your registration request\***

(DHHS requires that we keep immunization records for each preschool child enrolled in our program. Your child is not required to have all recommended immunizations, but do know that if there is an outbreak of something that your child is not vaccinated against we may be advised that your child will need to be excluded from our program until the threat of infection has passed).

Return Packet to:

RSU # 5 Community Programs \* 17 West Street \* Freeport, ME 04032

Phone: 865-6171 or Fax: 865-2855

**Laugh & Learn Preschool** 

Registration Form

Thank you for choosing RSU5 for you child’s educational institution.

Children must be 3 years old and fully potty trained to enroll in our program.

We offer rolling admission.

To register, please complete the registration packet and submit to RSU5 Community Programs. Registrations may be faxed, mailed, emailed, or brought to the RSU5 Community Programs office. Slots will be allocated primarily on a first-come, first-serve basis.

**Parent Volunteering**

Though not required, parent volunteering is appreciated! If you would like to volunteer, please let our teachers know what you’re interested in doing, or email the Childcare Coordinator directly.

***Note:*** *Laugh & Learn follows the RSU5 school calendar. Our programs are closed when the schools are closed, including snow days, federal and state holidays, professional learning days (PLD), and during school vacations (including the summer). Camp programs may be available, based on demand, through Community Programs for non-school days.*

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What days, and hours, would you like to enroll your child in Laugh & Learn:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 7:00-8:30 |  |  |  |  |  |
| 8:30-11:30 |  |  |  |  |  |
| 8:30-3:30 |  |  |  |  |  |
| 7:00-5:30 |  |  |  |  |  |
| 8:30-5:30 |  |  |  |  |  |
| 3:15-5:30 |  |  |  |  |  |

\*\*\* **Before and After Care is only offered to preschool/prk children that are dually enrolled with the Public PrK and Laugh and Learn**. If needed please mark that on the days they will be attending the Public PrK and needing this care\*\*\*\*

Will your child also be enrolled in RSU5’s Public Preschool Program for the 2019/2020 school year? □ Y □ N

If yes, at which school? \_

Days enrolled: M, T, W, Th, F (please circle)

**Emergency Information**

**ALLERGIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Write Legibly**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male / Female

Primary Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Mailing Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer (Name, Address & phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers (please list in the order we should call)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

**Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer (Name, Address & phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers (please list in the order we should call)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

**Emergency contacts for when legal guardians are unavailable/unreachable:**

Emergency Contact #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers (please list in the order we should call)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

Emergency Contact #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers (please list in the order we should call)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell other

In addition to the Emergency contacts above please list the name and relationship of persons authorized to pick up your child.

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

Please note any special custodial arrangements (please provide a copy of court orders if parental rights are restricted)

Children will not be released to anyone not authorized for pick up by a parent/guardian. If someone other than those designated above will be picking up your child, you must notify Laugh and Learn **BEFOREHAND** and include the name and relationship of that person to your child. Anyone picking up your child will need to provide a **photo** ID until staff is familiar with them.

Please review and sign the following statements and authorizations. If you have any questions or do not agree with statements/authorizations, please discuss your concern with the childcare coordinator.

Please check one for each statement:

|  |  |  |
| --- | --- | --- |
| I Do | I Do Not |  |
|  |  | give permission for teachers to photograph/videotape my child to be used in the classroom for bulletin boards and other school uses. |
|  |  | give permission for my child’s photo/video to be shared in the community (e.g. press releases, RSU5 CP website or Facebook page, promotional flyers, TV) |
|  |  | give permission for my child to participate in local walks under the supervision of teachers and staff. **Note** – If you do not want your child to participate you will need to make other arrangements for their care when field trips are planned. |
|  |  | give permission for my child to be transported in RSU 5 Community Programs provided vehicles (school bus or vans). **Note** – If you do not want your child to participate you will need to make other arrangements for their care when field trips are planned. |

\_\_\_\_\_\_ (please initial) I understand that RSU5 Laugh & Learn staff and administration, and RSU5 K-12 staff and administration, may find it necessary to share information between each other about my child's educational and/or health needs in order to provide the most supportive and safe learning environment for my child.

**Medical Information & History**

Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist’s phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operation(s) or serious injuries (dates)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic or recurring illness/medical condition(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Dietary Restrictions \*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Medical Needs/restrictions\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medication(s)\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s) that may need to be administered at school\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_(initial) The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all activities unless otherwise noted.

**\*\*IMPORTANT\*\***If there are special medical needs, restrictions, or medication that will need to be administered while in our care, additional paperwork, and a meeting with L&L teachers, must be completed prior to attending. Certain levels medications will not be able to be administered by teaching staff. Please review any conditions with Coordinator when application in completed.

