

# A Family Tree School-Age Enrichment Program



## Enrollment Form

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

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Father's Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: State \_\_\_\_\_ Number \_\_\_\_\_

Email Address: Mother/Guardian \_\_\_\_\_

Email Address Father/Guardian \_\_\_\_\_

Allergies to Food(s): \_\_\_\_\_ Allergies to Medication(s): \_\_\_\_\_

**If Yes, I give my permission to post my child's name on our medical/allergy posting** \_\_\_\_\_

Name of people Authorized to pick your child up from daycare when you are not able to:

1. \_\_\_\_\_ Address: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Relation: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Relation: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Are there any circumstances regarding your child's release?  Yes  No

Any special instructions, such as custody or restraining orders must be attached to this application.

Office Use Only

Start Date: \_\_\_\_\_ Center: \_\_\_\_\_  
Transfer Date: \_\_\_\_\_ Disenrollment Date: \_\_\_\_\_

# A Family Tree School-Age Enrichment Program

## Emergency Form

1669 Warwick Ave

1648 Warwick Avenue

126 Edythe Street

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Start Date \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

PARENT/ GUARDIAN #1: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

PARENT/ GUARDIAN #1: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Alternate Emergency Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

### Authorized Pick Up

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

### Insurance Information

Health Insurance: \_\_\_\_\_ Coverage Number: \_\_\_\_\_

I hereby authorize *A Family Tree School-Age Enrichment Program* to arrange for medical examination and/or treatment of my child should an emergency arise at school or on a field trip. It is understood that a conscious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. I would prefer to have my child, if the need arises taken to: **(Name of Hospital)** \_\_\_\_\_. The choice of hospital may be limited by service or local rescue. I authorize *A Family Tree School-Age Enrichment Program* to act as agent of the parents in an emergency for the health and welfare of my child. I am responsible for the expenses involved if the services of a physician or hospital are required.

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

Physician's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Health Conditions: \_\_\_\_\_

Child's Medication and Dosage: \_\_\_\_\_

Allergies/Special Dietary Needs: \_\_\_\_\_ Reaction Symptoms: \_\_\_\_\_

Epi- Pen:  Yes  No      Inhaler:  Yes  No      Breathing Treatment  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# A Family Tree School-Age Enrichment Program

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## Photo Release Form

Family Tree is proud to be part of many community service projects in our state. We often send press releases to local newspaper and TV stations with that we take photos of children participating at such events.

I give permission for my child \_\_\_\_\_ to be photographed or videotaped while involved in activities connected with the enrichment program at A Family Tree, No commercial use will be made of these photographs or videotape without further consent.

### Photo Release Form

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

Age of Child \_\_\_\_\_

Address \_\_\_\_\_

Photo Release: I hereby give Family Tree the absolute irrevocable right and permission, under the below terms for use of photography's/video/film taken during any program activities. I hereby forever release and discharge Family Tree, their heirs, affiliated companies, officers, directors, managers, employees, legal representatives, agents assign, and third party for whom said photographs/video/film were taken, from any and all claims, actions depends arising out of or in connection with use of said photographs/video/films including without limitation, any and all claims for invasion of privacy and libel. Consent must be given by Parent/Guardian of said child named above.


Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Travel and Activity Authorization for Family Tree Enrichment Program

I give my child \_\_\_\_\_ permission to leave the neighborhood walks or field trips in an authorized vehicle.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# A Family Tree School-Age Enrichment Program

School Name & Address:	 <b>STATE OF RHODE ISLAND SCHOOL PHYSICAL FORM</b>	Health Care Provider Name and Address:
		Phone:

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last	First	Middle	Date of Birth	Sex
Address: Street		Apt #	City	State
			Zip Code	Home Phone

**PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript).**

IMMUNIZATIONS <span style="float: right;">Please enter dates in MM/DD/YYYY format</span>					
Hepatitis B					
Diphtheria-Tetanus-Pertussis DTP/DTaP	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT
Pneumococcal Conjugate PCV					
Polio					
Haemophilus Influenzae Type B Hib					
Measles-Mumps-Rubella MMR					
Varicella				<input type="checkbox"/> Student has history of varicella disease	
Tetanus-Diphtheria-Pertussis TdaP/Td	Check <input type="checkbox"/> if Td	Check <input type="checkbox"/> if Td	Check <input type="checkbox"/> if Td		
Rotavirus					
Hepatitis A					
Meningococcal					
HPV					

