

Address: 725-727 Granite Street, Braintree, MA 02184 Phone: 781-971-5178 Fax: 781-971-5186  
 Email: admin@kiddosland.us Website: <http://www.kiddosland.us/>

### Enrollment Packet

Today's Date: \_\_\_\_\_ Intended Start Date: \_\_\_\_\_

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

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

#### **Program/Enrollment Information**

 Please check  the registration options below:

#### **Registering for:**

<input type="checkbox"/> Toddler/Preschool	<input type="checkbox"/> Preschool	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> School Age Afterschool	

#### **Intended child' weekly schedule:**

<input type="checkbox"/> 2 Full Days	<input type="checkbox"/> 3 Full Days	<input type="checkbox"/> 4 Full Days	<input type="checkbox"/> 5 Full Days
Drop Off Time: _____		& Pick Up Time: _____	
<input type="checkbox"/> 2 Half Days	<input type="checkbox"/> 3 Half Days	<input type="checkbox"/> 4 Half Days	<input type="checkbox"/> 5 Half Days
Drop Off Time: _____		& Pick Up Time: _____	

#### **\* Please note:**

- Full-Day Programs: minimum Six (6) hours for basic tuition payments
- Half-Day Programs: minimum four (4) hours per day for basic tuition payments, 8:00 a.m. - 12:00 noon
- Afterschool Programs: 2:30 p.m. - 6:30 p.m.; or full day whenever the public/private school closings
- \* (\$40.00 per day will be added to the tuition fee for full-day care.)

#### **Days of the week attending:**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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<input type="checkbox"/> Full Pay	<input type="checkbox"/> State Voucher
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#### **Payment Status:**

Regular Payment	Kiddosland Discounted Tuition Payment Plans		
<i>For Toddler/Preschool, Preschool, Pre-Kindergarten, &amp; Kindergarten</i>			
<input type="checkbox"/> Weekly Payment	<input type="checkbox"/> Monthly Payment	<input type="checkbox"/> 3-Month Payment	<input type="checkbox"/> 6-Month Payment
<i>For School Age Afterschool</i>			
<input type="checkbox"/> Weekly Payment	<input type="checkbox"/> Monthly Payment	<input type="checkbox"/> 5-Month Payment	<input type="checkbox"/> 10-Month Payment

#### **\* Please bring in the following items, which are required to enroll your child in our program:**

- A completed Enrollment Packet with a Recent Child's Photo attached
- A **NON-REFUNDABLE** \$100.00 Enrollment Fee for each child (\$180.00 maximum per family) and is due upon registration
- First Week Tuition or Voucher (is due upon registration)
- Two-Week Tuition Deposit (is used for the last two weeks tuition when withdrawal, and serves as a security deposit to secure your child's placement and is due upon registration)
- key fobs one fob for \$20.00 or two Fobs for \$30.00
- A current Physical Examination on Health Record Form, signed by your child's doctor. (A valid Physical must have been conducted within 12 months from the date of enrollment.)
- Updated Immunization Record
- Lead Screening Report

\* Please make all checks or money orders **payable to the Kiddosland Child Development Center, Inc.**

\* Please note that all applications are accepted on a first come, first served basis. Your application will be placed on a waitlist if our program is full at the time of enrollment. An intake interview is required for enrollment.

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## Child's Enrollment Form

### **Child Information**

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

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

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

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### **Parent/Guardian Information**

#### **Parent/Guardian 1**

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

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

Parent/Guardian 1 Date of Birth: \_\_\_\_\_

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

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

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

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

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

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

Hours at Work: \_\_\_\_\_

#### **Parent/Guardian 2**

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

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

Parent/Guardian 2 Date of Birth: \_\_\_\_\_

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

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

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

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

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

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

Hours at Work: \_\_\_\_\_

**Child's Schedule:**

<input type="checkbox"/> 2 *Full/Half Day	<input type="checkbox"/> 3 *Full/Half Day	<input type="checkbox"/> 4 *Full/Half Day	<input type="checkbox"/> 5 *Full/Half Day
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
Drop Off Time:		& Pick Up Time:	

\* Please delete one if inapplicable.

\*\* Please check  any if applicable.

