

Out of Pocket / DHS Cert. Number

Certificate Number: _____



Enrollment Application

Registration fee \$75 (single child) or \$125 (family) due at time of enrollment.

Registration fees are Nonrefundable

***To be completed by parent/guardian and returned to Dreamland prior to first day of care. ***

PARENT AUTHORIZATION FOR EMERGENCY TREATMENT

Name of Child

should an emergency arise at Dreamland Learning Center or on a field trip, it is understood that a conscientious effort will be made by Dreamland Learning Center staff members to contact me at the emergency numbers I have provided before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises:

Name of Hospital

I understand that choice of hospital may be limited by service of local rescue squad.

Signature-Mother/Guardian

Cell Phone

Work Phone

Signature-Father/Guardian

Cell Phone

Work Phone

Health Insurance Plan

Policy Number

Relatives or other persons to be contacted in an emergency

Name _____

Phone Number _____

Relationship to child _____

Name _____

Phone Number _____

Relationship to child _____

Enrollment Date
____/____/____

Enrollment Status
Fulltime
Partime



Client Information

Child's Name: _____

Child's Address: _____

Child's Gender: Female Male D.O.B. _____

Parent/Guardian Information

Mother/ Guardian's Name _____ SS# _____ D.O.B. ____/____/____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer Name _____ Work Address _____

Work Phone _____ Hours at work ____ to ____ Days at work _____

Father/ Guardian's Name _____ SS# _____ D.O.B. ____/____/____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer Name _____ Work Address _____

Work Phone _____ Hours at work ____ to ____ Days at work _____

Persons authorized for pickup:

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

In case of emergency please contact one of the following if a parent/guardian cannot be reached:

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Get Acquainted Record

My nickname is:

I have ____ brothers & ____ sisters, their names and ages are:

My favorite activity is:

My favorite toy is:

My favorite food is:

My least favorite food is:

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods which should not be served to your child?

Please list these foods:

Does your child feed themselves?

Does he/she enjoy eating?

Is your child usually hungry at mealtime? _____ In between meals?

What time does your child typically go to sleep and wake up each day?

How does your child go to sleep?

Are there any special dolls or toys he/she needs in order to go to sleep?

Please list any personal habits, thumb sucking, nail biting, ect.

Is your child in diapers or Pull-Ups?

Has potty training begun?

Can your child be relied on to indicate that he/she needs to use the bathroom?

Are there specific bathroom words used?

Does your child have any fears? If so, please list them.

Has your child had previous day care experience?

How does your child respond to new people?

What type of discipline is used at home?

Does your child have any behavior issues/ problems that you are concerned with?

What are your main expectations of this program?

ALLERGY INFORMATION

	Child's Information					(Check if allergic)	
	MAY Be exposed	May NOT be exposed	IS allergic	Is NOT allergic	Not Sure	Parent (s)	Other Family Member
Foods:							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shellfish							
Environmental:							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							

MEAL PLAN

All meals and snacks are available for \$30 per week.

Our meal program is made on site. Lunch menus will be provided to families monthly.

- Breakfast is served at 9:30 am
- Lunch is served at 11:45 am (toddlers) & 12:00pm (preschool)
 - Snack is served at 2:30pm

NAME of CHILD: _____

- I will be participating in meal program and agree to pay \$30 per week.
- I will not be participating in the meal program and agree to pack my child breakfast, lunch and snack daily.

	Monday	Tuesday	Wednesday	Thursday	Friday
Normal Hours in Care					
Please check off the meals that your child should receive each day while at our center					
Breakfast					
Lunch					
PM Snack					

Allergies/ Dietary Restrictions:

Signature of Parent: _____ Date: _____

ILLNESS POLICY

Policies and guidelines related to outbreaks of communicable diseases and illnesses in this facility have been developed with the help of the local health department and CDC in order to protect the group as well as the health of each child. We ask that parents assist us by keeping sick children at home. If they have experienced any of the following symptoms in the past 72 hours, they will not be accepted into the center.