Immunization Exemption:  Medical  Religious

Hep B  DTaP  PCV  Polio  Hib  MMR  Varicella  Td/Tdap  Rotavirus  Hep A  Mening  HPV

**PHYSICAL EXAMINATION**

Date of PE \_\_\_/\_\_\_/\_\_\_      Height \_\_\_\_\_      Weight \_\_\_\_\_      BP \_\_\_\_\_

Please note any health problem, chronic health condition or disability that may affect behavior or health at school:

ASTHMA: No  Yes       DIABETES: No  Yes       OTHER: \_\_\_\_\_

Significant Systems Findings: \_\_\_\_\_

ALLERGIES: No  Yes  (Please explain) \_\_\_\_\_      EPINEPHRINE AUTO-INJECTOR REQUIRED: No  Yes

Treatment Plan: \_\_\_\_\_

MEDICATION (REQUIRED AT SCHOOL): No  Yes  (Please list) \_\_\_\_\_

Other medication(s) that may affect behavior or health at school: \_\_\_\_\_

RESTRICTIONS: Can participate in physical education: Fully  With limitation  \_\_\_\_\_

Can participate in sports: Fully  With limitation  \_\_\_\_\_

<b>LEAD SCREENING</b> (Required for children < 6 years of age only) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>SCOLIOSIS SCREENING</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>VISION SCREENING</b> (Children entering Kindergarten) <input type="checkbox"/> Passed screening <input type="checkbox"/> Screened and referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened Screening Date: _____      Comprehensive Exam Date: _____
<b>TUBERCULOSIS</b> (If required by school district) Date of TB test: _____		

HEALTH CARE PROVIDER SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

# A Family Tree School-Age Enrichment Program

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## Health Form #2

### HEALTH FORM #2

All children on a childcare or enrichment program in Rhode Island must have a completed Physician's record of Immunization and Pre-Admission Examination be provided to the program Director. In addition to completing the Health form #1 please have your physician return this form to our program at one of the following locations:

1669 Warwick Ave Warwick, RI

1648 Warwick Ave Warwick RI

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

Has your child had a Tuberculin Skin test?    Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, indicate: Date \_\_\_\_\_ Positive: \_\_\_\_\_                      Negative: \_\_\_\_\_

Has your child had a Lead Screening test?    Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, indicate: Date \_\_\_\_\_ Positive: \_\_\_\_\_                      Negative: \_\_\_\_\_

Has your child ever visited a dentist or dental clinic?    Yes \_\_\_\_\_                      No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# A Family Tree School-Age Enrichment Program



Family Tree Pre-School & School Age Programs

## Over the Counter Medication Form

According to DCYF's rules and regulations, we require an authorization from your child's health care provider to administer over the counter/non-prescription medication. Please have your child's health care provider complete this form so that we may continue to provide quality care for your child.

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ALLERGIES \_\_\_\_\_

**THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR SEPTEMBER 20\_\_\_\_ TO SEPTEMBER 20\_\_\_\_.**

OVER THE COUNTER MEDICATION	DOSE	ROUTE	TIME TO BE ADMINISTERED	Yes	No
Infant Tylenol Liquid Suspension (160 mg/5ml) acetaminophen	_____	Oral	every 4 hours as needed for pain or fever	Yes ___	No ___
Children's Tylenol Liquid Suspension (160 mg/5ml) acetaminophen	_____	Oral	every 4 hours as needed for pain or fever	Yes ___	No ___
Children's Ibuprofen Liquid Suspension (100mg/5ml)	_____	Oral	every 6-8 hours as needed for pain or fever	Yes ___	No ___
Children's Benadryl Liquid Suspension (12.5mg/5ml)	_____	Oral	every 6 hours as needed for mild allergic reaction	Yes ___	No ___
Oral Gel	_____	Oral	Apply to gums for teething Pain up to 4x/day as needed	Yes ___	No ___
Infant gas drops	_____	Oral	Administer as directed by MD	Yes ___	No ___
Other _____					

