

PLOWSHARES CHILD CARE PROGRAM

At Franklin
125 Derby Street W. Newton 02465
617-244-9330

457 Walnut Street(NNHS)
Newtonville, Massachusetts 02460
Phone: (617) 527-3755 Fax (617): 244-0227

At Lincoln Eliot
191 Pearl Street, Newton 02458
617-965-6082

ENROLLMENT APPLICATION*

(* Please enclose the \$25.00 Application Fee with this form.)

Application Fee _____
Deposit Paid _____
Check# _____
Date Paid _____

Age of child at admission: _____ Entering Grade _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

Site Requested: Franklin _____ Lincoln Eliot _____ Newton North _____

Student Data:

Child's Name: _____
Last _____ First _____ Middle _____

Home Address: _____

City _____ State _____ Zip Code _____

Child's Social Security #: _____ Birth date: _____

Home Phone: _____

Guardian 1 Data

Name _____ Relation _____

Address _____ Soc Sec # _____

City _____ State _____ Zip Code _____ Work Hours _____

Employer: _____ Occupation _____

Address _____ Email Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Guardian 2 Data

Name _____ Relation _____

Address _____ Soc Sec # _____

City _____ State _____ Work Hours _____

Employer: _____ Occupation _____

Address _____ Email Address _____

Home Phone: _____ **Work Phone** _____ **Cell Phone** _____

Enrollment Information: (Please Circle Appropriate Program Information)

Summer Camp / School Year / Full Year _____ Toddler / Preschool / Kindergarten / After-School _____

Schedule of Attendance: M T W TH F

Hours (From - To) _____

Dates of Enrollment: From: ____/____/____ To: ____/____/____

List all Known Allergies/Medical Conditions: _____

We/I will be solely responsible for our/my child's daily transportation to and from Plowshares Childcare Program. For alternate pickups please see authorized escorts below. _____

(Parent(s)/Guardians please initial)

AUTHORIZED RELEASE OF CHILD

(Other than Parents)

Escort 1 Name _____ Relation _____

Address _____ Phone _____

Escort 2 Name _____ Relation _____

Address _____ Phone _____

Any person(s) to whom child should NOT be released:

Name _____ Relation _____

Name _____ Relation _____

EMERGENCY CONTACTS *(Other than Parents)*

1. Name, address, phone #'s (Home,work,cell) _____

2. Name, address, phone #'s (Home,work,cell) _____

Emergency Information

Doctor's Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Hospital Name _____ **Phone #** _____

Insurance Company _____ **Policy #** _____

Identification Data (Required by state regulations)

Height _____ **Weight** _____ **Sex** _____ **Race** _____

Hair Color _____ **Eye Color** _____ **Distinguishing Marks** _____

*** Wallet size photo required (please attach)**

BACKGROUND INFORMATION ON CHILD AND FAMILY

The following information will help us to know your child better and to offer the type of care and attention which best meets your child's needs.

Household Composition

Names and Ages of Siblings: _____

Names and Relationships of others living in the home: _____

Languages Spoken at Home: _____

Has your child received any of the following screenings or evaluations? {If yes, please submit a copy of report(s)}

_____ Vision _____ Hearing _____ Speech _____ Psych _____ IEP _____ Other (Specify)

Findings/Disabilities: _____

Recommendations: _____

Food Restrictions

Food Allergies? _____

Any Eating problems/disorders? _____

Favorite Foods _____ Food Refused _____

Health:

Any serious illness or hospitalization? _____

Any Physical disabilities or allergies (Asthma, hay fever, insect bites, medications)

_____ Any Medications given regularly? _____

Other Information

Does your child have any fears (e.g. noises, animals etc.) ?

Social Relationships:

Has your child been in another preschool/playgroup? _____

By nature is your child: Outgoing _____? Active _____? Shy _____? Withdrawn _____?

How does child relate to strangers? _____

Does child play well alone? _____ Favorite Toys _____

Is your child frightened by _____ animals; _____ rough play; _____ loud noises; _____ dark; _____ storms

Other (Please indicate) _____

In general, how does your child react to a stressful situation? (cry, withdraw, tantrum etc.) _____

How do you respond/lend support at home? _____

How do you comfort your child? _____

When needed, how do you discipline your child? _____

Who does most of the disciplining? _____

What is the best way of handling your child? _____

What goals would you most like us to help your child with? _____

Please provide a brief account and date of important events related to the child and family (e.g. recent moves, death in the family, adoption, divorce or separation, long absences, serious illness, birth complications)

_____ Share insights
into your child's personality, uniqueness, behavior or anything else you would like.

What are your child's strengths and special characteristics? _____

AFTER-SCHOOL: As per EEC regulations, I verify that my child's health records are on file at the
 Lincoln Eliot; Franklin; Other (Please name) _____ school office.