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

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

**Additional Information**

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

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

Allergies/Special Diets? \_\_\_\_\_

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

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
 If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

**School Age Only**

Current School: \_\_\_\_\_ School Phone #: \_\_\_\_\_

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**

## Transportation Plan and Authorization

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

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

- \_\_\_ PARENT DROP OFF
- \_\_\_ SUPERVISED WALK
- \_\_\_ UNSUPERVISED WALK
- \_\_\_ PUBLIC/PRIVATE/VAN
- \_\_\_ PROGRAM BUS/VAN
- \_\_\_ CONTRACT/VAN
- \_\_\_ PRIVATE TRANS. ARRANGED BY PARENT
- \_\_\_ OTHER

**MY CHILD WILL DEPART FROM THE PROGRAM:**

- \_\_\_ PARENT PICK UP
- \_\_\_ SUPERVISED WALK
- \_\_\_ UNSUPERVISED WALK
- \_\_\_ PUBLIC/PRIVATE/VAN
- \_\_\_ PROGRAM BUS/VAN
- \_\_\_ CONTRACT/VAN
- \_\_\_ PRIVATE TRANS. ARRANGED BY PARENT
- \_\_\_ OTHER

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

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

Refer To First Aid and Emergency Medical Care Consent and Release Forms for Release Information

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

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

Children'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 a child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for a child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for a 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)**

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**Child Release Authorization Form**

**I give permission for my child, \_\_\_\_\_ (Child's Name)  
to be released from the program and/or to be received at the end of the program  
to the following people:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone Number (Cell/Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone Number (Cell/Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone Number (Cell/Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone Number (Cell/Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone Number (Cell/Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Telephone Number (Cell/Work) \_\_\_\_\_ (Home) \_\_\_\_\_

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**Parent/Guardian Signature**

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**Date**

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**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 a 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 like 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: \_\_\_\_\_

Food refused: \_\_\_\_\_

\* Is your child fed held in your lap? \_\_\_\_\_ High chair? \_\_\_\_\_

\* Does your child eat with a 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? Potty chair? \_\_\_\_\_ 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 (including 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 upon waking etc) \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_  
\_\_\_\_\_



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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.

Time	Daily Activities

Is there anything else we should know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

### **Permission Slip for Regularly Scheduled Off-Site Activities via Walking**

As a part of social studies in our program, children will participate in walks into the community and visit our neighboring businesses. Our Walking Field Trips include the following:

- ❖ Walk around the neighborhood to notice the seasonal changes and to study the environment.
- ❖ Harbor Freight Tools, Granite Street, Braintree, Massachusetts
- ❖ TONI&GUY Hairdressing Academy, Granite Street, Braintree, Massachusetts
- ❖ Burlington Coat Factory, Granite Street, Braintree, Massachusetts
- ❖ Wamps Pizzeria, Granite Street, Braintree, Massachusetts
- ❖ Montilio's Baking Company & Pizzeria, Granite Street, Braintree, Massachusetts
- ❖ Century Bank, Granite Street, Braintree, Massachusetts
- ❖ Planet Fitness, Granite Street, Braintree, Massachusetts
- ❖ Goldfish Swim School, Granite Street, Braintree, Massachusetts
- ❖ Braintree High School, Town St, Braintree, Massachusetts
- ❖ Chung's Asian Cuisine Restaurant, Granite Street, Braintree, Massachusetts
- ❖ Eda's Cafe Breakfast Lunch and Catering, Granite Street, Braintree, Massachusetts
- ❖ On occasion we may visit other businesses in Braintree

Walking field trips around our neighborhood may take place during good weather any time from 9:30 a.m. to 11:45 a.m. However, whenever we have planned a trip for one of the destinations mentioned above, that supports our curriculum development; we will inform you of the date, time, and destination of the walking field trip.

Authorization consent forms for emergency medical treatment are with the staff whenever the children leave their classrooms.

We always maintain the proper classroom ratios throughout the day and our children use a walking rope with handles.

**I give permission for my child, \_\_\_\_\_  
(Child's Name) to attend and participate in the above identified off-site activities.**

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**Parent/Guardian Signature**

---

**Date**

### **Permission for Tooth brushing**

I give permission for my child, \_\_\_\_\_(Child's Name)  
to brush his/her teeth during school.

I do not want my child, \_\_\_\_\_(Child's Name)  
to brush his/her teeth during school.

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**Parent/Guardian Signature**

---

**Date**

### **Permission for Sunscreen**

I give the Center permission for my child, \_\_\_\_\_  
(Child's Name) to apply sunscreen when needed.

I do not want my child, \_\_\_\_\_(Child's Name)  
to apply sunscreen during school.

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**Parent/Guardian Signature**

---

**Date**

### **Permission for Observations, Media Interviews, Publicity, Videos, and Photographs**

I give the Center permission to include for my child, \_\_\_\_\_  
(Child's Name) in observations, media interviews, publicity, videos, and photographs.

I do not want my child, \_\_\_\_\_(Child's Name)  
to include in observations, media interviews, publicity, videos, and photographs.