Other Instructions/comments: \_\_\_\_\_

Parent/Guardian Authorization \_\_\_\_\_ Phone \_\_\_\_\_

Health Care Provider Authorization (Print) \_\_\_\_\_

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

# A Family Tree School-Age Enrichment Program

## Pre-Admission Parent Conference Form

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

### Part A

- Our family has visited the classroom and met the teachers and director.
- Our child has been introduced to the children in the classroom and was introduced to staff.
- Our child has been assigned a special place to put his/her belongings.
- We read the center's Parent Policies & Classroom Procedures.
- We have completed the Enrollment Packet
- We have obtained the necessary medical information signed by Pediatrician (ie. Tylenol, Benadryl, oral gel or gas drops etc)
- We have been given Lifecubby Family App in Google Play and iTunes Account at: [www.lifecubby.me](http://www.lifecubby.me)
- We have gathered the necessities for the First Day of Childcare. ( i.e.. Extra change of clothes, 2 crib sheets, diapers, wipes, lunch, infant formula, breastmilk)
- We have been shown the parent area, calendars, child's folder, cubbies, tuition box, sign in/out sheet
- We have our first tuition payment ready, including security deposit and 1<sup>st</sup> week tuition.
- We have talked to our child about what's going to happen the first day- lots of fun, toys, new friends.
- Our child has allergies, special concerns, and medications? No \_\_\_\_\_ Yes \_\_\_\_\_
- Our child has an asthma action plan, epi pen nebulizer, inhaler etc. \_\_\_\_\_

### Part B

## Get To Know Your Child

**This form collects information about children in order to aid our childcare workers in individualizing the program of care for your child. Please complete the information below.**

#### Health:

Please note any health conditions that may affect the care of your child.

Child has frequent colds: \_\_\_\_\_ yes \_\_\_\_\_ no, Ear infections: \_\_\_\_\_ yes \_\_\_\_\_ no

If "yes", please describe: \_\_\_\_\_

Any other information we should know about the health and/or development of your child: \_\_\_\_\_ yes \_\_\_\_\_ no, If "yes", please describe: \_\_\_\_\_

#### Meals:

Current feeding schedule: \_\_\_\_\_ Length of time on current schedule: \_\_\_\_\_

Does your child use a \_\_\_\_\_ spoon, \_\_\_\_\_ fork, \_\_\_\_\_ hands \_\_\_\_\_ cup; Milk Type: \_\_\_\_\_

Does your child have any food allergies: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Refused Foods: \_\_\_\_\_

#### Sleep:

Current sleep schedule: \_\_\_\_\_ Length of time on current schedule: \_\_\_\_\_

Falls asleep easily \_\_\_\_\_ yes, \_\_\_\_\_ no; Mood upon awakening – Describe \_\_\_\_\_

# A Family Tree School-Age Enrichment Program

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Takes favorite toy(s) to bed:  yes,  no, if "yes", list toy(s): \_\_\_\_\_  
Sleep Position:  back,  side  stomach

**Diapering/Toileting:** My child is potty trained, no assistance needed:  yes  no  
Highly sensitive skin:  yes  no, Frequent diaper rash:  yes  no, Lotions, powders or salves used:  yes  
 no, if "yes" product name: \_\_\_\_\_  
Toilet training attempted:  yes  no, if "yes" describe routine: \_\_\_\_\_  
Type of toilet seat used at home: \_\_\_\_\_, Regular bowel movements:  yes  no  
Time(s) of day: \_\_\_\_\_, Toileting problems:  yes  no  
If "yes: describe: \_\_\_\_\_

## **Verbal Communication:**

Family speaks what language(s) at home: \_\_\_\_\_  
Age child began talking: \_\_\_\_\_, Child speaks in \_\_\_\_\_ words \_\_\_\_\_ sentences  
Words used to describe special desires– specify: \_\_\_\_\_  
\_\_\_\_\_

