

The Preschool,
at

STOUGHTON

EXTENDED



School Year 2010-2011

Edwin A. Jones Early Childhood Center
137 Walnut Street, Stoughton, MA 02072

781-341-0886 Preschool Office
781-344-5512 Administrative Office
781-341-0885 Fax
www.pre_sed@verizon.net
www.stoughtonextendedday.org

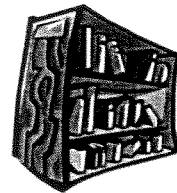
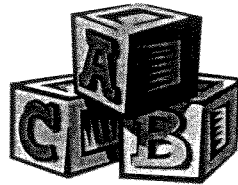
The Preschool
at
**STOUGHTON
EXTENDED
DAY**

"Where Children Learn Through Laughter and Play"

As many of you know, in 1989 we started an after school program serving primarily grades K-6. Through the parents in our community, we became aware of the great need for care of children ages 2.9 to pre-kindergarten. In the fall of 2003 we established The Preschool at Stoughton Extended Day to serve the younger children in and around the Stoughton Community. Starting in the Fall 2009 we expanded again to include children ages 15 months to 2.9 years.

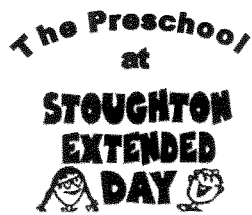
We offer a full and half day program in our Preschool located at the Edwin A. Jones Early Childhood Center. The school is conveniently located near Stoughton Center, area parks, playgrounds, the public library and main thoroughfares. We are licensed through the Department of Early Education and Care (EEC).

Whether you already have children in Stoughton Public Schools, or this is your first child, you will find our program convenient, competitively priced and loads of fun for your little one. Come and check us out!



Children must be between the ages of 15 months to pre-kindergarten, working towards being potty trained and socially ready for independence. We offer a full day program from 7:30 AM to 6:00 PM and two half-day programs, either morning from 7:30 AM to 12:30 PM or afternoon from 1:00 PM to 6:00 PM





2010-2011
Fee Structure

	<u>Full Day Toddler</u> (7:30 AM-6:00 PM)	<u>Half Day Toddler</u> (AM 7:30-12:30 or PM 1:00-6:00)	<u>Full Day Preschool</u> (7:30 AM-6:00 PM)	<u>Half Day Preschool</u> (AM 7:30-12:30 or PM 1:00-6:00)
1 Day	\$110.00	\$80.00	\$95.00	\$75.00
2 Day	\$185.00	\$120.00	\$170.00	\$115.00
3 Day	\$215.00	\$150.00	\$200.00	\$150.00
4 Day	\$240.00	\$165.00	\$225.00	\$160.00
5 Day	\$265.00	\$180.00	\$250.00	\$175.00

*We offer a 20% discount for your second child (discount applies to lowest price)

*We do accept vouchers

*Additional emergency days (if available) for those already enrolled in the program can be purchased for an additional \$95.00 (Preschool full day) / \$75.00 (Preschool half day): \$110.00 (Toddler full day) / \$80.00 (Toddler half day). Simply contact the Preschool Director.

Late Pick-up:

1st occurrence: \$10 for every 15 minutes

2nd occurrence: \$20 for every 15 minutes

3rd occurrence: \$30 for every 15 minutes and subject to termination

Decrease or Withdrawal from the Program:

30-day notification in writing; please ask your Preschool Director for a form.

