Welcome!

We're so happy you're here

Welcome to Mittineague Center for Early Learning!

We are non-profit organization dedicated to high quality early education and care. We pride ourselves on being a school-focused childcare facility that relies on enriching experiences and a research-based curriculum. MCEL is comprised of a diverse community of learners, and we wouldn't have it any other way!

In the enrollment packet you can find information on our fees and billing system- Procare, classroom communication app- Classdojo, and a list of our scheduled closures. Upon enrollment you will be sent a parent handbook with more extensive information about our policies.

The enrollment packet contains developmental and health background screenings so we can focus our attention on providing the best level of care for each child's specific needs. In addition to these screenings, we will need a copy of your child's immunizations, most recent physical exam, and in some cases an individual health care plan for children that have medical concerns such as asthma or a food allergy.

The food program packet must be filled out by everyone enrolling with us as this program is how we are able to provide nutritious morning and afternoon snacks.

Mittineague Center for Early Learning

MCEL

growing minds, building futures

1840 Westfield Street
West Springfield, MA 01089

Phone: (413) 733-5566

Email: directormittkids@gmail.com

www.mittearlylearning.org

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name:_____ Date of Birth:_____

Age at Admission:_____ Date of Admission:_____

Child's Home Address:_____

Home Phone Number:_____

Primary Language:_____ Identifying Marks:_____

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

Sex:_____ Height:_____ Weight:_____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child:_____

Home Address:_____

Reachable Phone Number:_____

Email Address:_____

Business Name:_____

Business Address:_____

Business Phone Number:_____

Hours at Work:_____

Parent/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone Number:_____

Email Address:_____

Business Name:_____

Business Address:_____

Business Phone Number:_____

Hours at Work:_____

Additional Information

Child's Physician:_____

Address:_____ Phone Number:_____

Allergies/Special Diets?_____

Individual Health Plan for 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? _____

_____ _____

_____ _____

Parent/Guardian Signature ***Date***

THE COMMONWEALTHOF MASSACHUSETTS
Department of EarlyEducation and Care

DEVELOPMENTAL HISTORY ANDBACKGROUND 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 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 i.e. 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: _____

Foods refused: _____

* Is your child fed held in lap?_____ High chair?_____

* Does your child eat with 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? Pottychair? _____ 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 (include 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 on waking etc) _____

_____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

_____

Previous experience with other children/day care:_____

_____

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. _____

_____

_____

_____

Is there anything else we should know about your child? _____

_____

_____

_____ _____

(Parent/Guardian Signature) (Date)

Health

During the first week of life did your child have any of the following:

Feeding trouble__ Seizures__ Excessive vomiting__

Fever__ Breathing trouble__ Jaundice__

Need of Oxygen__ Cyanosis (Blueness)__ Blood transfusion__

Check all that apply: Does your child have or have ever had any of the following:

Chicken Pox__ Wears glasses__ Asthma__

Measles__ Heart Murmur __ Allergies__

Mumps__ Kidney or bladder infection__ Broken Bones__

RSV__ Lyme disease__ Covid-19__

Frequent ear infections__ Frequent throat infections (Strep)__ Head injury__

(More than 2 in a year) (More than 2 in a year) Diabetes__

Seizures__ Physical disabilities__ Breathing difficulties__

Had or currently has colic____

Additional Comments_____

_____

_____

_____

Food Allergies/Sensitivities/Other allergies

Milk__ Eggs__ Peanuts__

Tree nuts__ Shellfish__ Wheat__

Soybeans__ Strawberries__ Raspberries__

Lactose__ Dairy__ Bees___

Any other allergies or sensitivities not listed above _____

_____

Please list any medications that your child takes including over the counter medications, herbs, vitamins and supplements. Include dose and frequency.

_____
_____
_____

Does child require: Epi Pen_____Inhaler(including rescue inhaler) _____

Does your child have or has been tested for and/or diagnosed with any of the following:

Attention deficit hyperactivity disorder (ADHD)__

Obsessive Compulsive Disorder (OCD)__

ASD (Autism)__

Oppositional defiant disorder (ODD)__

Conduct disorder (CD) __

Speech delay__

Sensory processing disorder__

Anxiety__

Depression__

Post Traumatic Street Disorder (PTSD)__

Tourette syndrome__

Hearing disorder__

Developmental/learning disabilities__

Physical Disabilities___

If yes to any of the above please explain further

Date of diagnosis_____

Scheduled date for appointment_____

On waitlist to be seen Yes___No___

Is child currently receiving any of the following services:

Therapy___Early intervention____Behavioral Health Network___IEP from public school____

Other: Name of service provider_____
_____

If you suspect your child has a developmental delay, please explain

_____
_____
_____
_____

Mittineague Center for Early Learning strongly suggests that it in in the best interest of any child currently receiving these services at home to have these services provided at our school. It is important to have continuity of care in order to better help aid the child and bridge the gap between home and school.