## **Comforting:**

Does your child become upset when separated from you  yes  no, if "yes" What ways can we comfort them?: \_\_\_\_\_  
Child likes to be \_\_\_\_\_ held \_\_\_\_\_ sung to \_\_\_\_\_ rocked \_\_\_\_\_ read to \_\_\_\_\_ other \_\_\_\_\_ what  
Special things you say or do to comfort child: \_\_\_\_\_  
\_\_\_\_\_

## **Self-Expression:**

What causes your child to feel angry or frustrated? \_\_\_\_\_  
\_\_\_\_\_  
What frightens your child and how is it shown? \_\_\_\_\_  
\_\_\_\_\_  
How does your child express feelings of happiness, enjoyment, etc.? \_\_\_\_\_  
\_\_\_\_\_

## **Miscellaneous:**

Child's **indoor** favorite toys and activities – specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Child's **outdoor** favorite toys and activities – specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in our care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE** – Parent or Guardian

\_\_\_\_\_  
Date Signed



# A Family Tree School-Age Enrichment Program

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## Discipline and Guidance Policy

At A Family Tree School-age and Pre-school program the term guidance is used for several reasons. It is a positive term and implies working with the children to develop internal control of their behavior. Our goal is to encourage the children to become more creative, independent, and responsible and socially mature human beings. This involves learning to make responsible choices and accepting the consequences of such choices.

We use several forms of guidance and strategies within our centers such as:

Logical rules- Such as keeping our hands to ourselves and taking care of the learning environment. We need children to not be harmful or violent to themselves, other children or teachers. These are discussed with the children as well as why such rules are needed.

Positive behavior- We reinforce the behaviors we wish to see repeated.

Redirection- Often interesting a child in another activity can eliminate potential difficulty. We might ask a child to help us or send a child in another area to play.

Positive reminder- Telling the children what we want them to do rather than using “no” or “don’t”.

Renewal time- Occasionally, as a last resort, a child needs to be removed from the situation for a brief break away from group. This allows child time to calm down and consider an alternate behavior.

## Difficult Behavior

We make every effort to work with all families to ensure a cooperative approach for children having difficulties with behavior. Any child that exhibits uncontrollable behavior that cannot be modified by the center’s staff will result in an early dismissal for the day; parents may be called at work or home to pick up immediately. We are here to serve and protect all off our children as well as teachers! In order to do so, we abide by a 3-warning system which is as follows:

### The 3-warning system:

- 1) First episode will result in a written warning that the parents will have to sign and/or early dismissal.
- 2) Second episode will result in early dismissal and/or suspended from program for a short or long period of time. The parents will also have to have a meeting with the Director and/or Owner about a plan of action going forward; prior to child returning back to center.
- 3) Third episode, as the behavior is continuing, the parents will have another meeting with Director/Owner in regards to dismissing the child permanently from the program. Depending on the severity of the situation, we may give a week grace period in order for parents to have adequate amount of time to find new childcare best fit for their child.

**I understand and agree to the above document and will abide by it while enrolled at Family Tree.**

**Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_

**ChildName:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A Family Tree School-Age Enrichment Program

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# Homework Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Please complete your preference about Family Tree's involvement in your child's homework schedule:

\_\_\_\_\_ My child may choose whether to do homework while at our program.

\_\_\_\_\_ My child must complete as much as possible at the program.

\_\_\_\_\_ My child should not complete their homework at the program. I prefer  
I prefer that it is completed at home.

Please explain any difficulties your child may have doing homework:

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Is there anything else you would like to let us know regarding your child's homework routine?

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# A Family Tree School-Age Enrichment Program

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## RESOURCES

Association for Childhood Education International 1-800-423-3563

Bradley Hospital, Support and education for teachers and families caring for children with mental illness. (401) 432-1000

CHILDSPAN, [WWW.CHILDSPAN.NET](http://WWW.CHILDSPAN.NET) (401) 729-0765

Family Child Care Homes of Rhode Island Continuing Education Workshops (401) 353-7645

Family Solutions CEDARR, support for families caring for children with serious emotional disturbances, serious health problems, autism or developmental disabilities. (401) 461-4351 or 1-800640-7283