Parent Signatures _____ Date _____
_____ Date _____

Toddlers and Preschoolers Only

Any complications at birth? _____

Age child Sat _____ Crawled _____ Walked _____ Talked _____

Any difficulties speaking? _____ Other languages spoken _____

Special words to describe needs _____

Does child indicate toileting needs? _____

Is child frightened of bathroom/toilets? _____

Is child self-sufficient in toileting skills? _____ Does child have accidents? _____

Does child take naps? _____ From when _____ to _____

What time does child go to bed in P.M.? _____ Awake in A.M.? _____

Mood upon awakening? _____ What does child take to bed? _____

Plowshares strives to protect the privacy and rights of all our children and families and will not release photos, media or private information without consent, unless so required by law or deemed to be in the best safety interest of the children in our care.

Please note: Children's applications/files are subject to confidential review by staff and student teachers.

RETURN TO:
PLOWSHARES CHILDCARE PROGRAM, INC.
457 WALNUT STREET, NEWTONVILLE, MA. 02460

* PLEASE COMPLETE AS ACCURATELY AS POSSIBLE AND RETURN WITH DEPOSIT*

***** **NEW DEPOSIT FORM** *****

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

CHILD'S LAST NAME _____ FIRST NAME _____

M/F _____ BIRTHDATE _____

ADDRESS _____

CITY _____ ZIP CODE _____

GUARDIAN 1 _____ RELATION _____

HOME TEL# _____ WORK # _____ CELL# _____

GUARDIAN 2 _____ RELATION _____

HOME TEL# _____ WORK # _____ CELL# _____

DOCTOR NAME _____ TEL.# _____

EMERGENCY CONTACTS OTHER THAN PARENTS:

NAME	RELATIONSHIP	/ / HOME/WORK/CELL PHONE
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NAME	RELATIONSHIP	/ / HOME/WORK/CELL PHONE
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ESCORTS:

NAME	RELATIONSHIP	/ / HOME/WORK/CELL PHONE
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NAME	RELATIONSHIP	/ / HOME/WORK/CELL PHONE
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***** **TO BE FILLED OUT BY DIRECTOR** *****

LOCATION/PROGRAM _____ GRADE _____ START DATE _____

SCHEDULE: DAYS _____ HOURS _____

DEPOSIT CHARGE \$ _____ MONTHLY TUITION FEE \$ _____

TUITION ASSISTANCE APPLICATION ON FILE ? YES _____ NO _____

Plowshares Education Development Center, Inc.
457 Walnut Street (NNHS)
Newtonville, Ma. 02460
Ph.(617)527-3755 Fax.(617)244-0227

EMERGENCY CARD INFORMATION

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN (Name, Address, Phone #'s **Work, Cell, Home**)

1. _____

2. _____

PEDIATRICIAN OR SOURCE OF HEALTH CARE (Doctor's Name, Address, Phone #'s)

1. _____

EMERGENCY CONTACT & RELEASE PERSON(S) (*other than parents*) (Name, Address, Phone #'s **Work, Cell, Home**)

1. _____

2. _____

Name/Address/#'s for Authorized Release Persons (if different) _____

MEDICAL EMERGENCY TREATMENT

I hereby give Plowshares Educational Development Center permission to administer basic first aid and/or CPR to my child and/or take my child _____ to Newton Wellesley (or nearest) Hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent/Guardian Signature) (Date)

ALLERGIES/MEDICAL CONDITIONS _____

Current Height: _____ Weight: _____ **Wallet size photo required (please attach)**

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy # _____

Participating Hospital: _____

Special Instructions: _____

PERMISSION TO TAKE CHILD OFF THE PREMISES

I hereby give permission for staff members and all parent or guest supervisors of **PLOWSHARES CHILDCARE PROGRAM, INC.**, to take my child, _____, on excursions from the center which will include the following types of activities:

1. Walks to neighborhood parks, stores and other educational attractions.
2. Special Events.

If a parent chooses not to send a child on a field trip he/she is responsible for making alternative childcare arrangements. If enough children are not participating on the trip, Plowshares may make arrangements for them, if staffing permits.

