



# Next Generation Children's Centers

## Registration Form & EEC Face Sheet

Child's First and Last Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

NGCC School: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Please note:** To guarantee your child's enrollment, start date **may not** be changed beyond the contracted date written above

**Parent / Guardian #1** - Please check items below  
 Primary Billing Contact    Primary Parent Contact  
 Mr.    Ms.    Mrs.

**Parent / Guardian #2** - Please check items below  
 Primary Billing Contact    Primary Parent Contact  
 Mr.    Ms.    Mrs.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

*Please Note: A HOME phone number is required*

*Please Note: A HOME phone number is required*

Phone #1 (List by Calling Preference) \_\_\_\_\_  
Cell / Work / Home (Circle One)

Phone #1 (List by Calling Preference) \_\_\_\_\_  
Cell / Work / Home (Circle One)

Phone #2 \_\_\_\_\_  
Cell / Work / Home (Circle One)

Phone #2 \_\_\_\_\_  
Cell / Work / Home (Circle One)

Phone #3 \_\_\_\_\_  
Cell / Work / Home (Circle One)

Phone #3 \_\_\_\_\_  
Cell / Work / Home (Circle One)

Employer Name \_\_\_\_\_ Position Title \_\_\_\_\_

Employer Name \_\_\_\_\_ Position Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

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

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

Current Child Information: (as of start date)

Gender (circle)	Height	Weight	Eye Color	Hair Color	Nickname	Primary Language
Male / Female						

### Authorization for E-Mail Use

E-mail is an important communication tool that Next Generation Children's Centers utilizes for reminders, curriculum information, closing emergencies, illness notices and tuition statements. Please provide an address that you have access to during the day when your child is with us (which would be designated as the general address) and one for afterhours and weekends (such as a home e-mail). You can provide **one** e-mail per parent if they are read on a daily basis. *This information is for NGCC only and is not shared with any organization outside of NGCC.*

**Parent 1 Name:** \_\_\_\_\_

.....  
E-Mail Address \_\_\_\_\_

General    Emergency

.....  
E-Mail Address \_\_\_\_\_

General    Emergency

**Parent 2 Name:** \_\_\_\_\_

.....  
E-Mail Address \_\_\_\_\_

General    Emergency

.....  
E-Mail Address \_\_\_\_\_

General    Emergency

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NGCC ADMITS STUDENTS OF ANY RACE, COLOR, CREED & NATIONAL ORIGIN REGARDLESS OF DISABILITY, SEXUAL ORIENTATION, GENDER, MARITAL STATUS OR RELIGIOUS BELIEFS.**



# Next Generation Children's Centers

## REGISTRATION & FINANCIAL FORM

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Has your family attended NGCC previously? **Yes / No**

If **Yes**, which location & last year attended? \_\_\_\_\_

Contracted Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

**Payment Plan** – Please Check One **Referral Information** – *Complete if you were referred by another parent*

Weekly

  


Monthly

Referred By \_\_\_\_\_

Center Location \_\_\_\_\_

### NOTICE

- A four week, non-refundable deposit is required at the time of registration. This is a **non-interest bearing deposit**. This deposit amount may increase with a schedule change as required by NGCC.
- This deposit will be applied to your **last** four weeks of child care. NGCC requires a **four week written notice before** the termination process is in effect
- Tuition is due on the first day of scheduled attendance and the first day of scheduled attendance every week or month (depending on payment option selected above) thereafter
- You have contracted for a guaranteed slot for your child to the exclusion of all others and tuition is due and payable **whether your child is out due to sickness, vacation, holiday closing, weather emergency, or if the center is mandated to close by the MA Department of EEC because of circumstances beyond our control, such as loss of power**
- To **guarantee** your child's enrollment, start date **may not** be changed beyond the contracted date written above
- Next Generation Children's Centers reserves the right to change tuition rates at any time
- All tuition is based on child to teacher ratios
- Next Generation Children's Centers reserves the right to apply restrictions to special promotions

#### Disclaimer for Promotional Credits

Next Generation Children's Centers require a four week written notice before the termination process is in effect. If you enrolled your child/children during a promotion, your notice does not take effect until you have completed the promotional period. The four week nonrefundable deposit will be applied to the first week following the end of your promotion. Deposit credits **may not** be applied to a week you are receiving a promotional credit.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Next Generation Children's Centers

## Permission Form

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

### Transportation

I am responsible for the transportation of my child to and from Next Generation. If I contract with a 3<sup>rd</sup> party for transportation of my child, I will provide NGCC with written authorization to release my child.

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

\_\_\_\_\_  
Date

### Topical Cream Permission

I give permission to the staff of Next Generation Children's Center to apply topical cream for my child. Topical creams are defined as diaper rash ointments, calamine lotion, bug spray and sunscreen. I understand that I am to provide the creams as they are needed for my child.