- A fever of 100.0
- Cough
- Shortness of breath or difficulty
- Body aches
- Chills
- Sore Throat
- Diarrhea
- Vomiting
- Unusual or unexplained loss of appetite, fatigue, irritability, or headache.
- Any discharge or drainage from the eyes, nose, ears, or open sores.

Please contact our center prior to dropping off your child. Additionally, children may not attend the center if they have live lice or if they show any other signs or symptoms that limit the staff's ability to provide an acceptable level of childcare and may compromise the health and safety of the children. Children who show signs or symptoms listed above will be sent home as soon as possible. Children must be picked up **NO LATER THAN ONE HOUR** of the first phone call. The child will remain isolated with an adult until pick-up. If your child is sent home with any of the symptoms explained above, he/she may not return to daycare they are completely free of symptoms for 72 hours and 7 days have passed since their first symptoms started. Documentation should be provided whenever your child has any communicable illness so that we may track and report cases as needed.

PERMISSION TO ADMINISTER TOPICAL CREAMS/SPRAYS

Per DHS regulations, no medications, including over the counter medications, can be administered without a prescription. The only exception to this is any topical cream, such as diaper cream, sunscreen, bug spray etc. that requires only parental permission, not a doctor's note. An exception to this would be a prescription level version of any topical cream as this would require a doctor's note prior to applying. Please indicate your preferences as to the center applying the most typical creams as listed below:

	May be applied	May Not be applied	Brand Name
Sunscreen			
Bug Spray			
Diaper Cream			

DREAMLAND DISCIPLINE POLICY

The goal of Dreamland Learning Center is to provide a positive, caring environment which will help to nurture the growth, development and socialization of your child. The staff, together with the children, will decide on classroom rules.

There will be no harsh, cruel, or unusual treatment of children in the center. There will be no corporal punishment or threats of corporal punishment. Children will never be shaken, bitten, hit with hands or instruments, pinched, or have anything put in mouth as punishment. Children will never be humiliated, shamed, ridiculed, rejected, or spoken to harshly, abusively, or with profanity.

When a discipline problem occurs, we will follow this procedure in order to find a workable solution.

1. Contact parents and discuss the situation, work together on a positive solution and obtain parental support. Incidents as they occur will be documented on an Incident Report form.
2. If the situation does not improve, the parents will be contacted requesting a conference. Events since the first discussion will be reviewed and alternative solutions will be explored.
3. If the inappropriate behavior continues, permanent dismissal from the program may result.

I have read and understand the above policy.

SIGNATURE _____

DATE _____

CHILD ABUSE POLICY

The State of Rhode Island requires that suspected cases of child abuse and/or neglect be reported to the Department of Children, Youth and Families (DCYF) immediately following suspicions. Failure to do so will result in a hearing, a fine for staff person and/or possible loss of licensure for Dreamland Learning Center.

It is the responsibility of all persons to report suspicions of abuse or neglect. It is not our responsibility to determine if abuse or neglect has occurred. Dreamland Learning Center will not undertake the responsibility to determine if abuse or neglect has occurred. Dreamland Learning Center will not undertake the responsibility to treat cases of a child's abuse and/or neglect on their own.

Abuse is defined in three (3) basic ways:

1. **Physical Abuse** is when bruises, burns, broken bones, etc., appearing on the child present substantial risk of harm to the child.
2. **Emotional Abuse** may include repeated name-calling, scape-goating, and/or put-downs.
3. **Neglect** is the lack of basic adequate attention to the home, food, clothing, health care, and the personal hygiene of the child.

All staff is responsible for carefully documenting and monitoring any cases of suspected child abuse and/or neglect. All suspected cases are reported to the director as soon as possible.

Staff is given information regarding this procedure at a pre-service orientation. Staff members are encouraged to attend workshops on this matter throughout the program year.

The purpose of the protocol is to protect the children and to prevent further abuse or neglect, not to punish the parents.

