



WATCH THEM GROW CHILDREN'S CENTER
214 Pulaski St, VT 05051
Newbury (802)866-5040

Student Registration Form

Important Information

1. I have received and read the WTG family handbook and understand and agree to comply with the policies and procedures within.
2. Enclosed in this packet is a list of closure for the year. WTG will delay opening until 9am if Riverbend Career & Technical Center or Newbury Elementary makes the decision to delay opening or closes by 6:15am. WTG may also dismiss early depending on decisions made by the district. WTG will notify all families via email, the WTG Facebook page and WCAX TV. Rarely will WTG close for inclement weather, however in the event of an unexpected closure the family will be billed for the first 3 closures in a 12-month period. WTG Newbury will follow the closures and delays of Newbury Elementary School, these days are billed.
3. Please familiarize yourself with the WTG sick policy, this policy is based on Vermont state licensing regulations.
4. Your child may not start at WTG until all paperwork is completed and returned, WTG has received the most updated immunization record, and documentation of your child's most recent well care exam. Your child needs to have been seen for a well care visit within the last 12 months.
5. Your child's CACFP paperwork must be completed and returned prior to your child starting at WTG.
6. Tuition is due on the 1st of every month. If monthly tuition is not paid in full by the 15th of the month your child(ren) will not be allowed to continue care, the spot will be held for ten (10) billed school days, if tuition is not paid the child(ren)'s spots will be forfeited.
7. If your child receives state subsidy it is your responsibility to keep all paperwork up to date, any tuition that is not covered by subsidy IS THE RESPONSIBILITY OF THE FAMILY. You will receive a monthly invoice regardless payment source.
8. PRESCCHOOL ONLY: I understand Act 166 tuition dollars are not available in July & August, which will result in an increase in tuition which I am responsible for.
9. Anyone picking up your child who is not known to the staff, including a parent must show photo ID. Written permission by the parent is required for anyone not previously authorized.

Parent Signature

Date

Student Information

Student Name: _____ Start Date: _____

Birthdate: _____ Days/Hours of Attendance: _____

Mailing Address: _____ Primary Contact Number: _____

Physical Address (if different): _____ Secondary Contact Number: _____

Caregiver Information

Caregiver Name: _____

Relationship: _____

Mailing Address (if different from student): _____

Email & Phone: _____

Employer: _____

Caregiver Name: _____

Relationship: _____

Mailing Address (if different from student): _____

Email & Phone: _____

Employer: _____

Emergency Contacts

Name: _____

Relationship: _____ Phone: _____

This person is authorized to pick up
my child

Name: _____

Relationship: _____ Phone: _____

This person is authorized to pick up
my child

Primary Care
Provider: _____

PCP Phone
Number: _____

Dental Provider: _____

Dental Office
Phone Number: _____

Please describe any additional health or safety information you would like us to know about your child. This could include special medical, development, emotional or educational needs, allergies, existing or previous illnesses or injuries and any prescribed medication, including those for emergency situations.

Financial Information

All financial information will be kept confidential within WTG's upper management staff and the board of directors.

It is the responsibility of the family to make sure your child(ren)'s tuition is paid in full. If a third-party agency is subsidizing the tuition for your child(ren) it is your responsibility to make sure all paperwork is completed and up to date. Any tuition unpaid by an outside agency is the responsibility of the family, this includes but is not limited to copays, a lapse in coverage or change in rates. Each will receive a monthly invoice, at the end of each month the director will apply any subsidy payments received, any remaining balance must be paid in full by the 15th of the following month in order to continue receiving care at WTG.

Tuition is billed monthly, and due in full on the 1st of each month. If tuition is not paid in full by the last school day of the month, your child(ren) will no longer be able to attend WTG until the balance is paid in full. Your child(ren)'s spot will be held for 14 days, this days will be billed, if payment has not been received in full by the end of the 14th day your child's spot will be forfeited, and you will receive a final invoice.

If/when you decide to end care at WTG a two-week notice must be given.

Invoices will be sent via email using the Square billing system, you may pay your invoice electronically or send in a check or money order. Cash will not be accepted, there will be a return check fee of \$30.

Tuition in the amount of \$_____ per month will be paid by:

- 100% of tuition will be paid by the family
- I will be receiving subsidy, I understand I may have a copay and it is my responsibility to pay this amount each month.
- My child is eligible to receive Act 166 funded preschool hours September-June

Permissions & Understandings

By initialing next to each activity I, _____ understand I am authorizing my child, _____ to participate in the below activities. I understand it is my responsibility to notify WTG in writing if I no longer want my child to participate in a specific activity.

Parent/Guardian Signature

Date

_____ In the case of a medical emergency WTG may obtain emergency medical care for my child. In the unlikely event that my child requires hospitalization, I give permission for my child to be transported via ambulance, if the option is given my hospital preference is _____

_____ WTG may provide First Aid and CPR, including the following treatments

- Benadryl Itch Cream
- After bite relief
- Bacitracin
- Bug/Tick Spray
- Sunscreen

_____ My child has permission to participate in supervised wading pool activities.

_____ My child has permission to attend WTG field trips via WTG provided transportation (individual permission slips will be sent home prior to any field trip including transportation details)

_____ My child has permission to participate in walking trips

_____My child has permission to use all play equipment and participate in all developmentally appropriate WTG activities

_____WTG has my permission to publish my child's picture and/or video on the center's Facebook page or local publication.

****WTG will never use first or last names in any publication without written permission from the parent****

About My Child

Please list special interests of your child.

Please list any fears or concerns that child has.

What are your hopes and dreams for your child while in our program.

Please share any comments or concerns that you have as a parent of a child in our program.