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

\_\_\_\_\_  
Date

### Field Trip Permission

I give permission for my child to take nature walks and buggy rides while under the supervision of the staff of Next Generation Children's Center. I understand that these field trips will be restricted to the Next Generations parking lot and grounds.

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

\_\_\_\_\_  
Date

### Bike and Helmet Permission (Not applicable for Infant Program)

I give permission for my child to ride age appropriate riding toys provided by Next Generation Children's Center. I understand that Next Generation Children's Center does not provide helmets. If I want my child to wear a helmet I will provide a helmet, labeled with my child's name to my child's teachers.

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

\_\_\_\_\_  
Date

### Tooth Brushing – Check one

I DO       I DO NOT

Give permission for brushing their teeth while in the care of Next Generation Children's Centers as a part of Massachusetts EEC Regulation 606 CMR 7.11(11)(d). I understand that NGCC will provide swabs for infants, tooth brushes and toothpaste for Toddlers through Kindergarten.

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

\_\_\_\_\_  
Date

### Bounce House – *Applicable ONLY for children 2.9 and up*

I DO       I DO NOT

Give NGCC permission for my Preschool aged child to participate in the use of NGCC's bounce house. I understand that the bounce house is used periodically for school events and is closely monitored by NGCC staff.

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

\_\_\_\_\_  
Date

### Parent Visitation

As a parent, I understand that I may visit my child at school unannounced at any time during the hours that my child is in care. I also understand that other relatives (other than mother and father) visiting would have to have permission and be accompanied by a parent.

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

\_\_\_\_\_  
Date



# Next Generation Children's Centers

## Permission Form (Continued)

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

### NGCC Photo Posting – Check one

I DO       I DO NOT

I understand that NGCC will take photos of my child for allergy alert posting. This posting is a requirement for EEC and is used in the interest of identifying my child with NGCC staff to prevent possible allergic reactions.

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

\_\_\_\_\_  
Date

### NGCC Picture Taking – Check one

I DO       I DO NOT

I understand that periodically NGCC will take photos of my child or my child's classroom for documentation and display purposes. These photos can be displayed in the school for projects, e-mailing parents and/or documentation of classroom activities. I understand that these photos may contain my child and possibly other children in their classroom. *These photos will NOT be used for any marketing activities (such as advertisements) without my express written consent.*

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

\_\_\_\_\_  
Date

### Parent Photo Taking

I understand that other NGCC parents may want to take pictures of their child at special events in the center. Examples of special events may include Parent Invitations, School-wide events, in-Center Field Trips etc. Next Generation Children's Centers will do its' best in asking other parents to respect the privacy of our families *but NGCC can not guarantee that NO photographs will be taken of my child.*

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

\_\_\_\_\_  
Date

## Authorization for Emergency Care

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 Next Generation Children's Centers to transport my child to the **nearest** hospital by ambulance and secure for my child the **necessary medical treatment**. I understand the staff at Next Generation Children's Centers is trained in the basics of First Aid and CPR and I authorize them to give my child first aid when appropriate.

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

\_\_\_\_\_  
Date

## Medical Contact Information

\_\_\_\_\_  
Name Of Physician:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Child's Health Insurance Provider:

\_\_\_\_\_  
Child's Health Insurance Number:

I decline to provide insurance information

\_\_\_\_\_  
Allergies or Special Diet Instructions:

\_\_\_\_\_  
Type of Reaction / Special Instructions:

**Please Note:** If you child has **food or medication allergies or other diagnosed medical conditions** that we should be aware of, please complete an **Individual Health Care Form** for your child.



# Next Generation Children's Centers

## Emergency Contact & Release Information

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

These Emergency Contact people can make decisions about your child's care in an emergency *when parents cannot be reached*. Please list contacts other than parental/legal guardians in order to be contacted.

At least **TWO** of these contacts are **REQUIRED** to have permission for us to release your child into their care. These contacts should be able to **pick-up** a child in case of an emergency within an hour of contact. Please circle "YES" next to the emergency contact designates if both parents/guardians can not be reached. This information is only valid for one year from date form is signed by parent / guardian.

**NOTICE:** *You are financially responsible for any late fees incurred by the people listed below, and that we will not release your child to anyone who is not on the list without verifiable written instructions from the child's legal guardian. Upon a child's pick-up, **picture identification** will be required for verification.*

Emergency Contact # 1		
First Name	Last Name	
Address	City, State & Zip	
Home / Work Phone	Cell Phone	
Relationship to child	Notes	
Do you give permission for child to be released to this person?	YES	NO
Emergency Contact # 2		
First Name	Last Name	
Address	City, State & Zip	
Home / Work Phone	Cell Phone	
Relationship to child	Notes	
Do you give permission for child to be released to this person?	YES	NO
Emergency Contact # 3		
First Name	Last Name	
Address	City, State & Zip	
Home / Work Phone	Cell Phone	
Relationship to child	Notes	
Do you give permission for child to be released to this person?	YES	NO
Emergency Contact # 4		
First Name	Last Name	
Address	City, State & Zip	
Home / Work Phone	Cell Phone	
Relationship to child	Notes	
Do you give permission for child to be released to this person?	YES	NO