Parent/Guardian Signature

AGE CATEGORIES & CLASSROOMS

As stated in the Department of Human Services Child Care Licensing Regulations (218-RICR-70-00-1) Age Categories are defined as listed below. Dreamland Learning Center uses these definitions to create classrooms that are age appropriate and can focus on related milestones. Children will begin to transition a week before their birthdays to ease the transition to a new room and new friends ☺

1.5 Definitions:

A. Age Categories are defined as follows:

1. “infant” means a child between the ages of six (6) weeks and eighteen (18) months.
2. “younger infant” means a child between the ages of six (6) weeks and twelve (12) months.
3. “older infant” means a child between the ages of twelve (12) months and eighteen (18) months.
4. “toddler” means a child between the ages of eighteen (18) months and thirty-six (36) months.
5. “preschool” means a child between three (3) and five (5) years of age.
6. “preschool 3” means a child three (3) years of age.
7. “preschool 4” means a child four (4) years of age.
8. “preschool 5-6” means a child between the ages of five (5) and six (6) years old, and not yet in kindergarten.
9. “school-age” means a child at least five (5) years of age, and in kindergarten, but under sixteen (16) years of age.

Dreamland Learning Center Classrooms & Ages:

- Infants: 6 weeks to 12 months
- Young Toddlers: 12 months to 18 months
- Toddler 2: 18 months to 24 months
- Toddler 3: 24 months to 30 months
- Toddler 4: 30 months to 36 months
- Preschool 1: 3 years to 3.5 years
- Preschool 2: 3.5 years to 4 years

- Prekindergarten: 4 years to 5 years
 - children must be 5 by September 1st to go to kindergarten together
- School Age: 5 years (& in kindergarten) to 12 years

RATE OF PAYMENT POLICY

Tuition for childcare service is based on a weekly rate. The agreed upon fee remains constant regardless of holidays, snow closings, early release days due to inclement weather, if your child does not attend due to illness, and personal vacations.

Tuition is due on the Friday before or the Monday of each week for the upcoming week. If payment amounts are overdue by two weeks, childcare services may be suspended until a payment is made and the balance due is up-to-date. Repeated late tuition payments may jeopardize your child care services.

Families who receive subsidized child care through the Department of Human Services are responsible to keep their own case up-to-date. If there is a lapse of approval from the Department of Human Services for the childcare services, parents will be responsible to pay for these services.

Non-payment policy- In the event that you remove your children without notice you will be billed for two week's tuition. Your balance must be paid in full within 30 days. Past due balances will incur a \$25.00 late fee for each week of non-payment. After 30 days of non-payment, your account will be placed in collections. You will be responsible for any legal fees and collection fees incurred.

Parent/Guardian Signature

Date

TRANSPORTATION POLICY

Transportation is provided for school age children that attend local elementary and middle schools. Dreamland Learning Center adheres to state laws and rules and regulations of the Rhode Island Department of Motor vehicles. Dreamland Van drivers must complete a background check and hold a valid Rhode Island chauffeur's license **or** equivalent from another state. All Dreamland Transportation vehicles are marked with the Dreamland Learning Center Logo. Each van has a fire extinguisher and first aid kit with an emergency airway and bodily fluid spill kit. Each Dreamland vehicle is equipped with back up alarms as well as door open alarms. Children are NEVER left alone in the vehicle. Dreamland transportation staff are required to carry a clipboard with face-to-name attendance and emergency contact information for all children.

Parental Permission Slip for Transportation DREAMLAND BUS School Age Transportation

This is to certify that my
son/daughter _____ has
permission to ride on the Dreamland bus/ minivan on Monday-Friday during the
months of September-June.

My child will be transported to and from _____
Elementary School on _____ days on the bus.

Parent Signature

Date

CHILD CARE ENROLLMENT AGREEMENT

Child's Name: _____

Hours Attending: _____

Weekly Tuition Rate: _____

I AGREE (TO): (place initials on each line)

_____ adhere to my child's pre-determined weekly schedule and hours.

_____ pay my child's tuition on Friday or Monday for the upcoming week.

_____ that if I become two weeks behind on my payment of weekly tuition, my child's enrollment may be terminated at the discretion of the director.