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**Parent/Guardian Signature**

---

**Date**

### **Late Pick-Up**

I understand that late pick-up will be required to pay a late fee of \$1.00 per minute 6:30 p.m. Any parent/guardian arriving after closing time will be charged a fee of \$10.00 for the first ten-minutes they are late and will be charged one dollar for each additional minute thereafter. The late fee will be calculated at the time you exit the building, as it often takes five to ten minutes for families to gather their children's belongings before exiting. The late pick-up fee will be added onto your tuition for the following week regardless of the reason for the late pick up.

I understand that I will be given a two-week notice if the late pick-up should occur more than twice a month and I will be provided resources in finding a new center by Kiddosland Development Center.

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**Parent/Guardian Signature**

---

**Date**

### **Termination**

I understand that two weeks' written notice in advance of the ending date must be given for termination by either parent/guardian or the Center.

**\* Please note that parents/guardians must give notice for termination at least four weeks in advance of the ending date if it is an OCCS (Office of Child Care Services) slot (participants in voucher programs.)**

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**Parent/Guardian Signature**

---

**Date**

### **Acknowledgement of the Kiddosland Child Guidance Policy**

I acknowledge I have received, read, and understand the Center Child Guidance Policy and understand its terms and conditions.

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**Parent/Guardian Signature**

---

**Date**

### **Acknowledgement of Receipt of the Kiddosland Parent Handbook**

By signing below, I acknowledge that I have received, read, and understand the Kiddosland Parent Handbook.

I agree to comply with all the Center's policies, as written.

This handbook notes all of the Center's policies and information, per the Department of Early Education and Care (EEC), including the current tuition schedule, and the Center's hours of operation.

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**Parent/Guardian Signature**

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**Date**

### **Family Statement of Understanding**

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the Kiddosland Child Development Center. Please keep and refer to your copy of the Kiddosland Parent Handbook/Program Policies. Families may access the Kiddosland Parent Handbook/Program Policies at any time on our website. Your signature below indicates that you have received them.

I understand that the Kiddosland staff and volunteers/student interns are not allowed to babysit or transport my child at any time outside of the Kiddosland. Immediate disciplinary action will be taken by the Kiddosland toward staff and volunteers/student interns if a violation is discovered.

I understand that I am not to leave my child at Kiddosland with an unauthorized person. Any person authorized to pick-up my child must be listed with Kiddosland and show the staff of the Center valid identification or other arrangements must be made by calling the Kiddosland office at 781-971-5178 to inform them of a change.

I understand that should a person arrive to pick up my child who appears under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

I understand that the Kiddosland staff is mandated, by law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statement above and the Center policies and procedure in the Kiddosland Parent Handbook.

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**Parent/Guardian Signature**

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**Date**

**2022-2023 Tuition Schedules for Full-Day Programs**  
 (Effective September 1, 2022 - August 31, 2023)

**Full-Day Program Weekly Rates**

<b>Weekly Attendance</b>	<b>2.6 years- 3.11 years</b>	<b>4 years- 4.11 years</b>	<b>5 years- 6 years</b>
5 days per week	\$395	\$375	\$345
4 days per week	\$340	\$320	\$290
3 days per week	\$285	\$265	\$250
2 days per week	\$210	\$200	\$190

**School Age Afterschool Program**  
**(6 years - 12 years old) Weekly Rates**

<b>Weekly Attendance</b>	<b>Half Day (3:00 p.m. - 6:30 p.m.)</b>	<b>Transportation Fee</b>	<b>Full Day for whenever Public/Private School Closings</b>
5 days per week	\$140	+ \$35	+ \$40 per day
4 days per week	\$125	+ \$28	+ \$40 per day
3 days per week	\$108	+ \$22	+ \$40 per day
2 days per week	\$90	+ \$20	+ \$40 per day

**Preschool Half-Day Program**  
**( 2 years 6 months - 3 years 11 months old) Weekly Rates**

<b>Weekly Attendance</b>	<b>Half Day = 4 hours or less 8:00 a.m. to 12:00 noon</b>
5 days per week	\$195
4 days per week	\$175
3 days per week	\$150
2 days per week	\$115

**Pre-K Half-Day Programs**  
**(4 years - 4 years 11 months old) Weekly Rates**

<b>Weekly Attendance</b>	<b>Half Day = 4 hours or less 8:00 a.m. to 12:00 noon</b>
5 days per week	\$185
4 days per week	\$165
3 days per week	\$145
2 days per week	\$110

**Kindergarten Half-Day Program  
 (5 years - 6 old) Weekly Rates**

<b>Weekly Attendance</b>	<b>Half Day = 4 hours or less 8:00 a.m. to 12:00 noon</b>
5 days per week	\$165
4 days per week	\$150
3 days per week	\$135
2 days per week	\$100