**Medical Treatment Authorization**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I will be notified in the case of injury or medical emergency. However, in the event that I cannot be reached, I authorize the calling of emergency medical teams and/or doctors to provide the necessary medical services for my child.This authorization includes my consent to receive treatment by a physician in any hospital emergency department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial) I authorize the Laugh and Learn staff to provide first aid and/or CPR if ever needed, and make the decision to call for medical care when I am absent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial) I understand the Laugh and Learn is not responsible for any medical costs that may occur in the case of injury, illness, medical care or hospitalization.

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

**Getting to Know your Preschooler**

The following information will help us to assist your child in transitioning into our program as smoothly as possible, and to have a more successful and positive experience overall. Thank you for your time in relaying this important information!

**Family**

Does your child have a nickname that they prefer we call him/her by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of brothers and/or sisters and their age(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Names of others living in the home & their relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your family recently moved or experienced any major changes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any cultural beliefs/traditions that you would like to share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any pets? If yes, names/types:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication**

What language is spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child communicate (talk, point, sign etc)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child receiving speech services (if yes, with whom)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food**

Does your child have any food sensitivities/**allergies**? □ Yes □ No - Please identify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleep**

Describe your child’s sleep routine (include naps & lengths of naps).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social/Emotional**

Does your child separate easily from you? □ Yes □ No - Please comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child afraid of anything? □ Yes □ No - Please comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child spend time with other children? □ Yes □ No - Please comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you handle discipline in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other**

Please comment on any special needs the teachers should be aware of. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child fully potty trained (goes on his/her own, cleans self)? □ Yes □ No

Does your child have any toilet training issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been evaluated by Child Development Services (CDS)? □ Yes\* □ No

 \*If yes, what was the result of the screening (IEP in place, waiting for results, etc.)?

 \*If yes, please provide a copy of your child’s IEP so that we may better support your child’s development.

Name 3 goals you would like us to work towards as a team in your child’s development.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior Policy/Contract**

Behavior is managed to ensure an enjoyable and safe experience for all. To achieve this, we would like to work together and ask that you begin by letting your child know our expectations for their behavior at Laugh and Learn. We would also like your guidance regarding how to best work with your child to avoid behavior issues and ensure a positive experience in our program.

**Please review the following rules with your child**:

1. Children will follow directions given by Laugh and Learn staff.

2. Children will treat other children and staff with respect; profanity, bullying, name-calling, or other hurtful verbal behavior will not be tolerated.

3. Children will keep their hands and feet to themselves; acts of physical aggression towards staff or participants will not be tolerated.

In the event of disruptive behavior, a child may be removed from the group.

If the disruptive behavior continues, the parent/guardian will be called and asked to pick their child up as soon as possible or to make arrangements with a caretaker to pick the child up from care within an hour.

**At Laugh and Learn we have zero tolerance for any acts of violence**. **If your child causes bodily harm, jeopardizes the safety of themselves, others, or the environment (this includes running away from the group on outings), or is physically violent in any way, you will be called and asked to remove him/her from the program within an hour on that day. Depending on the severity of the event or the frequency of the event, your child’s care may be terminated until a suitable solution can be made to prevent the violent offense/pattern of behavior.**

Do you have any suggestions on behavior management for your child?

Does your child have certain behaviors or needs (diagnosed or otherwise) that we should be aware of in order to plan for the best experience in our program?

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

**Laugh & Learn Preschool**

**Financial Contract**

Please see the contracted schedule below, and charges associated with your childcare needs, for the upcoming school year. The schedule and charges are based on your registration form. If you find that your needs change, please contact our office immediately.

**Slots will be allocated primarily on a first-come, first-serve basis. A $50.00 Registration Fee will be invoiced. Thank-you!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 7:00-8:30 |  |  |  |  |  |
| 8:45-12:00 |  |  |  |  |  |
| 8:45-3:30 |  |  |  |  |  |
| 7:00-5:30 |  |  |  |  |  |
| 8:45-5:30 |  |  |  |  |  |
| 3:15-5:30 |  |  |  |  |  |

The total cost **per week** will be $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Payments are due in advance of care.**

**Primary Email address where correspondence should be sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE BELOW**

I will pay my childcare (choose one): Weekly Monthly

**\*Laugh & Learn bills monthly on Ledger through MyProcare.com**

\*If you pay weekly, payment is due the Friday before care is provided.

\_\_\_\_\_ I will be paying by check or money order mailed to the office.

\_\_\_\_\_ I will be paying solely on MyProcare myself

 \_\_\_\_ I would like to keep a credit card/bank account on file through TUITION EXPRESS for the payment of my preschool/childcare bill. CONTACT Sarah to set this up

\_\_\_\_\_ My bill is split between two individuals for payment (Please explain breakdown)

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

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

**Please Charge my card**: (choose one): Weekly (Friday) Monthly (1st) When I call with amount

CC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_\_

Card Holder Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Holder Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ (Initial) I receive State or other third party payer assistance for childcare.

