



Date received:  
Received by:  
Enrolled on:  
Start date:  
End date:  
Withdrawn:

Laugh & Learn  
**Before and After Care**  
Registration Packet  
2022-2023 School Year

All forms can be found at [rsu5cp.org](http://rsu5cp.org)

**Complete these forms in this Packet:**

1. Registration form \_\_\_\_
2. Emergency information form \_\_\_\_
3. Signed authorizations \_\_\_\_
4. Medical information \_\_\_\_
5. "Getting to Know Your Child" form \_\_\_\_
6. Behavior contract \_\_\_\_
7. Financial contract \_\_\_\_

**Incomplete packets will not be accepted.** 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. **The completed packet needs to be recieved 2 weeks prior to the first day of school for your child to start on the first day of the school year, otherwise you will have a later start date.**

**Return Packet to:**

RSU5 Community Programs \* 17 West Street \* Freeport, ME 04032

Phone: 865-6171 Fax: 865-2855

Email: [olfenec@rsu5.org](mailto:olfenec@rsu5.org)

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

# Registration Form

## Laugh & Learn

Laugh & Learn provides before and after school care for children grades PreK-5th at Durham Community School and K-5th at Mast Landing School. 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 on a first-come, first-served, basis. **From the date we receive the completed registration packet we have up to two weeks to process the paperwork and will let you know the determined start date for your child.**

**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 school vacations (including the summer). Camp programs may be available during vacation weeks, based on demand.

### School:

**Durham** (Pre-K-5th) \_\_\_

**Mast Landing** (K-5th, MSS children bussed and Pownal children bussed for after care only) \_\_\_

### Grade:

|                    |  |
|--------------------|--|
| Child's Name:      |  |
| Parent/Guardian 1: |  |
| Parent/Guardian 2: |  |

Please mark corresponding boxes to request care on specific days of the week.

|              | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| Before Care: |        |         |           |          |        |
| After Care:  |        |         |           |          |        |

# Emergency Information

## Allergies:

|                           |                                 |
|---------------------------|---------------------------------|
| Child's Name:             |                                 |
| Likes to be called:       |                                 |
| Date of Birth:            |                                 |
| Gender/pronouns:          |                                 |
| Primary Physical Address: |                                 |
| Primary Mailing Address:  |                                 |
| Parent/Guardian 1:        |                                 |
| Relationship to Child:    |                                 |
| Primary Address:          |                                 |
| Place of employment:      |                                 |
| Work Address:             |                                 |
| Email:                    |                                 |
| Phone Number:             | 1. Cell:<br>2. Home:<br>3. Work |
| Parent/Guardian 2:        |                                 |
| Relationship to Child:    |                                 |
| Primary Address:          |                                 |
| Place of employment:      |                                 |
| Work Address:             |                                 |
| Email:                    |                                 |
| Phone Number:             | 1. Cell:<br>2. Home:<br>3. Work |

## Additional Emergency Contacts and Authorized Pick-Ups

|                    |  |         |  |          |  |
|--------------------|--|---------|--|----------|--|
| Name/Relationship  |  | Number: |  | Address: |  |
| Name/Relationship: |  | Number: |  | Address: |  |
| Name/Relationship: |  | Number: |  | Address: |  |
| Name/Relationship: |  | Number: |  | Address: |  |

\*\*The individuals listed here are the only ones authorized to pick up your child. To add additional people you must notify Laugh & Learn before hand and they will be required to show a photo I.D.

## Signed Authorizations

| I Do                     | I Do Not                 |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | give permission for teachers to photograph/videotape my child to be used in the classroom for bulletin boards and other school uses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | give permission for my child's photo/video to be shared in the community (e.g. press releases, RSU5 CP website or social media, promotional flyers, etc.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | give permission for my child to participate in local walks and bus trips 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. |

I understand that RSU5 Laugh & Learn staff and administration, and RSU5 Pre-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.

Signature: \_\_\_\_\_

### Treatment Release

I give permission for my child to receive first aid/CPR by staff and, if necessary, for staff to authorize and obtain medical treatment and/or transportation for my child in the event of an emergency, or if my child needs medical attention and I cannot be reached for authorization. This authorization includes my consent to receive treatment by a physician in any hospital emergency department. The included 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.

