

Longfellow Preschool @ Wellesley

APPLICATION FORM 2024 -2025

CHILD'S FULL NAME: _____

Date of Birth: _____

CHILD'S ADDRESS: _____

TOWN: _____ ZIP: _____

BEST PHONE # TO CALL FIRST: _____

PARENT/GUARDIAN'S NAME:

PARENT EMAIL FOR NEWSLETTERS:

DAYS YOU WANT YOUR CHILD ENROLLED: (PLEASE CIRCLE)

MON

TUE

WED

THU

FRI

Monthly Fees - 9 am to 1 pm:

2 DAYS..... \$399.00

3 DAYS..... \$550.00

4 DAYS..... \$725.00

5 DAYS.....\$899.00

- Extended Day available 8:30 – 9 am and 1 pm – 2:30 pm at **\$15 per hour**
- SIBLINGS RECEIVE A DISCOUNT OF 10%
- FULL FAMILY LONGFELLOW MEMBERS RECEIVE DISCOUNT OF 10%
- PAYMENTS ARE BASED ON AN ANNUAL AMOUNT DIVIDED INTO **10 EQUAL MONTHLY PAYMENTS** - SEPT. TO JUNE.

\$100.00 (per child) NON-REFUNDABLE REGISTRATION FEE

DROP OFF OR MAIL TO:

'DIRECTOR -LONGFELLOW PRESCHOOL @ WELLESLEY
LONGFELLOW WELLESLEY TENNIS & HEALTH CLUB, WELLESLEY MA. 02482

Or email to longfellowkids@gmail.com

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE
CHILD'S ENROLLMENT FORM**

Child's name: _____ Date of Birth: _____

Program: **Longfellow Preschool @ Wellesley**

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

Eye Color: _____ Hair Color: _____ Skin Color: _____

Gender: _____ Height: _____ Weight: _____

Primary Language: _____ Identifying Marks: _____

Child's Physician: _____

Address: _____

Tel: #: _____

- Any Food Allergies? _____
- Medication Allergies? _____
- Other Allergies? _____
- Special Diets? _____
- Does your child require an epi-pen, inhaler or medication whilst at preschool? If yes, please complete the form attached.
- Are there any copies of any custody agreements, court orders, or restraining orders pertaining to the child? If yes, please attach. _____
- Any other special limitations or concerns?

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian name: _____

Business Telephone #: _____

Email: _____

Cell: _____

2. Parent/Guardian name: _____

Business Telephone #: _____

Email: _____

Cell: _____

Nanny/Au Pair

Name : _____

Cell #: _____

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM 102 CMR 7.09(3)**

Child's Name: _____ Date of Birth: _____

I authorize staff in the childcare program **Longfellow Preschool @ Wellesley** that are trained in CPR and First Aid to give my child CPR/First Aid 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: _____

Any Health Conditions: _____

Emergency Contacts (*In order to be contacted*) They can NOT be parents and must be aware that they are emergency contacts and live close by. If you wish, you may write "No One".

1. Name: _____

Relationship to Child: _____ Phone #: _____

Other Tel: # _____

Do you give permission for your child to be released to this person? _____

2. Name: _____

Relationship to Child: _____ Phone #: _____

Other Tel: # _____

Do you give permission for child your to be released to this person? _____

Health Insurance Coverage: Policy #:
Subscriber:

Parent Signature: _____ **Date:** _____

TRANSPORTATION PLAN AND AUTHORIZATION

[7.09(3) AND 7.12(1)]

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ **PARENT OR AUTHORIZED DROP OFF**

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ **PARENT OR AUTHORIZED PICK UP**

I give permission for my child to be released from the program at end of the day as stated above and I give my permission to the following people to pick up my child at the end of the day.

If no one is authorized, please indicate below by writing "NO ONE"

If the same as 'Emergency Contacts' write 'Same as Emergency Contacts'

1. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PARENT/GUARDIAN AGREEMENT

I have received the Parent Handbook and fully understand the policies, guidelines and all the information regarding payments, children's information, 30 day notice period, holidays, early releases and snow days.

I understand that I will receive any updates regarding changes to the 'Parent Handbook' in a timely manner and also understand that the 'Parent Application Forms' will need to be completed again in full, each year that my child attends the program.

Please read and sign below.

I agree to all the policies, guidelines and regulations.

I agree that my child may swim at Longfellow with Staff and lifeguards in attendance in swim lessons and free swim.

I give permission that staff may clean boo boo's with water and Neosporin and Band-Aids and ice if needed.

I agree that my child can participate in any Longfellow program such as soccer and yoga.