Friends Way, Grief Support for Children, Teens and Families (401)884-0200

Mental Health Association of Rhode Island (401) 726-2285

Office of the Child Advocate, Lareen D'Ambra (401) 222-6650

Educational Surrogate Parent Program (401) 222-4792

Prevent Child Abuse Rhode Island (401) 728-7920

Providence Public Library, LARK- Learning and Reading Kits (401) 455-8000

[www.provlib.org](http://www.provlib.org)

RI Parent Information Network [www.ripin.org](http://www.ripin.org) 1-800-464-3399

The Rhode Island Association of young Children [www.naeyc.org](http://www.naeyc.org)

United Cerebral Palsy of Rhode Island (401) 941-9937

Woman's Center of Rhode Island Safety and Support to adults and children who are experiencing abuse Business (401) 861-2761, Helpline (401) 861-2760

Youth Pride Inc. Providers to RI area youth affected by sexual orientation and gender identity (401) 421-5626

# A Family Tree School-Age Enrichment Program

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## A Letter for Miss Erica & Miss Chris



We would like to thank you for selecting A Family Tree for your childcare needs. We would like to personally welcome you to our center. We are parents just like you who want to very best for our children. Let us tell you a little bit about us.

A Family Tree Daycare was incorporated in November 2007 by sisters, Erica Saccoccio and Christine Alexander. Both Warwick residents for most of their life, they wanted to take their years of child care and youth leadership experience and open a program that helped provide parents with safe, affordable, childcare during working hours. Their focus was to provide exciting and innovative programming that would provide the children with opportunities to make a connection with the Warwick community and support and foster the growth of these future leaders. Working with their professional teaching staff, A Family Tree Daycare has grown from one school age location serving just 25 families in April of 2008 to operating four locations including childcare services for infant, toddler, pre-kindergarten and school age children. We are proud and honored to be a leader in childcare services and very excited to celebrate our 11-year anniversary!

## A Family Tree School-Age Enrichment Program

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### A Family Tree Daycare Mission Statement

Family Tree is a **trusted leader** in providing a **high quality, nurturing, and safe environment** for children ages **6 weeks to 12 years old**.

Our program is designed to **connect, educate, and inspire** children to become **actively involved** in the learning process.

Our early education teachers are well versed in **teaching children through play**.

Our program uses a **play-based curriculum** designed to align with the **Rhode Island Department of Education** and the **Rhode Island Early Learning Standards**. These standards will expose your child to **the nine domains of early learning and development** to ensure a **well-rounded education**.

Our **daily communication with parents** is just one way we encourage parents to be part of their child's learning experience and create a strong **home-to-school connection**.

Your child's progression within **our top-rated school age program** is designed to develop **independence, self-esteem, leadership skills, and a love for our community**.

Our **friendly and knowledgeable teachers** utilize the **National After School Association (NAA)** practices to guide our after-school programming to ensure it meets the highest standards.

Our program is one that values **diversity, friendship, community**, and most of all **the strength and support of FAMILY**.

# A Family Tree School-Age Enrichment Program

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## Parent Payment Contract

1669 Warwick Ave

1648 Warwick Ave

126 Edythe Street

Student's Name \_\_\_\_\_

- I \_\_\_\_\_ understand my weekly tuition of \$ \_\_\_\_\_ is due Monday of each week.
- Families who use DHS to subsidize childcare tuition are 100% responsible to keep your certificate approved and current. If your certification expires or is not active, you will be responsible for full tuition rate for services.
- I understand it is my responsibility to notify the Director or directly to the office (401) 739-2626 of any changes whether it is pending, active, closed or re-active.
- I understand all customers are given this contract regardless if account is current.
- I understand automatic credit card payments for childcare can be set up with our office. This will help to keep your payments on time if your credit card is approved at time of weekly processing.
- Credit Cards that are declined three (3) weeks in a row will no longer processed in our terminal. A new form or payment must be set in place with the office.
- I understand that after close of business each Wednesday there will be **an additional \$10.00 late fee the 1<sup>st</sup> week, \$20.00 late fee after the 2<sup>nd</sup> week and termination process after the 3<sup>rd</sup> week past due.**
- I understand that A Family Tree has the option to stop childcare services for any account that is two (2) weeks past due, unless a written repayment agreement with deposit is made with the owners of the center. We understand that some parents split payment on the account. If either parent is two (2) weeks behind, A Family Tree reserves the right to terminate services.
- I understand my weekly tuition is due in full amount agreed every week, regardless if your child attended all registered days.
- I understand A Family Tree allows me to take two-week vacation weeks during the school year and three weeks in the summer in which families account will not be charged. Vacation week is any full week your child does not attend our program. A Vacation Request Form must be submitted to the office at least one (1) week in advance.
- We understand that some of our parents are paid bi-weekly or monthly. We will be happy to take bi-weekly payments as long as they are made two weeks in advance.
- I understand if childcare tuition payments are not made and I have a balance lasting longer than thirty (30) days past due the account will be turned over to all three (3) credit reporting agencies and our collection agency; **Attorney Edward McCormick's Office 1319 Cranston Street, Cranston, RI 02920.**
- I understand this is a legal binding contract and information on this form is used to collect past due payments for childcare services rendered at any of our locations.