By signing below, I hereby certify that, to the best of my knowledge, the provided information is true and accurate. I understand that any false or misleading information provided may result in termination of services provided by Mittineague Center for Early Learning

Parent/Guardian Signature_____Date_____

Parent/Guardian Signature_____Date_____

Mittineague Center for Early Learning

Permissions

Field Trips

I hereby give permission for my child, _____ to participate in both walks in the local neighborhood (around the cul-de-sac and back), and planned field trips by Mittineague Center for Early Learning. I understand that individual permission slips, giving information about the date, destination, time and method of transportation will be handed out prior to each trip and parents/guardians will be asked to give signed permission for the designated trip. Should my child be absent from school the day of the field trip, I will notify the main office no less than 30 minutes before the trip is scheduled to depart.

_____ _____

(Date) (Parent/guardian signature)

Student Teachers/Observations

Occasionally, the Center may be asked to allow student teachers or observers to visit our program as a part of their educational courses. If this does occur, the Center will obtain an official request or letter from the college and post a notice in the selected classroom(s) for your information. These students will never be alone with any enrolled child, and always under the supervision of a certified staff member.

_____ _____

(Date) (Parent/guardian signature)

Topical Ointments Permission

Sunblock

I hereby give permission for Mittineague Center for Early Learning staff who have bene trained in medication administration to apply sunblock for my child before outdoor play. I am responsible for applying sunblock to my child in the morning before dropping off. All topical ointments must be in their original container. All topical ointments must be given directly to staff member as they must be kept out of reach of children.

_____ _____

(Date) (Parent/guardian signature)

Diaper Cream

I hereby give permission for Mittineague Center for Early Learning staff who have been trained in medication administration to apply over the counter diaper creams to my child. All topical ointments must be in their original container. All topical ointments must be given directly to staff member as they must be kept out of reach of children.

_____ _____

(Date) (Parent/guardian signature)

Photography

Mittineague Center for Early Learning uses an educational photo sharing app to share photos with families while their children are attending school. Depending on the comfort level of families we will only share as much as you give us permission for (Please check all that you are comfortable with):

- ☐ I do not give permission for my child to have photographs shared by Mittineague Center for Early Learning. This may mean an emoji covers their face if they are in the background of a photo.
- ☐ I give permission for the Center to post my child's photo to the class story, meaning only the families of the children in my child's class will have access to view them.
- ☐ I give permission for the Center to post my child to both the class story and the school story meaning anyone with access to our school's account can see the stories.
- ☐ I give permission for my child's photograph to be used on the Mittineague Center for Early Learning's website: mittearlylearning.org.
- ☐ Other: (please specify)

_____

_____

_____ _____

(Date) (Parent/guardian signature)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

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: _____
Address: _____
Phone Number: _____

Child'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 child to be released to this person? Yes_____ No_____

Name_____
Address_____
Relationship to child_____
Home Phone_____ Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Name_____
Address_____
Relationship to child_____
HomePhone_____ Cell Phone_____
Doyougive permission for 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)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group 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

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 FORM FOR RELEASE INFORMATION

Mittineague Center for Early Learning Financial Agreement

Name of parent/guardian_____

Name of child_____D.O.B_____ Date of enrollment_____

My Child will be enrolled as an:

Infant:

FT (Mon-Fri)_____**PT** (Mon,Wed,Fri)_____**PT** (Tues/Thurs)_____

I/We agree the following tuition payment will be drafted weekly in the amount of _____

Toddler:

FT (Mon-Fri)___ **PT** (Mon,Wed,Fri)____**PT** (Tues/Thurs)____

I/We agree the following tuition payment will be drafted weekly in the amount of _____

Preschool:

FT (Mon-Fri)____ **PT** (Mon,Wed,Fri)____**PT** (Tues/Thurs)____
I/We agree the following tuition payment will be drafted weekly in the amount of _____

I/We acknowledge that funds **must be available** in a bank account or credit card **each Friday** in order for Mittineague Center for Early Learning to draft tuition for the following week. Any declined payments will be subject to a 25.00 fee which will be added to the total tuition due. In addition there will be a 50.00 non-refundable deposit for each child which is due prior to start of class. ***Declines of (3) or more payments may result in termination of care.**

A (2) week notice is required by a parent/guardian who wish to end enrollment. Payment for services are still required regardless of attendance through those final two weeks. Any late payments/fees must be paid in full prior to date of final services. Nonpayment will be subject to being sent to collections.