Longfellow has permission to photograph or video my child for program promotional purposes only with **NO names or tags.**

(Literature, Email Newsletters, Brochures & Longfellow Facebook, Instagram & Website)

I would like to receive all information regarding after school news (health issues, pesticide application notifications, school holiday programs, upcoming events, staff changes, introduction of pets, policy changes etc.) BY E-MAIL. I will be responsible for checking my emails routinely and notifying the program if my email changes.

Parent Signature: _____ Date: _____

Print Name: _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care
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: _____

DEVELOPMENTAL HISTORY

Any speech difficulties? _____

Language spoken at home _____

Will you need an interpreter for meetings or paperwork? _____

Are you raising your child to be bilingual? _____

If yes, which language? _____

Does your child receive English as a Second Language? _____

HEALTH

Special physical conditions, disabilities etc. that may require accommodations:

Regular medications taken at home:

If your child will need to take any medication at preschool, you will need to complete a Medication Consent Form. If your child has a chronic medical condition such as asthma, allergies, diabetes and febrile seizures, you will need to complete the Individual Health Care Plan form – see attached.

EATING HABITS

Special characteristics or difficulties:

Favorite foods:

TOILET HABITS

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

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 become tired or nap during the day?

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:

Able to play alone? _____ With others? _____

Favorite toys and activities:

Fears (the dark, animals, etc.):

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

DAILY SCHEDULE

Please describe your child's schedule on a typical day.

Is there anything else we should know about your child?

(Parent/Guardian Signature)

(Date)

Dear Families,

In our classroom we love learning about various peoples, cultures, holidays, and traditions. Listed below are a variety of holidays and celebrations that we may discuss or learn more about in our classroom.

Please fill out the following questionnaire so that I am aware of what holidays, seasons, cultural traditions, your family celebrates.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Hanukkah | <input type="checkbox"/> Cinco De Mayo |
| <input type="checkbox"/> International Human Rights Day | <input type="checkbox"/> Ramadan |
| <input type="checkbox"/> Christmas | <input type="checkbox"/> World Culture/Diversity Day |
| <input type="checkbox"/> Kwanzaa | <input type="checkbox"/> Memorial Day |
| <input type="checkbox"/> New Years Eve/Day | <input type="checkbox"/> Eid Alfitr |
| <input type="checkbox"/> Makar Sankranti Harvest Festival | <input type="checkbox"/> Native American Citizens Day |
| <input type="checkbox"/> Mardi Gras | <input type="checkbox"/> Junteenth |
| <input type="checkbox"/> Valentines Day | <input type="checkbox"/> International Friendship Day |
| <input type="checkbox"/> Lunar New Year | <input type="checkbox"/> Mexican Independence Day |
| <input type="checkbox"/> Holi / Lantern Festival | <input type="checkbox"/> Yom Kippur |
| <input type="checkbox"/> St. Patrick's Day | <input type="checkbox"/> National Indigenous People's Day |
| <input type="checkbox"/> Good Friday | <input type="checkbox"/> Halloween |
| <input type="checkbox"/> Passover | <input type="checkbox"/> Diwali |
| <input type="checkbox"/> Easter | <input type="checkbox"/> Thanksgiving |
| <input type="checkbox"/> Night Journey | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Earth Day | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

Student Name: _____

Would you be opposed to your student learning or joining in other cultural/holiday activities throughout the year? [] Yes [] No

If so please list below the holidays you would not like your child to participate in:

What would you prefer your child do instead?

- | | |
|--|--|
| <input type="checkbox"/> Seasonal Activity | <input type="checkbox"/> Craft bin/ STEM |
| <input type="checkbox"/> Read | <input type="checkbox"/> Draw / Color |
| <input type="checkbox"/> Use of technology | |

Thank you for taking the time to fill out this questionnaire to better serve our students!

Later @ Longfellow EEC Individual Health Care Plan Form

To be placed in child's folder. Plan must be renewed annually or if child's condition changes. One form for each medication. For example – an epi pen and Benadryl require 2 forms.

1. Name of child:	Date of Birth:
2. Name of chronic health care condition:	
3. Description of chronic health care condition:	
4. Symptoms:	
5. Medication/Medical treatment necessary while at the program:	
6. Potential side effects of treatment:	
7. Potential consequences if treatment is not administered:	
8. Who has been trained and will be giving treatment while the child is at this program?	
Caroline Donahue Stefanie Stolpinski	

Name and phone number of licensed Health Care Pediatrician:

Name _____ Phone Number _____

Parent/Guardian Signature: _____ Date: _____

Program Administrator Signature: _____ Date: _____