DROP OFF/PICK UP

We/I will be solely responsible for our/my child's daily transportation to and from Plowshares Childcare Program. For alternate pickups please see authorized escorts.

(Parent(s)/Guardians please initial)

Signature of Parent or Guardian

Date: _____

Parents, please list any special information we might need to know about your child concerning field trips. Thank you.

PLOWSHARES

Plowshares Childcare Program, Inc.
Newton North High School
457 Walnut Street, Newtonville, MA. 02460
Ph. (617)527-3755 Fax (617)244-0227

APPLICATION FOR FINANCIAL ASSISTANCE

(All information will be held in strict confidence.)

PARENT/GUARDIAN(M) _____ (F) _____

SOC SEC# _____ SOC.SEC# _____

HOME PHONE _____ HOME PHONE _____

DAY PHONE _____ DAY PHONE _____

ADDRESS _____

Number Street City Zip

NUMBER/DEPENDENTS IN HOUSEHOLD _____ MARRIED _____ SINGLE _____ DIVORCED _____

LIST ALL CHILDREN: (USE BACK OF SHEET IF NECESSARY)

PLOWSHARES PROGRAM ENROLLED ()

Name Soc.Sec.# Birthdate Pre-School Kindergarten After-School Summer

APPLICANT'S PROFESSION _____ SPOUSE'S _____

NUMBER OF HOURS WORKED PER WEEK: APPLICANT _____ SPOUSE _____

GROSS INCOME/YEAR _____ SPOUSE GROSS INCOME/YEAR _____

(Please attach copies of 1 month of your most recent paychecks or a letter from your employer. If self-employed--attach a copy of last year's income taxes, or a profit & loss statement drawn up by an accountant).

OTHER SOURCES OF INCOME: (NEED COPY OF 1 MONTH'S PAYSTUBS OR OFFICAL DOCUMENTATION)

ALIMONY/YEAR _____ AFDC/DTA _____

CHILD SUPPORT/YEAR _____ UNEMPLOYMENT COMP _____

SSI/YEAR _____ INCOME/RENTAL PROPERTY _____

OTHER SCHOLARSHIPS REC'VD _____ ALL OTHER INCOME _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY: SITE REQUESTED _____ LINCOLN ELIOT _____ FRANKLIN _____ NEWTON NORTH

CDBG _____ CP _____ LOTTERY _____ PLOWSHARES _____ ECP _____

MONTHLY TUITION RATE _____ CHILD WEEKLY SCHEDULE _____

PLOWSHARES CHILDCARE PROGRAM, INC.

457 Walnut Street NNHS
Newtonville, Massachusetts 02460
(617) 527-3755

BILLING AGREEMENT

PLEASE INITIAL EACH STATEMENT AFTER READING IT CAREFULLY

1. _____ **DEPOSIT POLICY:** There is a non-refundable deposit charge of one half the monthly tuition rate, payable at intake. This deposit will be applied to the final balance only for families terminating on the last day of the school year in June, or July and August. * **It will be forfeited when termination occurs at any other time of the year.**
2. _____ **SEPTEMBER ENROLLMENT RETAINER FEE:** There is a tuition retainer of one half the monthly rate for new families scheduled for enrollment in September, payable by June 1st or upon acceptance thereafter. This money is non-refundable but is applied to the September tuition charge.
3. _____ **MONTHLY TUITION PAYMENT:** Tuition payments must be paid **in advance**. **Checks are due no later than the first day of each month**, (i.e. October tuition is due no later than 10/1). Checks or money orders should be made out to Plowshares Childcare Program, Inc. and should include the child's name.
4. _____ **FULL PAYMENT:** Payments must be made for the entire month even though a child may be absent for reasons such as illness, holidays, unforeseen school closings, terminations etc.
5. _____ **LATE TUITION PAYMENT FEE:** Payments received after the **seventh** of the month will be subject to a \$15.00 fee.
6. _____ **SUSPENSION/TERMINATION FOR LACK OF PAYMENT:** Families who fall two weeks in arrears with tuition payment may be asked to terminate the Program. If there is difficulty in making a payment, contact the director immediately to review sources of financial assistance or to set up a payment schedule.
7. _____ **RATES/FEES:** Fees and rates are subject to change per approval of the Board of Trustees.
8. _____ **LATE PICK-UP FEE POLICY:** A \$ 10.00 charge will be applied to your account for each portion of 15 minutes that a child is picked up after his/her regular schedule. That charge will increase to \$15.00 for the second time in a month and \$20.00 for the third time. ***Should tardiness continue beyond 3 times in a month, then the fee will increase to \$5.00 per minute. Continued tardiness is grounds for dismissal.***
9. _____ **SCHEDULE CHANGES:** No schedule changes which would result in a tuition reduction will be permitted for the duration of the academic year.
10. _____ **TERMINATION NOTICES:** All families must inform the site director in writing at least 45 days prior to termination. Regardless of the actual day of termination, the **FULL** monthly tuition rate will be charged. ***If the 45 day notice is not received, tuition for the month following termination will also be charged to your account.***
11. _____ **TUITION ASSISTANCE:** Plowshares may have or be able to direct families of low and moderate income to sources of tuition assistance. See site directors for information. If you are receiving assistance from Plowshares, it is your obligation to inform Plowshares of any income changes as they occur.
12. _____ **AFTER-SCHOOL VACATIONS:** February and April vacation coverage available to school age families for an additional cost.