- ❖ Tuition payments may be made weekly, monthly, 3-month, or 6-month basis.
- ❖ Transportation tuition is based on a 48 week school year.
- ❖ Weekly tuition payments are due every Friday for the following week. Monthly tuition will be due the last Friday of the month.
- ❖ **5% Discount** will be applied if tuition is paid monthly. Monthly tuition payments are due the last Friday of each month for the following month. (Monthly payments = your weekly rate X 52 weeks divided by 12 months with a discount.
- ❖ **8% Discount** will be applied if tuition is paid every three months. The 3-month payments are due the last Friday of the third month for the following 3-months.
- ❖ **10% Discount** will be applied if tuition is paid every six months. The 6-month tuition payments are due the last Friday of the sixth month for the following 6-month tuition payments.
- ❖ A **NON-REFUNDABLE** \$100.00 Enrollment Fee for each child (\$180.00 maximum per family) and is due upon registration for Voucher family one week tuition of weekly parent fee, this will be applied to first week tuition
  
- ❖ \$20.00 for one Key fob, \$30.00 for two key fobs
- ❖ First Week Tuition or one week parent fee (is due upon registration)
- ❖ Two-Week Tuition Deposit (is used for the last two weeks tuition when withdrawal, and serves as a security deposit to secure your child's placement and is due upon registration)
- ❖ **No refunds or adjustments** will be made for illnesses, days absent, holidays, professional development days, and days closed/delayed openings due to inclement weather, or closure emergencies and/or other delays.
- ❖ **A two-week notice is required when withdrawing enrollment or any programs from Kiddosland Child Development Center. Unless monthly or 3 month tuition would be due at least one month prior to withdrawal.**
- ❖ **Kiddosland Discounted Tuition Payment Plans are subject to change. Families shall be notified prior to any changes.**
  
- ❖ **The discounted tuition payment plan for the afterschool program includes hours 3:00pm-6:30pm) during the 4 weeks school break (Dec, Feb, April and last week of June). During breaks listed above the additional charge would still be applied.**



## **Kiddosland Family Referral Program**

### **1. Families who are full time for preschool, pre-K and afterschool:**

- **\$100.00 tuition credit** for the referral, if currently enrolled family refers to a family that is full time enrollment with a longer than 30 days enrollment period.

### **2. Families who are part time or Summer program enrollment:**

- **\$50.00 tuition credit for the referral**, if currently enrolled family refer a family that is part time for preschool, pre-K and afterschool with a longer than 30 days enrollment period.
- **\$50.00 tuition credit for the referral**, if currently enrolled family refer a family that is full time for Summer Program with a longer than 30 days enrollment period.
- **\$25.00 tuition credit for the referral**, if currently enrolled family refer a family that is part time for Summer Program with a longer than 30 days enrollment period.

### Ready for School Checklist

Thank you for choosing Kiddosland Child Development Center. The following is a list of items that your child will need when attending school. If you have any questions or concerns, please feel free to contact at 781-971-5178 or email DeAnn Ronchetti center Director at deann.baptista@kiddosland.us .

#### **The following items should be prepared for your child as below:**

- A crib sheet and a blanket
- A set of weather appropriate extra clothing in your child's cubby at all times, also include:
  - Shirts
  - Pants
  - Underpants and undershirts (NO onesies please if your child is being potty-trained)
- Socks
- Indoor rubber-soled shoes (only for wearing inside the classroom)
- A sweatshirt or a light jacket for air conditioning or cool weather
- Warm clothing when in winter, such as a hat, a scarf, mittens/gloves, snow pants, snow boots, and a warm coat, etc.
- Diapers or **Easy Open Sides Pull-ups** (if applicable)
- Baby wipes (if applicable)
- A reusable cup with lid

**\* Please be sure to label all belongings of your child.**

#### **The following must be completed and turned in prior to your child's start date at the Kiddosland Child Development Center:**

- A completed Enrollment Packet with a Recent Child's Photo attached
- A **NON-REFUNDABLE** \$100.00 Enrollment Fee for each child (\$180.00 maximum per family)
- \$20.00 for one Key fob, \$30.00 for two key fobs
- First Week Tuition or Voucher
- Two-Week Tuition Deposit is used for the last two weeks tuition when withdrawal, and serves as a security deposit to secure your child's space.
- A current Physical Examination on Health Record Form, signed by your child's doctor. (A valid Physical must have been conducted within 12 months from the date of enrollment.)
- Updated Immunization Record
- Lead Screening Report