

TWICE AS NICE CHILD CARE CENTER

792 Valley Road
Middletown, RI 02842
(401) 841-5357

FINANCIAL AGREEMENT APPLICATION

Sept. School Year

Child's Name Date of Birth

Address Telephone

Sex: M F E-mail

Please check the program your child will be attending:

Half Day Preschool 2 3 5 Days Extended Half Day 2 3 5 Days
(8:30-12:30) (12:30-2:00)

Full Day Pre-school 2 3 5 Days
(7:00-5:30)

YMCA Member

Non-Member

My child's starting date is. I anticipate my child will stay in the program
until. If I am military my anticipated leave date is.

AGREEMENT

I, hereby, agree to pay the NEWPORT COUNTY YMCA TWICE AS NICE CHILDCARE
CENTER the following charges for my child's participation in the Early Childhood Center.

Tuition (check, bank draft charge, money order) \$ per week/month is due in full
one month or one week in advance.

Tuition is considered late if it is received after the 5th of the month for half day or one
week in advance for full day. A \$20.00 late charge will be assessed, per late payment.

Payments must be kept up to date in order to avoid a late fee and/or dismissal from the
program. ALL PAYMENTS ARE FINAL AND NON-REFUNDABLE. A written one month
notice is required if my child will be withdrawing from the program.

A late fee of \$1.00 per minute is added, if you pick your child up after 12:30pm, 2:00pm or
5:30pm.

Security Deposit Paid Registration Fee Paid

PARENT SIGNATURE DATE

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Newport County YMCA
792 Valley Road
Middletown, RI 02842
(401)-841-5357
APPLICATION FORM

Child's Name _____

Address _____

Telephone _____ Date of Birth ___/___/___ Male ___ Female ___

Mother's Name _____

Address _____

Place of Employment _____

Home Phone _____ Work Phone _____

Father's Name _____

Address _____

Place of Employment _____

Home Phone _____ Work Phone _____

Other Children _____

BILLING INFORMATION

Child's Social Security Number _____

Parents Social Security Number _____

Parents Drivers License Number _____ State _____

Name of Party responsible for billing _____

TWICE AS NICE

PRESCHOOL

Child's Name: _____

Address: _____

Dear Parent/Guardian:

In order for any child to attend school in Rhode Island, it is **mandated** that a **Physician's Record of Immunization and Pre-admission Examination** be provided to school officials.

Please have the attached form completed by your physician and return it to school.

In addition, will you please respond to the questions listed below concerning your child. Kindly sign this page, date it, and return it to school.

Child's name: _____

Has your child had a tuberculin skin test? Yes _____ No _____

If yes: Date: _____ Positive _____ Negative _____

Has your child had a lead screening test? Yes _____ No _____

If yes: Date: _____ Positive _____ Negative _____

Has your child ever visited a dentist or dental clinic? Yes _____ No _____

Are there any conditions which should be brought to the attention of teachers and/or nurse in school, e.g. allergies, seizures, surgery etc?

Yes _____ No _____

If yes, please specify: _____

Parent signature: _____ Date: _____

Twice As Nice Childcare Center

Authorization for Photography

I give my permission for my child _____ to
Be photographed. I understand that these photographs may be displayed at Twice As Nice and
may also be used in advertisement, with parental permission.

Parent/Guardian Signature

Date

Field Trip Permission

I _____ give the Newport County YMCA
permission to take my son/daughter on field trips during the school year. I will be notified and
may take part in the field trip if I wish.

Milestones

Has your child learned to:

- | | | |
|---------------------------------------|----|------------------|
| 1. Say nursery rhymes? | No | Yes |
| 2. Sing songs? | No | Yes |
| 3. Listen to stories? | No | Yes |
| 4. Say his or her name? | No | Yes |
| 5. State his or her age? | No | Yes |
| 6. Recognize and name common objects? | No | Yes |
| 7. Follow simple directions? | No | Yes |
| 8. Count? | No | Yes How far?____ |
| 9. Balance on one foot? | No | Yes |
| 10. Throw and catch a ball? | No | Yes |
| 11. Ride a tricycle? | No | Yes |
| 12 Draw a person? | No | Yes |
| 13. Write his/her name? | No | Yes |

What do you hope will be included in your child's preschool program?