13. _____ **PRESCHOOL VACATIONS:** February and April vacation coverage can be made available for families with academic year contracts on a space available basis only and for an additional cost.

14. _____ **LAST DAY OF PLOWSHARES IN JUNE:** The last day of school for all students in either the preschool or after-school programs at Plowshares will coincide with the last day of school as determined by the Newton Public Schools.

For those students continuing on in Plowshares' summer programs, services will be provided for a pro-rated fee during the transition between the school year and summer programs. Please note, however, that Plowshares will close for one or two days during this transition period for organizational and preparation purposes.

FINANCIAL EMERGENCY: In cases of severe financial emergencies, the Board of Directors and/or its special designee will review the petition and determine appropriate time schedule changes and rates.

*** Exception:** The deposit will not be refunded or applied to final balances for families terminating in June, July or August if the family has already signed the Fall Enrollment Commitment Form.

PRESCHOOL ONLY: Anticipated enrollment schedule:

_____ **Academic Year (First day to last day of school as announced by the Newton Public Schools).**

_____ **Calendar Year (September through August).**

Child's Name: _____ **Start Date:** _____

Schedule: _____ **Monthly Rate ** \$** _____

Deposit Paid ** \$ _____ **Date of Payment** _____

September Enrollment Retainer Fee \$** _____ **Date of Payment** _____

** If the above charges are based on current tuition rates and not the new September rates, they will be adjusted to reflect rate increases at the time of enrollment.

A G R E E M E N T

I/(we) hereby agree to the above contract and understand that upon signing this agreement I/(we) become solely responsible for payment of all charges made to this child's account. This contract will remain valid and will incorporate any tuition adjustments, annual or otherwise, for the duration of your child(ren)'s attendance at Plowshares.

Guardian(s) _____ **Date** _____

_____ **Date** _____

Site Director _____ **Date** _____

.....

Plowshares Education Development Center, Inc.

NON-ANTISPETIC TOPICAL OINTMENT APPLICATION PERMISSION

I hereby authorize Plowshares to administer the following non-antiseptic topical ointment (e.g. sunscreen, Desitin, Calamine Lotion, etc.) for my child:

Name of Child

Topical Ointment: (specify brand and type) _____

When to be Given: _____

Direction for Usage: _____

Parent Signature: _____ Date: _____

NOTE: Should my child run out of sunscreen, I give permission for the staff to use Plowshares sunscreen, **Coppertone Water Babies SPF 45** on my child.

Please Initial _____

Special Indications: (e.g. **DO NOT USE ANY OTHER BRAND**, etc.) _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

Plowshares Education Development Center, Inc.

Lincoln Eliot
191 Pearl Street
Newton, MA. 02458
Ph 617-965-6082
Fax 617-965-1395

Franklin
125 Derby Street
W. Newton, MA. 02465
Ph 617-244-9330
Fax 617-244-8194

IN-HOUSE MEDIA RELEASE – NEWTON NORTH

Plowshares strives to protect the privacy and rights of all our families and will not release photos, media or private information without consent, unless so required by law or deemed in the best safety interest of the children in our care.

I DO []

I DO NOT []

GIVE PERMISSION FOR MY CHILD, _____

TO HAVE HIS/HER PHOTO/VIDEO TAKEN WHILE AT PLOWSHARES.