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

\_\_\_\_\_  
Date

Please record if there is an existing restraining order or custody arrangements NGCC should be aware of:

\_\_\_\_\_  
\_\_\_\_\_



# Next Generation Children's Centers

## Developmental History Form

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

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

**Note:** Please provide information for Infants and Toddlers (indicated\*) as appropriate to the age of your child.

### General Development Information

Age (in months) began sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_

\* Does your child pull themselves up? Yes / No \*Crawl? Yes / No \*Walk with support? Yes / No

Any speech difficulties? \_\_\_\_\_

Use special words to describe needs? \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\* Does your child use pacifier or suck thumb? Yes / No \*When? \_\_\_\_\_

\* Does your child have a fussy time? Yes / No \*When? \_\_\_\_\_

\* How do you handle this time? \_\_\_\_\_

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

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

\* Is your child fed held in lap? Yes / No High Chair? Yes / No

\* Does your child eat with (check all that apply) a spoon? \_\_\_ Fork? \_\_\_ Hands? \_\_\_

Special characteristics or difficulties: \_\_\_\_\_

### Toilet Habits

\* (Please Circle) Do you use disposable or cloth diapers?

\* Is there a frequent occurrence of diaper rash? Yes / No

\* What diaper treatment products do you use? \_\_\_\_\_

\* Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\* Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\* Has toilet training been attempted? Yes / No

(Please Circle) 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 the child have accidents? \_\_\_\_\_

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

### Sleeping Habits

(Please Circle) Does your child sleep in a crib or bed?

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

What time do they get up in the morning? \_\_\_\_\_

What time do they go to bed at night? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc.): \_\_\_\_\_

*Please note:* The American Academy of Pediatrics has determined that placing a baby on their back to sleep reduces the risk of **Sudden Infant Death Syndrome (SIDS)**. If your child does not usually sleep on their 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. Also, it is not our practice to swaddle babies while in our care.



# Next Generation Children's Centers

## Developmental History Form

The Massachusetts Department of Early Education & Care requires that we have your written permission in order for us to place your infant (less than 1 year old) on their stomach to sleep and/or to swaddle your infant while in our care. Please speak with a Director about providing this consent.

### Health

\*Any known complications at birth? \_\_\_\_\_

Serious illness and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies (i.e. asthma, hay fever, insect bites, medications, food reactions): \_\_\_\_\_

\_\_\_\_\_

Any regular or daily medications? \_\_\_\_\_

*If you answered positively on Allergies or medications – please complete an Individual Health Care Plan form.*

### Social Relationships

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

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

Reaction to strangers: \_\_\_\_\_

Ability to play alone: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Any known fears (the dark, animals etc.): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Has your child been recommended for any services or screenings? Yes / No

Is your child currently receiving any services from local/state or privately contracted therapists? Yes / No

*If yes, please provide a copy of your child's EI Plan, IEP or documented therapy plan to NGCC.*

Will your child have therapy sessions on-site while attending NGCC? Yes / No

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 our educators should know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date



# Next Generation Children's Centers

## New Family Checklist

Director Initials	Items Reviewed
	<b>Returned completed required paperwork including:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Completed Registration Packet</li><li><input type="checkbox"/> Physical Exam record – Includes child height, weight and date of exam</li><li><input type="checkbox"/> Immunization Record – Includes Lead screening dates and Varicella Vaccine</li><li><input type="checkbox"/> Current Photo of Child – Head shot in casual clothes</li><li><input type="checkbox"/> Individual Health Care Plan (as needed)</li></ul>
	<b>Reviewed Financial Policies</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Initial Deposit</li><li><input type="checkbox"/> Tuition Payment options</li><li><input type="checkbox"/> Review fee schedule</li></ul>
	<b>Reviewed Parent Handbook including:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Orientation to NGCC – Administrative Organization, Facilities, Services &amp; Programs</li><li><input type="checkbox"/> Food Policies</li><li><input type="checkbox"/> Supplies Needed</li><li><input type="checkbox"/> Drop Off &amp; Pick Up Policy – Visitor &amp; Release Policy, Emergency Situations</li><li><input type="checkbox"/> Center Closings – Inclement Weather Policy</li><li><input type="checkbox"/> Illness Policy</li><li><input type="checkbox"/> Medication Policies</li><li><input type="checkbox"/> Financial Policies – Tuition policy, extra days/hours, schedule changes &amp; annual registration</li><li><input type="checkbox"/> Family Referral Program</li><li><input type="checkbox"/> Transferring to another NGCC and Giving Notice</li></ul>

*This checklist will be reviewed with you by an NGCC Staff Member*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date