



Agassiz Baldwin Community

20 Sacramento Street Cambridge, MA 02138

Phone: 617-349-6287 Fax: 617-497-4388

www.agassiz.org

Sacramento Street Preschool

2009-2010 Registration & Emergency Form

Start Date:

Quickbooks:

Filemaker:

Deposit Received:

Application Received:

Child's First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Primary Language: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Gender: _____

Race: _____ Identifying Marks: _____ Child's Nickname: _____

Parent/Guardian #1 Name: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail (if applicable): _____ Cell # (if applicable): _____

Parent/Guardian #2 Name: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail (if applicable): _____ Cell # (if applicable): _____

Please register my child for the schedule indicated below. Check one below.

Tuesday/Thursday
___ 8:30am-Noon
(\$274 per month)

Monday/Wednesday/Friday
___ 8:30am-Noon
(\$397 per month)

Monday through Friday
___ 8:30am-Noon
(\$601 per month)

___ 8:30am-2:30pm
(\$429 per month)

___ 8:30am-2:30pm
(\$645 per month)

___ 8:30am-2:30pm
(\$937 per month)

Registration Requirements:

- Registration cannot be accepted without the following:
 - All information on this form is completed.
 - Non-refundable deposit equal to one month's tuition.
- Please remit completed form and non-refundable deposit to Agassiz Baldwin Community, 20 Sacramento Street, Cambridge, MA 02138.

Registration Questions

- Contact Micah Eglinton-Woods, Administrative Assistant, at (617) 349-6287 x19 or mwoods@agassiz.org.

Program questions and scholarship information

- Contact Jacy Edelman, Program Director, at (617) 349-6287 x11 or jedelman@agassiz.org.

DEVELOPMENTAL HISTORY/BACKGROUND FORM

PLEASE NOTE: Regulations for child care facilities licensed by MA EEC require this information to be on file to address the needs of children while in care. Please complete the entire form.

CHILD'S NAME: _____

Date of Birth: _____

Developmental History

Language/s spoken at home: _____

Any speech difficulties: _____

Age child began talking: _____ walking: _____ crawling: _____ sitting up: _____

Special words used to describe needs: _____

Health

Any known complications at birth: _____

Serious illnesses and/or hospitalization: _____

Special physical conditions or disabilities: _____

Medications taken regularly: _____

Allergies

Reaction/Symptom

Allergy	Severe	Moderate	Minor	Medical treatment necessary

Eating Habits

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Sleeping Habits

Does child become tired or nap during the day? _____ If so, at what time and for how long? _____

At what time does s/he go to sleep at night? _____ Wake up in the morning? _____

Does child sleep in a crib? _____ In own bed? _____ Other? _____

Describe any special characteristics or needs (e.g. stuffed animal, story, mood upon waking, etc.): _____

EMERGENCY CONTACT INFORMATION

List names, daytime telephone numbers (including cell numbers if relevant), and addresses of at least two (2) persons (other than parents/guardians) to contact in the **event of an emergency**.

1.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

2.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

3.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

AUTHORIZATION FOR CHILD PICK-UP

1.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

2.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

3.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

4.) _____ **Other than parent/guardian, no one is authorized to pick up my child.**

Please initial each statement:

_____ If my child will be absent, I will call the Preschool to notify them.

_____ I understand that pick-up time is Noon and 2:30PM respectively. A late fee will be assessed after those times.

_____ I understand that tuition is due in advance on the first of each month, and I agree to pay the monthly tuition for the number of days for which my child is registered.

_____ I understand that the non-refundable deposit may be applied to June 2010 tuition. If my child withdraws from the program prior to that time, the deposit will not be refunded or applied to any other month.

Parent/Caregiver Signature: _____

Date: _____