I UNDERSTAND THAT THESE IMAGES WILL BE USED FOR IN-HOUSE PURPOSES ONLY SUCH AS, BUT NOT LIMITED TO, THE FOLLOWING:

- * PLACEMENT IN MY CHILD'S FILE OR PORTFOLIO
- * DISPLAY ON PLOWSHARES BULLETIN BOARDS
- * USE DURING PLOWSHARES YEAR-END VIDEO PRODUCTION (WHICH IS OFTEN DISTRIBUTED TO OTHER PLOWSHARES FAMILIES)
- * PICTURES OF PROGRAM ACTIVITIES/EVENTS FOR ANY CHILD TO TAKE HOME
- * PLACED ON PLOWSHARES COMPUTER SCREEN-SAVER
- * EARLY EDUCATION AND CARE LAB STUDENT TEACHER PORTFOLIO AND EDUCATION VIDEOS USED FOR INSTRUCTIONAL/EDUCATIONAL PURPOSES *ONLY*.

AUTHORIZED PARENTAL NAME: _____
(PLEASE PRINT)

SIGNATURE: _____ DATE: _____

PLOWSHARES

PLOWSHARES EDUCATION DEVELOPMENT CENTER

Lincoln Eliot

191 Pearl Street
Newton, MA.02458
Ph. 617-965-6082
Fax.617-965-1395

Franklin

125 Derby Street
W.Newton,MA.02465
Ph. 617-244-9330
Fax. 617-244-8194

TOOTHBRUSHING PERMISSION FORM

Due to a new regulation 606 CMR 7.11 (11) (d) from the Dept of Early Education and Care, Plowshares is required to offer to have your child brush his/her teeth after eating lunch. Please fill out the permission form below and remit it to the office.

NO _____ I do not wish for my child _____ to participate in tooth brushing while in care at Plowshares

Parent/Guardian Signature: _____

Date: _____

.....
Yes _____ I authorize Plowshares staff to have my child(ren) _____ Brush his/her teeth after eating lunch at Plowshares.

I understand that my child is required to bring a toothbrush and toothbrush cover/holder with air vents, and toothpaste, every day that he/she eats lunch at Plowshares.
(The toothbrush and toothbrush holder must be labeled with child's name.)

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

Parent/Guardian Signature::: _____

Date: _____

Date: _____

It is recommended that you change your child's toothbrush every 3 months or when your child is sick.

If you have any questions, concerns or objections regarding this practice please contact your site director.

“ Your Trusted Partners In Education And Care Since 1976 “

PLOWSHARES

AUTHORIZED ESCORT DATA SHEET

CHILD'S NAME: _____ DATE _____

GUARDIAN #1: _____ ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

GUARDIAN #1: _____ ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

* IN THE EVENT THAT NEITHER THE ABOVE GUARDIANS WILL BE ABLE TO ESCORT THE CHILD TO OR FROM PLOWSHARES, THE FOLLOWING PERSONS ARE GRANTED AUTHORITY TO ESCORT THE CHILD:

ESCORT 1 _____ RELATION _____

ADDRESS _____ TELEPHONE _____

ESCORT 2 _____ RELATION _____

ADDRESS _____ TELEPHONE _____

ESCORT 3 _____ RELATION _____

ADDRESS _____ TELEPHONE _____

ESCORT 4 _____ RELATION _____

ADDRESS _____ TELEPHONE _____

Plowshares
Toddler Questionnaire



Child's name: _____ DOB: _____

Parent/Guardian names: _____

Are there any special areas in which you would like our staff to focus as a way of helping your child develop?

How would you like us to fostering your child's adjustment to school?

Does your child take a specific stuffed animal, a blanket or such to rest with?

Do you have any suggestions on how we can help your child have a successful rest time? Does your child like back rubs? What words does your child use to let his/her needs be known?

In what stage of toilet learning is your child in? Fully Partially Not yet begun
What words does your child use to let his/her needs be known?

How are you currently facilitating toilet learning?

Any suggestions how we might help your child in toilet learning?

If your child is still using diapers, parents are responsible for supplying boxes of disposable diapers, baby wipes, and/or special powders or creams. Please be sure they are always filled and available. Plowshares will have extra diapers and toileting needs on hand for emergencies. Please inform us if your child has any allergies or reactions to certain brands.