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

Date \_\_\_\_\_

# Medical Information

|                     |  |
|---------------------|--|
| Child's Physician:  |  |
| Physician's Phone:  |  |
| Physicians Address: |  |
| Insurance Provider: |  |
| Group Number:       |  |
| Policy Number:      |  |
| Hospital Choice:    |  |
| Dentist:            |  |

## History

|  |  |
|--|--|
| Operations or serious injuries (dates):                                  |  |
| Chronic or reaccuring illness/Medical Condition:                         |  |
| Dietary Restrictions:  |  |
| Special Medical Needs/Restrictions:                                      |  |
| Current Medications:   |  |
| Medication(s) that need to be administered during Before and After Care: |  |

**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.

# Getting to Know Your Child

|        |  |
|--------|--|
| Grade: |  |
|--------|--|

|  |  |
|--|--|
| <b>Family</b>                                  |  |
| Name of siblings & ages:                       |  |
| Additional family members living in household: |  |
| Pets:  |  |
| Major life changes:                            |  |
| Cultural Beliefs/Traditions:                   |  |

|  |  |
|--|--|
| <b>Interests/Hobbies:</b>  |  |
| Favorite Subjects:   |  |
| Favorite Activities:   |  |
| How does your child best learn?                                    |  |
| Does your child participate in any out of school activities?       |  |
| What is the best way to redirect your child?                       |  |
| Does your child have any behaviors that you would like to address? |  |

Is your child on an IEP or 504 Plan?                      Yes                      No  
If yes, please briefly describe your child's needs.

If yes a copy of your child's plan must be submitted.

# Behavior 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 & 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 expectations with your child:**

- 1.Children will follow directions given by Laugh & 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 maintain safe bodies. Acts of physical aggression towards staff or participants will not be tolerated.

**At Laugh & 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. Laugh & Learn does not have the ability to provide one-on-one support for students.**

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** \_\_\_\_\_

# 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 on a first-come, first-served basis. A \$50.00 Registration Fee will be invoiced in AUGUST. Please do not send in fee before July 1.

Thank you!

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

|             | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|--------|---------|-----------|----------|--------|
| Before Care |        |         |           |          |        |
| After Care  |        |         |           |          |        |

**Payments are due in advance of care.**

**Please see fee schedule on pg. 10.**

**The total cost per week will be: \$ \_\_\_\_\_**

**E-mail address where bills should be sent: \_\_\_\_\_**

## PLEASE COMPLETE BELOW

\*Laugh & Learn bills placed on ledger @myprocare monthly.

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

\*If you pay monthly, payment is due in full no later than the 15th of the month in order to avoid a late fee.

1. I will pay my childcare (circle): Weekly Monthly

\_\_\_\_ I will be paying by check or money order.

\_\_\_\_ I would like to keep a credit card on file for the auto payment of my childcare bill.

CC#: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVC \_\_\_\_\_

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

\*YES NO **I receive State or other third party payer assistance for childcare.**

\*If yes, please contact the office. Payments must be made directly to RSU5 CP from these agencies. Parents/Guardians are responsible for all charges the third-party payer does not pay.



**I understand that:**

1. 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 contracted hours not hours attended. Closures due to Covid-19 will not be reimbursed.
2. If at times I require additional care I must call the Community Programs office at least 48 hours in advance for approval, an extra "drop-in" fee will be charged
3. 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.
4. 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 or not my child attends).
5. If I withdraw my child or make a schedule change that removes days from their schedule, Community Programs CANNOT guarantee there will be space to place them back later in the year. The spots are first come, first served. Community Programs does not hold spots.
6. **Late Pick-up Policy:** Fees will be charged automatically to my account for late pick-ups. L & L aftercare closes promptly at 5:30 pm. Starting with the second late pick-up, a fee of \$20 for the first 1-10 minutes late will be assessed and then \$10 for each 10-minute increment following. 30+ minutes late will also require a meeting with the Childhood Education Coordinator.
7. 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.
8. **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.
9. **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 may 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.
10. 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 RSU5CP 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.
11. 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** \_\_\_\_\_ **Print Name** \_\_\_\_\_

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

# Fee Schedule

| <b>Before Care ONLY</b>                      | <b>Weekly Rate</b> |
|--|--------------------|
| 5 Days Per Week                              | \$100              |
| 4 Days                                       | \$80               |
| 3 Days                                       | \$60               |
| 2 Days                                       | \$40               |
| Drop-In Fee ( for enrolled L&L children only | \$28               |

| <b>After Care ONLY</b>                       | <b>Weekly Rate</b> |
|--|--------------------|
| 5 Days Per Week                              | \$115              |
| 4 Days                                       | \$92               |
| 3 Days                                       | \$69               |
| 2 Days                                       | \$56               |
| Drop-In Fee ( for enrolled L&L children only | \$33               |

| <b>Before &amp; After Care</b>               | <b>Weekly Rate</b> |
|--|--------------------|
| 5 Days Per Week                              | \$160              |
| 4 Days                                       | \$128              |
| 3 Days                                       | \$96               |
| 2 Days                                       | \$64               |
| Drop-In Fee ( for enrolled L&L children only | \$44               |