Typical Daily Schedule

Toddler/Pre-school Room Schedule	Pre-kindergarten Room Schedule
7:30 AM Arrival / Free play	7:30 AM Arrival / Free Play
9:00 AM Snack Time	8:30 AM Circle Time /Calendar/Weather/Song /Story
9:15 AM Gross Motor Activities	9:15 AM Snack / Toileting*
10:00 AM Circle Time/Calendar/Weather /Song /Story	9:45 AM Center Time
10:30 AM Table time / Small Group Activities/Crafts	10:00 AM Table Time Activity/Small Group/ Crafts
11:00 AM Center Time	11:00 AM Gross Motor / Outdoor Play/gym
11:30 AM Lunch / Toileting*	11:30 AM Lunch / Toileting*
12:00 PM Table Time / Small Group Activities/Crafts	12:00 PM Computers/Puzzles/Books/Crafts
12:30 PM Rest Time	12:30 Rest Time
1:30 PM Snack / Toileting*	1:30 PM Snack / Toileting*
2:00 PM Center Time	2:00 PM Gross Motor/ Outdoor Play
2:30 PM Gross Motor/ Outdoor Play	3:00 PM Free Play / Art / Music / Stories/ Computer
3:30 PM Table Time / Small Group Activities/Crafts	3:30 PM Table Time / Small Group Activity/Crafts
4:00 PM Toileting*	4:30 PM Center Time
4:15 PM Free Play / Art / Music / Stories/ Computer	5:15 PM Free Play / Art / Music / Stories/ Computer
5:30 PM Small Afternoon Circle / Story Time	6:00 PM Time to Go Home
6:00 PM Time to Go Home	*All children are encouraged to use the bathroom facilities throughout the day.



**2010-2011
Registration Form**

Child's Name _____ D.O.B. _____ (Age) _____

2nd Child's Name _____ D.O.B. _____ (Age) _____

Address _____

Parent(s) name(s) _____

Home Telephone # _____ Work Telephone # _____

Cell Phone # _____ E-mail address _____

Fee Structure *

	<u>Full Day Toddler</u> (7:30 AM-6:00 PM)	<u>Half Day Toddler</u> (AM 7:30-12:30 or PM 1:00-6:00)	<u>Full Day Preschool</u> (7:30 AM-6:00 PM)	<u>Half Day Preschool</u> (AM 7:30-12:30 or PM 1:00-6:00)
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2 Day	\$185.00	\$120.00	\$170.00	\$115.00
3 Day	\$215.00	\$150.00	\$200.00	\$150.00
4 Day	\$240.00	\$165.00	\$225.00	\$160.00
5 Day	\$265.00	\$180.00	\$250.00	\$175.00

*We offer a 20% discount for your second child (discount applies to lowest price.)

*We do accept vouchers.

*Additional emergency days (if available) for those already enrolled in the program can be purchased for an additional cost. Simply contact the Preschool Director for details.

*30 day written notice is required to decrease the number of days or withdraw from the program. All payments are due on or before the Thursday of the previous week. Any payment not received by this time will be considered late and you will be responsible for a \$20 per week late fee. There will be a \$20 service charge for any returned check. Additionally, should your account become delinquent and we are forced to turn it over for collection you will be responsible for all collection costs as well as reasonable attorney fees.

*Tuition fees may be subject to change. A 30-day notice will be given. I agree to these payment terms and conditions.

Parent/Guardian Signature _____ Date _____

I wish to enroll my child in the following program:

Start Date _____

<p><u>Full Day Program</u> Toddler or Preschool (Please Circle) Full Week Mon Tues Wed Thurs Fri (Please Circle)</p>	<p><u>Half Day Program</u> Toddler or Preschool (Please Circle) Mornings or Afternoons (Please Circle) Full Week Mon Tues Wed Thurs Fri (Please Circle)</p>
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All medical, permission and emergency forms must be completed before the child will be allowed to attend the program. Please mail this form with 3 weeks payment and registration fee to: Stoughton Extended Day, P. O. Box 257, Stoughton, MA 02072-0257. If you have any questions, please feel free to call Beverly Arsenault at (781) 341-0886 or e-mail us at info@stoughtonextendedday.org.