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Customer Signature

Date

# A Family Tree School-Age Enrichment Program

## A Family Tree Automatic Credit Card Withdrawal Approval:

\*Circle which school: 1669 Warwick Ave      126 Edythe Street      1648 Warwick Ave

I \_\_\_\_\_ give Family Tree the authorization to debit my account/credit card for the following amounts every Monday of each week:

(Circle all that apply)

ONE TIME CHARGE of: \_\_\_\_\_ Date: \_\_\_\_\_

Recurring each week: \_\_\_\_\_ OR Every 2 weeks: \_\_\_\_\_ Date: \_\_\_\_\_

Field trip: \$ \_\_\_\_\_ Payment plan fees: \$ \_\_\_\_\_

Special notes: \_\_\_\_\_

(\*Please PRINT the below information CLEARLY)

Name of the card holder: \_\_\_\_\_

Name of the child: \_\_\_\_\_

Debit card number: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CRV No. \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email for confirmation: \_\_\_\_\_

Signature of approval: \_\_\_\_\_ Date \_\_\_\_\_

### \*Please note the following:

-You may permanently stop your credit card auto withdrawal AT ANY TIME WITH AN ADEQUATE 1 WEEK NOTICE, if at any time you choose to change your payment methods to "checks or money orders".

-Credit Cards are processed **automatically** every Monday Morning through our processing system, UNLESS TOLD OTHERWISE. Please allow a 1 week notice for any temporary STOPS to credit cards for vacation weeks. You can stop your credit card in advance by the following two ways:

Fill out a vacation request form and give to your schools *Director* at least 1 week in advance **OR** Email the home office at [familytreeoffice@yahoo.com](mailto:familytreeoffice@yahoo.com) (subject line- Credit card vacation week request)

-If your child happens to become unknowingly sick in the present week that the credit card was already charged, *the office will have to be notified*, then we typically credit the week for the upcoming week **or** you can choose to be refunded, however the system does not do this automatically so the office will have to manually make the above adjustments. Refunds typically reflect in bank after 2-4 business days.

-After 3 declines, the CC system "rejects" that particular card in the system, so a NEW credit card will have to be placed on file.

(Form Revised 1/2020)

# A Family Tree School-Age Enrichment Program

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## Vacation week request

Family Tree allows up to **5 weeks** vacation a year. These weeks can be requested far in advance and/or **minimal two weeks prior** to requested week. They can be filled out for one week at a time OR many weeks at a time. Any weeks that are unpredicted as in “sick weeks”, those weeks can be credited, in which your next payment will not be due until the following Monday or it can be refunded per request. We will still **need** to be notified to do so in our billing system especially credit card families.

