

Community Programs

Laugh & Learn Before & Aftercare 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

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.

Return Packet to:

RSU # 5 Community Programs * 17 West Street * Freeport, ME 04032
Phone: 865-6171 or Fax: 865-2855

Child's Name:

School Year: 2019-2020

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.

Child's Name:

School Year: 2019-2020

Please list an custodial arrangements that staff needs to be aware of:

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 your teacher or 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.

_____ (please initial) I understand that RSU5 Laugh and 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.

Child's Name:

School Year: 2019-2020

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.

Child's Name:

School Year: 2019-2020

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** _____

Child's Name:

School Year: 2019-2020

Getting to Know Your Child

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: _____

Food

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

General Information

What causes your child to feel especially good about her or himself? This might include activities, talents, acquired skills, or specific ways of communicating that your child responds especially well to: _____

What subject(s) or activities does your child enjoy? _____

Describe the way your child learns. _____

What are your child's interests outside of school? _____

Does your child have an education plan (IEP or 504)? Yes* No

*If yes, briefly describe the plan? _____

*If yes, please provide a copy of your child's IEP or 504 so that we may better support your child's development.

How do you handle discipline in your home? _____

Please comment on any special needs the Laugh and Learn Teachers should be aware of and how to best work with your child to ensure a positive experience in our program. _____

Is there any other information you would like to share about your child? _____

Child's Name:

School Year: 2019-2020

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 _____

Child's Name:

School Year: 2019-2020

Laugh & Learn Before/After Care Financial Contract

Dear Laugh & Learn Family,

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 the first billing cycle. Thank-you!

Childs Name _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before care					
After care					

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 MyProcure.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 MyProcure 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.

Child's Name:

School Year: 2019-2020

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_____

Child’s Name:

School Year: 2019-2020

LAUGH & LEARN FEE SCHEDULE 2019-2020

School Aged options
Requires 2-day minimum

Before Care ONLY	Weekly rate
5 days per week	\$84
4 days	\$76
3 days	\$60
2 days	\$44
Drop-in fee (for enrolled L&L children only)	\$28

After Care ONLY	Weekly rate
5 days per week	\$95
4 days	\$84
3 days	\$73
2 days	\$57
Drop-in fee (for enrolled L&L children only)	\$38

Before & After Care	Weekly rate
5 days per week	\$147
4 days	\$126
3 days	\$101
2 days	\$74
Drop-in fee (for enrolled L&L children only)	\$44

Child's Name:

School Year: 2019-2020