



Next Generation Children's Centers

Summer Program 2012 Registration Form & EEC Face Sheet

Child's Legal First & Last Name: _____ Child's Birth Date: _____

NGCC School: _____

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) (Circle One)

Phone #1 (List by Calling Preference) _____ Cell / Work / Home _____
(Circle One) (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	Preferred Name	Primary Language	Known Allergies?
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, photos of your child at school 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: _____

General Emergency

General Emergency

Parent 2 Name: _____

General Emergency

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

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 3rd 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 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 – Child Allergies (if applicable)

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 or newsletters) without my express 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 cannot 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 and Consent Form

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

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



Next Generation Children's Centers

Session Scheduling Form Page 1 of 2

Child's Name _____

**I would like my child to attend the following Summer Program Sessions:
Scheduling options are 2, 3 or 5 days per week, 9, 10 or 11 hours per day**

June 25th–June 29th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

July 2nd – July 6th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time			 		
Pick Up Time			 		

July 9th – July 13th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

July 16th – July 20th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

July 23rd – July 27th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

July 30th – Aug. 3rd					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Parent Signature: _____ **Date:** _____



Next Generation Children's Centers

Session Scheduling Form Page 2 of 2

Child's Name _____

**I would like my child to attend the following Summer Program Sessions:
Scheduling options are 2, 3 or 5 days per week, 9, 10 or 11 hours per day**

Aug. 6th – Aug. 10th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Aug. 13th – Aug. 17th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Aug. 20th – Aug. 24th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Aug. 27th – Aug. 30th					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Parent Signature: _____ **Date:** _____



Next Generation Children's Centers

Additional Sessions Scheduling Form

Child's Name _____

I would like my child to attend the following weeks outside the Summer Program Sessions:

Scheduling options are 2, 3 or 5 days per week, 9, 10 or 11 hours per day

Week of:					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					
Tuition Rate Amount (after applicable discount)	\$				

Week of:					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					
Tuition Rate Amount (after applicable discount)	\$				

Week of:					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					
Tuition Rate Amount (after applicable discount)	\$				

Week of:					
Contracted Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					
Tuition Rate Amount (after applicable discount)	\$				

Totals for weeks outside the Summer Program:

Tuition	\$
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Tuition for all additional weeks outside the Summer Program is due in full at time of registration and is non-refundable and non-transferable if enrollment is discontinued for any reason.

Parent Signature: _____ **Date:** _____



Next Generation Children's Centers

Registration & Financial Form

Child's Name _____

Notice

Summer Program for 2012 begins Monday June 25th and continues through Thursday August 30th.
We are open Monday through Friday from 7:00 AM until 6:00 PM.

Tuition for the total number of sessions you plan to attend is due **in full at time of registration** in order to guarantee your child's enrollment.

Tuition is non-refundable and non-transferable if enrollment is discontinued for any reason.

If for any reason you need to drop off or pick up outside of your contracted schedule your account will be billed an extra hour fee of \$14.00 per hour. After 6:00 PM extra hour fee is \$1.00 per minute, per child from 6:00-6:15 PM and from 6:16 on the rate is \$3.00 per minute per child. Staff members are required to monitor your scheduled hours and submit a form signed by the parent.

If your check is returned for any reason, you will be charged a \$25.00 fee.

Parent Signature: _____ Date: _____

For NGCC Use Only

Classroom Assignment _____

Sessions	Tuition Rate (after discount if applicable)
June 25 th – June 29 th	\$
July 2 nd – July 6 th	\$
July 9 th – July 13 th	\$
July 16 th – July 20 th	\$
July 23 rd – July 27 th	\$
July 30 th – August 3 rd	\$
August 6 th – August 10 th	\$
August 13 th – August 17 th	\$
August 20 th – August 24 th	\$
August 27 th – August 30 th	\$
Subtotal	\$
Additional Weeks (Total)	\$
Total Amount Due at Registration	\$
Date Payment Received	
Check Number	
Director's Initials	