Personality and Social Relationships:

Child's Name: _____

Has your child had experience playing with other children? _____

By nature, is he/she: friendly ___ aggressive ___ shy ___ withdrawn _____

What makes him/her mad or upset? _____

Are there any situations the child finds difficult? _____ If yes, explain:

How does he/she show his/her feelings? _____

What do you find is the best way of handling him/her? _____

Is he/she frightened of anything? _____

Does he/she have any difficulties in speaking _____ other language? _____

Has he/she ever been separated from either parent for an unusual period of time?

_____ If yes, explain; _____

Toilet Habits:

Does your child need to be reminded to go to the bathroom?

What word is used for urination? _____ Bowel Movement _____

Does your child need to go more frequently than usual for his/her age? _____

Does he/she have accidents? _____

Was your child easy or difficult to train? _____

Sleeping:

What time does your child go to bed? _____ Awaken? _____

Does he/she take naps? _____ From when? _____ To? _____

Eating:

Is your child usually hungry at mealtimes? _____ between meals? _____

What foods does he/she refuse to eat? _____

What eating problems does your child have? _____

_____ Any

food allergies or any other allergies? _____

Additional comments:

Parents Signature: _____ **Date:** _____

Day Care Center
Parent Authorization For Emergency Treatment

In consideration of admittance, I hereby authorize,
Twice As Nice Preschool
To arrange for medical examination and/or treatment of my child,

(Name of child)

should an emergency arise at the daycare center or on a field trip. It is understood that a conscientious effort will be made by the daycare provider to contact me at the emergency numbers. I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises: _____ . I do
(hospital name)
understand that choice of hospitals may be limited by service of local rescue squad.

Signature: Mother/guardian Home phone Business phone

Signature: Father/guardian Home phone Business phone

Insurance Company _____
Policy Number _____

Relatives or other persons to be contacted in emergency:

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Relationship to Child _____	Relationship to child _____

Date: _____

2007-2008
Newport County YMCA
Twice As Nice Childcare Center
Director: Shannon D'Eramo
Telephone: (401) 841-5357

Registration Fee: \$35.00 (non-refundable)

Deposit: Two Weeks (Full Day Preschool) or One Month (Half-Day) this applies towards the last 2 weeks or 1 month in the program.

Tuition: Is due no later than the 5th of each month for half-day and every Friday for full day Preschool. There will be a \$10.00 late fee added to late payments.

Half-Day Pre-school

Ages: 3-5 years (must be 3 by the time the child begins school and toilet trained)

Hours: 8:30 to 12:30 (extended hours until 2:00pm.)

Days: Children may opt to attend 2, 3, or 5 days as follows:

2 days: Tuesday & Thursday: $\frac{1}{2}$ hour swim lesson once during the week.

3 days: Monday, Wednesday, & Friday: $\frac{1}{2}$ hour gym class once a week.

5 days: Monday-Friday: both gym and swim

Fees: (All fees are per month and the member rate is for family memberships only.)

	Members:		Non-Members:	
	Extended	Extended	Extended	Extended
2 days	\$180.00	\$205	\$210.00	\$250
3 days	\$225.00	\$260	\$250.00	\$290
5 days	\$260.00	\$300	\$290.00	\$330

Daily activities include: Circle time, story time, art, learning centers, music, science, fine motor, gross motor, and lunch (Lunch is provided by parents, milk is provided by center.) Activities focus around different themes each month.

Full Day Pre-School

Ages: 3-5 years (must be 3 by the time the child begins school and toilet trained)

Hours: Our center is open from 7:00am to 5:30pm. Children should NOT arrive any later than 10:00am in the morning and should NOT be picked up any later than 5:30pm. There is a late charge for any child here past 5:30.

Days:

2 days: Tuesday/Thursday: swim lesson once a week.

3 days: Monday/Wednesday/Friday: kids gym once a week.

5 days: Monday-Friday: both gym and swim during the week.

Fees: (All fees are per week)(member rate for Family Members Only)

	Members:	Non-members:
2 days	\$80.00	\$100.00
3 days	\$115.00	\$145.00
5 days	\$180.00	\$220.00

Daily activities include: Circle time, story time, art, learning centers, music, science, gross motor, fine motor, and rest time. Activities are focused around different themes each month. Morning breakfast and afternoon snack is provided. Parents provide lunch, we provide milk for lunch.