\*If yes, please contact the office. Payments must be made directly to RSU 5 CP from these agencies. Parents/Guardians are responsible for all parent fees and registration fee that the third-party payer does not pay.

**I understand that:**

* I have contracted the above scheduled childcare and **my bill will not be adjusted for** **illness, absence or vacations** that are not part of the school year calendar. (Fees are based on the hours contracted for, not the hours attended).
* **If at times I require additional care** I must call the Community Programs office in advance for approval, an extra **“drop-in” fee** will be charged
* The **first two weeks** of my child’s enrollment are on a trial basis. During these first two weeks either parent or provider may terminate this agreement at a moment’s notice.
* After the “two-week trial” I must provide a **written, two-week advance notice** to reduce my contracted days or terminate the contract and withdraw from the program (I will be charged for these two weeks whether my child attends or not).
* If you choose to drop days, or change schedules we will not hold spots in the program. If you change a day you may not have that day back if needed, depending on class size.
* If your child displays continual behavioral challenges, bullies, physically harms peers or Teachers, or chooses to make continual choices to poise problems within the program they may be exited from that program. The Coordinator would contact you and discuss the situation prior.
* **Late Pick-up Policy** – Fees will be charged automatically to my account for late pick-ups. L&L aftercare closes promptly at 5:30. If additional time is needed, to speak with teachers etc., I will arrive before 5:30 so that my child and I are ready to leave by 5:30. Starting with the second late pick-up, a fee of $20 after 10 minutes late will be assessed, and then $1.00 a minute after. 30+ minutes late will also require a meeting with the Childcare Coordinator.
* **Laugh & Learn follows the RSU5 school calendar.** **L&L programs are closed when the schools are closed,** including snow days, federal and state holidays, professional learning days (PLD), and during school vacations (including the summer). I will not be charged for these “non-school” days.
* **Delayed Start/Early Release from school:**
	+ If RSU5 has a **delayed start** there will be no before care.
	+ When there is an **early release** there will be no aftercare.
	+ **Preschool only** - In the case of a delayed start, the L&L preschool will open at the time that the school opens. Half day preschool students (8:45-12:00) will **NOT** have school if there is a 2 hour delayed start.
* **A Late Payment Fee** of $20 will be charged to all accounts with a past due balance. I understand that a Letter of Termination of childcare will be sent with two weeks’ notice for failure to pay.
* **If I fail to pay my bill**, Late Payment Fees will continue to accumulate monthly and no member of my family will be able to sign-up or participate in any programs offered by RSU5 Community Programs until my account paid in full.
* All **returned checks** will incur a minimum of $20 in returned check charges. Any returned checks will automatically be re-deposited, unless other arrangements have been made with RSU5 CP billing office. Multiple returned checks may result in a cash or credit card only account. Childcare will be immediately terminated if payment and fees have not been made within 2 weeks of a check being returned.
* RSU5 CP/ L&L program reserves the right to terminate my contract and child care services immediately under certain circumstances (including but not limited to: parent’s failure to pay or complete required paperwork, gross misconduct on the part of the parent or child, behaviors that cannot be accommodated in the classroom without the need for additional staffing or that jeopardize the safety of any of the staff or children etc.)

I have read and agree to the terms of this childcare contract.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAUGH & LEARN FEE SCHEDULE 2019-2020

**Preschool options, ages 3 – 5**

**Requires 2-day minimum\***

|  |  |
| --- | --- |
| **8:30 am – 11:30 am** | Weekly rate |
| 5 days per week | $132 |
| 4 days | $114 |
| 3 days | $95 |
| 2 days\* | $70 |
| Drop-in (for enrolled L&L children only) | $39 |

|  |  |
| --- | --- |
| **8:30 am – 3:30 pm** | Weekly rate |
| 5 days per week | $200 |
| 4 days | $168 |
| 3 days | $139 |
| 2 days\* | $101 |
| Drop-in (for enrolled L&L children only) | $57 |

|  |  |
| --- | --- |
| **7 am – 5:30 pm** | Weekly rate |
| 5 days per week | $257 |
| 4 days | $223 |
| 3 days | $174 |
| 2 days\* | $128 |
| Drop-in (for enrolled L&L children only) | $68 |

|  |  |
| --- | --- |
| **7 am – 3:30 pm****OR****8:30am – 5:30 pm** | Weekly rate |
| 5 days per week | $231 |
| 4 days | $202 |
| 3 days | $158 |
| 2 days\* | $114 |
| Drop-in (for enrolled L&L children only) | $60 |

|  |  |
| --- | --- |
| **Before and After Care** | Weekly Rate |
| 2 days | $74 |

\*\*\***Before and After Care for Preschool/PrK aged children will only be offered if you are dually enrolled**\*\*\*\*