First week's tuition _____
Last two weeks' tuition _____
Registration Fee **\$25.00**

TOTAL ENCLOSED _____

Date Rec'd by SED _____ Staff Name _____ Confirmation Sent _____
Total Amount Paid _____ Check # _____ Cash _____

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at
STOUGHTON
EXTENDED
DAY



P. O. Box 257, 137 Walnut Street, Stoughton MA 02072 (781) 341-0886 Fax (781) 341-0885

I have received a copy of the S.E.D. parent handbook. I agree to familiarize myself with the information it contains and understand this handbook constitutes the policies and guidelines of our Preschool.

I agree to pay all tuition due even though my child may be ill, school may be closed for inclement weather or holiday closings. I also understand that S.E.D. will not offer an alternate day to make up for the day my child missed.


I agree to pay a late fee of \$10.00 for every 15 minutes (or any part of 15 minutes) for the first offense. \$20.00 for the second offense, \$30.00 for the third offense. Pick-up time is no later than 6:00 P.M. Payment is expected no later than the next day your child attends school.

A 30-day written notice is required to decrease the number of days or withdraw from the program. All payments are due on or before the Thursday of the previous week. Any payment not received by this time will be considered late and you will be responsible for a \$20 per week late fee. There will be a \$20 service charge for any returned check. Additionally, should your account become delinquent and we are forced to turn it over for collection you will be responsible for all collection costs as well as reasonable attorney fees. *Tuition fees may be subject to change. A 30-day notice will be given. I agree to these payment terms and conditions.

Parent/Legal Guardian: _____ Date: _____

Child's name: _____ D.O.B: _____

**The Preschool
at
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EXTENDED
DAY**



**2010 - 2011
Program Information**

Thank you for choosing the Preschool at Stoughton Extended Day. Here is some further information about our program.

Location: Edwin A. Jones Early Childhood Center, 137 Walnut Street, Stoughton, MA 02072

Telephone number: 781-341-0886; Fax 781-341-0885; Administrative Offices 781-344-5512

Website: www.stoughtonextendedday.org

E-mail address: info@stoughtonextendedday.org or pre_sed@verizon.net

Hours of Operation: 7:30AM to 6:00 PM, **except** for the following holidays:

Labor Day - Monday, September 6, 2010
Columbus Day - Monday, October 11, 2010
Veteran's Day - Thursday, November 11, 2010
*Wednesday, November 24, 2010 - close at 4:00PM
Thanksgiving Day - Thursday, November 25, 2010
Day after Thanksgiving - Friday, November 26, 2010
*Christmas Eve - Friday, December 24, 2010
*New Year's Eve - Friday, December 31, 2010 - close at 4:00PM
Martin Luther King Day - Monday, January 17, 2011
President's Day - Monday, February 21, 2011
Memorial Day - Monday, May 30, 2011
July 4, 2011- July 8, 2011 Closed all week. (No tuition due for this week only.)***

Holidays have been taken into consideration in the overall tuition rates and full tuition is due for weeks in which these holidays occur. Substitutions in schedules cannot be made for holidays. No refund will be given for missed days.

If your child is unable to attend, there will be no rescheduling or refunds for the missed days.

Due to staff scheduling requirements, credit or refunds will not be given for your child's illness or other absences.

Emergency Conditions: In the event of building emergencies, heavy snow falls, or other severe weather conditions, we will remain open as long as safety allows. If it becomes necessary to close the program, we will call parents/ guardians in the order listed on their emergency sheet. You are expected to come for your child immediately. For further information, contact the preschool office and/or check our website at www.stoughtonextendedday.org.

Tuition and payment information:

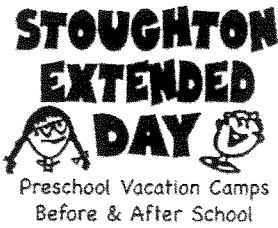
Late Pick-up Penalty:

- 1st occasion: \$ 10 for every 15 minutes
- 2nd occasion: \$ 20 for every 15 minutes
- 3rd occasion \$ 30 for every 15 minutes and subject to termination

Full tuition is due for days/ weeks in which emergency conditions require us to close.