I /We read, acknowledge and fully understand our financial responsibility to Mittineague Center for Early Learning.

Parent/Guardian Signature_____Date_____

Parent/Guardian Signature_____Date_____

Mittineague Center for Early Learning Fee Schedule

Infants:	
FT Mon-Fri	435.00
PT Mon, Wed, Fri	325.00
PT Tues, Thurs	245.00
Toddlers:	
FT Mon-Fri	365.00
PT Mon, Wed, Fri	265.00
PT Tues, Thurs	215.00
Preschool:	
FT Mon-Fri	310.00
PT Mon, Wed, Fri	235.00
PT Tues, Thurs	195.00
Late Pickup fee:	
From 5:01 to 5:15	30.00
From 5:15 to 5:30 an additional	30.00
Each increment of 15 mins	30.00

More than 2 offenses in a 30 day period:

Each subsequent infraction will incur a fee of **60.00 for every 15 minutes** the child is picked up late. After 30 days of no late pickups the fee structure returns to normal.

***Multiple late pickups may result in termination of services.**

Returned and/or late payment fee: 25.00. Multiple late payments or returned fees may result in termination of services.

All Fees Listed above are subject to change at any time with a 30-day written notice

Parent/Guardian Initials_____ Parent/Guardian Initials_____

Permission needed for your child's student account

ClassDojo

Hi parents,

This year, students will get their own student accounts on ClassDojo to document and share their classwork. I'll also use ClassDojo to message you and post announcements. It's the easiest way for you to see what your child is working on and to get in touch with me.

With their student account, your child will share what they're learning through photos, videos, and journal entries on their own digital portfolio. This portfolio can only be seen by your child, you, and me, and I will approve all posts. Your child will also be able to view their feedback from class and customize their ClassDojo monster. If your child is under 13, I need your consent to create your child's student account on their behalf - **please sign below!**

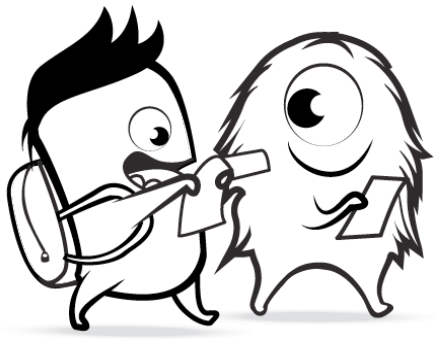
Our class goal is for every family to **fill out and return the slip as soon as possible**!

Learn more about ClassDojo

ClassDojo is used by teachers in 90% of K-8 US schools to create amazing classroom communities. Find out more about why we're excited to use ClassDojo student accounts for digital portfolios, and how it is safe and simple for everyone:

Learn more: classdojo.com/learnmore

Privacy Policy: classdojo.com/privacy



Yes, I give permission for you to create a student account for my child and allow my child to use ClassDojo in the classroom and for ClassDojo to collect, use and disclose the information about my child as set forth in the ClassDojo Privacy Policy

Student name: _____

Your name: _____

Your cell / email: _____

Your signature: _____ Date: _____

Procare
SOLUTIONS

Mittineague Center for Early Learning is pleased to offer MyProcare, a free online portal for you to access account information. MyProcare is a safe, secure, and created with your convenience in mind. MyProcare offers access to your billing statements and end of year summary for all childcare expenses.

All children enrolled with MCEL are required to have a payment method on file regardless of subsidy payment status. Payments are made via a recurring payment request found in your email. If at any time you would like to change your payment method, please call or email the office to request a new recurring payment request be sent to your email.

Please note: There is a 2.70% plus 0.30 fee for credit card or debit card payments. This fee is your responsibility. There is no additional fee for regular ACH payments made using your bank routing and account number (recommended).
The fee for returned payment of any method is $25.00 each returned item. The fee for any late payments past two billing cycles is $25.00 per each week the tuition is past due.