This form was filled out on the following date: \_\_\_\_\_

Child name \_\_\_\_\_

Parent name \_\_\_\_\_

School location \_\_\_\_\_

Vacation week requested date \_\_\_\_\_

Vacation week requested date \_\_\_\_\_

Vacation week requested date \_\_\_\_\_

Vacation week requested date \_\_\_\_\_

Vacation week requested date \_\_\_\_\_

**Please check ONE:**

I pay by credit card \_\_\_\_\_

I pay by check or cash \_\_\_\_\_

Director or Educational coordinator: \_\_\_\_\_

(After the office receives this form, it will then be placed back in the child’s file to keep track of vacation weeks if needed for reference)



# A Family Tree School-Age Enrichment Program

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## Tour Exit Survey

**\*This survey is anonymous and very important to our quality improvement, thank you in advance for your time.**

Person who gave tour: \_\_\_\_\_ Center: \_\_\_\_\_ Date: \_\_\_\_\_

Was your tour guide friendly, informative and knowledgeable?      YES      NO

Was the enrollment packet, policies and procedures thoroughly explained?      YES      NO

Were you shown the parent area, curriculum calendars, snack menu, child folders, child cubbies/lockers, tuition box, survey box and sign in/out sheet?      YES      NO

Were you asked about any known allergies, medications, custody orders, and/or special concerns?      YES      NO

Was *Bright Stars Quality Rating System* explained to you?      YES      NO

Was the *Life Cubby App* shown and explained to you? And were you given an email invite to set up your account?  
YES      NO

Were you required to sign the *last page of the parent contract AND the payment contract*?      YES      NO

Was the tuition due date and accepted forms of payments explained to you?      YES      NO

Did we require registration fee, 1<sup>st</sup> week and security week upon starting?      YES      NO

Was our community calendar of closed holidays and monthly events given to you?      YES      NO

Was the “needed items” for the first day explained to you?      YES      NO

Would you be interested in joining our parent PTO board? (We typically meet around 3-4 times a year)      YES  
NO

How did you hear about us? \_\_\_\_\_

How would you rate your overall tour experience? (Circle below)

1 (Poor)    2 (Fair)    3 (Satisfied)    4 (Very Good)    5 (Outstanding)

**We look forward to working with your family in the future. Thank you for taking the time to complete this form. This form can be given at the end of your tour OR can be put into the tuition box/survey box OR can be mailed to 1648 Warwick Ave, Warwick RI 02889.**

# CHECK LIST

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

- COVER SHEET (School & Summer) (Send to Main Office)
- ENROLLMENT FORM
- COURT ORDERS (If Applicable)
- EMERGENCY RELEASE FORM
- PHOTO RELEASE FORM
- IMMUNIZATION/PHYSICAL FORM (Pre-K) (Staple inside left of file)
- OVER THE COUNTER MEDICATION (Staple inside left of file)
- HEALTH FORM 2(LEAD TEST) (Pre-K) (Staple inside left of file)
- PRE-ADMISSION PARENT CONFERENCE FORM/ GET TO KNOW YOUR CHILD
- DISCIPLINE AND GUIDENCE POLICY
- PARENT PAYMENT CONTRACT FORM (Send to Office)
- AUTOMATIC WITHDRAWAL FORM (Send to Main Office)
- HOMEWORK FORM (School-Age)
- PORTFOLIO ITEMS
- SUNSCREEN PERMISSION (Summer Camp)
- ANNUAL UPDATED GENERAL INFO FORM

Date Reviewed \_\_\_\_\_ Initial \_\_\_\_\_

# A Family Tree School-Age Enrichment Program



## COVER SHEET

WARWICK AVE

EARLY LEARNING CENTER

EDYTHE ST

START DATE \_\_\_\_\_

DHS \_\_\_\_\_ CERT NO. \_\_\_\_\_

REG. FEE \$ \_\_\_\_\_

SECURITY FEE \$ \_\_\_\_\_

1<sup>ST</sup> WEEK TUITION \$ \_\_\_\_\_

DISCOUNT % \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

### PAYMENT TYPE

CASH  CHECK  CREDIT CARD

CHECK NUMBER \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

### STUDENT INFORMATION

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER HOME \_\_\_\_\_

CELLPHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

DRIVER'S LICENCE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL 1 \_\_\_\_\_

EMAIL 2 \_\_\_\_\_

### PLEASE CHECK THE DAYS ATTENDING

MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

HOURS ATTENDING \_\_\_\_\_ PUBLIC/PRIVATE SCHOOL ATTENDING \_\_\_\_\_

BEFORE ONLY  AFTER ONLY  BEFORE AND AFTER