Withdrawal from the program: **30 days written notice** is required for withdrawal for any reason. Full tuition is due for this period and your two weeks prepayment and security deposit will be credited on your final statement.

*** Tuition must always be paid one week in advance, and is due no later than Thursday of the previous week. All late payments will result in a \$20.00 late fee per week.



THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

CHILD'S ENROLLMENT FORM

Child Information

Child's Name: _____ Date of Birth: _____ Age at Admission: _____

Child's Home Address: _____ Date of Admission: _____

Home Phone Number: _____ Cell Phone Number: _____

Sex: _____ Identifying Marks: _____ Eye Color: _____ Height: _____ Weight: _____

Hair Color: _____ Skin Color: _____ Primary Language: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Email Address: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Phone Number: _____ Business Phone Number: _____

Hours at Work: _____ Hours at Work: _____

Additional Information

Child's Physician: _____ Address: _____

Phone Number: _____ Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, restraining orders pertaining to the child? If Yes please attach: _____

Special limitations or concerns? _____

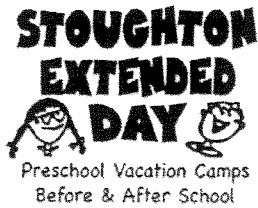
School Age Only

Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials: _____

Parent/Guardian Signature: _____ Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

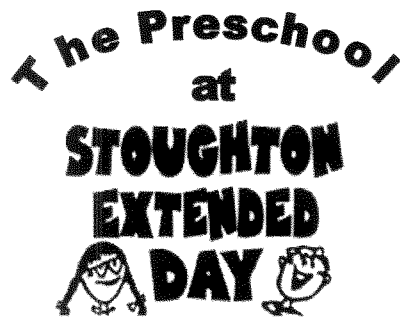
Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)



P.O. Box 257, 137 Walnut Street, Stoughton, MA 02072-0257 781-341-0886 Fax 781-341-0885

Child(ren)'s Name: _____

Photo Permission

I do / do not (circle one) give permission for the above stated child(ren) to be photographed as part of the Stoughton Extended Day Program and may be used for promotional material web page displays, and any other materials associated with Stoughton Extended Day, Inc.

Parent / Guardian Signature: _____

Date: _____

Walking Trip Permission

I do / do not (circle one) give permission for the above stated child(ren) to go on walking field trips to the C.A.P.P. Playground and the Stoughton Public Library.

Parent / Guardian Signature: _____

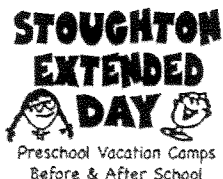
Date: _____

Sunscreen and Bug Repellent Release

I do / do not (circle one) give permission for the above stated child(ren) to have sunscreen and/or bug repellent applied by SED staff. You, the parent or guardian, must supply the sunscreen/bug repellent in the original container(s) labeled with you child's name. SED will make every effort to apply the sunscreen and /or bug repellent as directed. However, SED has no control over which products or brands are provided and their effectiveness. You must understand that if your child does get burned or bitten, neither SED nor its staff may be held responsible. You should also apply the sunscreen/bug repellent to your child before arriving at camp.

Parent / Guardian Signature: _____ Date: _____

***We also need a copy of your child(ren)'s immunizations from your child's Physician. This must include a current lead screening.**



THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC / PRIVATE VAN

___ PROGRAM BUS / VAN

___ CONTRACT / VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PARENT DROP OFF

___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC / PRIVATE VAN

___ PROGRAM BUS / VAN

___ CONTRACT / VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PARENT PICK UP

___ OTHER

I give permission for my child to be released from the program at the end of the program day as stated above and /or I give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "NO ONE".)

*IF A CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER.

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for **Infants and Toddlers (marked *)** as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

Is your child fed held in lap? _____ High chair? _____ * Does your child eat with spoon? _____

Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____ other: _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. *For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

Parent/Guardian Signature _____ Date _____