_____ that if my child is absent for two consecutive weeks, her/his childcare slot may be terminated at the discretion of the director.

_____ that the tuition rate is based on a pre-determined schedule and remains constant even when there are holidays, snow closings, child illness or family vacations (unless otherwise indicated by the director).

_____ provide up-to-date health forms for my child supplied by my child's doctor. I understand that I may obtain blank medical forms from the director. I also understand that my child's enrollment may be terminated if I fail to submit the necessary health forms.

_____ provide an up-to-date list of emergency contacts and names of those people my child may be released to.

_____ give a two week notice in writing when I am no longer in need of Dreamland Learning Center's services.

_____ allow for my child to participate in field trips with prior notification.

_____ allow for photographs to be taken of my child for use within the classroom as well as for press and advertisement purposes.

_____ understand the first two weeks of enrollment are considered an assessment period designated to evaluate how the program can best meet my child's needs.

_____ allow Dreamland to take my child to the nearest hospital should an emergency arise which warrants this. I am aware that I will be notified first. However, if reasonable efforts have been made to contact me, and I was unable to be reached, I do give my permission to the staff to take necessary action to ensure my child's safety and well-being.

_____ if my child has to be transported to any medical facility, all of her/his medical information on file at Dreamland will be taken with my child and released as necessary.

_____ understand that Dreamland, in arranging for transfer of my child to a nearest appropriate medical facility for emergency care, is acting as a medium of mercy and is not, thereby, assuming responsibility.

_____ that I was notified of Dreamland Child Abuse and Neglect Policy.

_____ that I understand all information I provide will remain strictly confidential. However, the limits to confidentiality end in cases of suspected child abuse or neglect or if someone's life/well-being is threatened.

_____ contact Dreamland if my child is not attending school for any reason.

_____ provide all necessary items for my child's daily comfort.

_____ comply with the overall policies and procedures mentioned throughout the handbook.

UPDATED COVID-19 POLICY AGREEMENT

_____ I understand that my child must be picked-up by myself or an authorized pick-up within the hour of the phone call if my child is exhibiting symptoms listed in the sick policy

_____ If my child has exhibited symptoms in the past 72 hours or is send home they will not be accepted into the center for 72 hours.

_____ I will keep Dreamland Learning Center updated to keep complete and current contact information

_____ adhere to the new drop-off and pick-up procedures

_____ Provide lunch for my child meeting the USDA food requirements

Please sign below that you understand and will comply with our policies and updated policies

Tuition Rates

*** A one-time registration fee of \$75 (single child) or \$125 (family) is due at the time of registration***

Full Time Infant/Toddler Tuition = \$260

Part Time Toddler Tuition = \$65/day (2-day minimum)

Full Time Preschool Tuition = \$255

Part Time Preschool Tuition = \$60/day (2-day Minimum)

8.5 hours or more per day- \$10.00 per hour over

(This includes cash and DHS clients).

On any given day, if your child is here for more than 8.5 hours, you will be billed separate at a rate of \$10.00 per hour for that day.

Tuition is based on a weekly basis. If tuition payments fall more than two-weeks behind, childcare services may be subject to termination.

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____

Date: _____

Before and After School Care
Full Day Kindergarten/School Age

*** *A registration fee of \$75 (single child) or \$125 (family) is due at the time of registration* ***

Before School ONLY- \$100.00 per week

After School ONLY- \$120.00 per week

Before and After School - \$170.00 per week

Distance Learning/Summer Camp/ School Vacation

Daily Rate- \$60 per day (2-day minimum per week)

Full Day Program- \$225.00 per week

Tuition is based on a weekly basis. If tuition payments fall more than one-week behind, childcare services may be subject to termination.

Parent Signature

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
----------------------	------

For Official Use Only

Date Received
Employee Signature



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