

September 2023 - June 2024



**2023-24 Enrollment Application Information Form**  
Children's Center of Weston

For office use:

Waitlist letter received\_\_\_\_\_

Deposit returned? yes\_\_\_\_\_no\_\_\_\_\_

For office use:

Adm. Date\_\_\_\_\_

Age at Adm.\_\_\_\_\_

Child's Name (last)\_\_\_\_\_ (first)\_\_\_\_\_ (nickname)\_\_\_\_\_

Child's Date of Birth\_\_\_\_\_ Grade in September\_\_\_\_\_ School\_\_\_\_\_ (if known)

Child's Address\_\_\_\_\_

Child's Home Phone Number\_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Relationship to child\_\_\_\_\_

Work Name and Address\_\_\_\_\_

Work Phone Number(s)\_\_\_\_\_ Work Hours \_\_\_\_\_

Cell Phone/Pager #, etc.\_\_\_\_\_

email address\_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Relationship to child\_\_\_\_\_

Work Name and Address\_\_\_\_\_

Work Phone Number(s)\_\_\_\_\_ Work Hours \_\_\_\_\_

Cell Phone/Pager #, etc.\_\_\_\_\_

email address\_\_\_\_\_

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**Please check off applicable days and pick-up times in the chart below. (Refer to "Enrollment Agreement" for minimum requirements and specific enrollment policies).**

	MON	TUES	WED	THU	FRI
<b>Kindergartner 4:30</b>					
<b>Kindergartner 6:00</b>					
<b>First - Fifth Grade 4:30</b>					
<b>First - Fifth Grade 6:00</b>					

**Please complete Enrollment Application Information Form part II.**

September 2023 - June 2024  
**Enrollment Application Information Form: Part II**

All information contained herein will be treated as confidential by the Children's Center of Weston, Inc. and used solely in connection with its operation.

1. Will your child's school have on file in September documentation of a physical exam, up-to-date immunizations, and lead screening? Yes\_\_\_\_\_ No\_\_\_\_

2. Does your child have any allergies or other chronic health condition? Please describe any reaction we should be aware of.

\_\_\_\_\_

\_\_\_\_\_

3. Is your child receiving any special services? Please describe.

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have any special limitations regarding activity, diet, or health?

\_\_\_\_\_

\_\_\_\_\_

5. Other children in the family and ages:

\_\_\_\_\_

6. Is there any other information about your child's development, adjustment to new social situations, or current family situation which you feel the teacher should know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. May we print your home address and phone number in a CCW family directory? The family directory is only to be used to contact other families. The family directory is not to be used for group mailings for personal or business reasons at any time.

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Please indicate if you would like to be on an e-mail share list with other C.C.W. parents, or if you want your e-mail address to be used for in-house administrative purposes only:

\_\_\_\_\_okay to share with other parents      \_\_\_\_\_in-house use only

9. Child's identifying information--required by our state licensing agency. (A current photograph may be substituted if available):

Eye color \_\_\_\_\_

Hair color \_\_\_\_\_

Sex \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Skin color \_\_\_\_\_

Identifying Marks \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

for school year: September 2023 – June 2024

**FIRST AID AND EMERGENCY AID MEDICAL CARE CONSENT FORM**

September 2023 - June 2024

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize staff at the Children's Center of Weston who are trained in the basics of first aid to give my child first aid 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 treatment for my child.

Child's Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's allergies \_\_\_\_\_

Chronic health conditions \_\_\_\_\_

☐ *My child requires medication while at the Children's Center of Weston, Parent/Guardian will drop off medications including epi pens, Benadryl, Inhalers, etc. with Medication Administration Form and Individual Health Care Form signed by both the Pediatrician and by Parent/Guardian. Medication and forms must be dropped off before my child attends on the first day. Both forms must be completed and attached to Physician forms. Forms can be found in resources link at ccweston.org.*

**EMERGENCY CONTACTS OTHER THAN PARENTS:**

(please list in the order that they should be contacted)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship \_\_\_\_\_

to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship \_\_\_\_\_

to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship \_\_\_\_\_

to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

**Health Ins. Coverage** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

for school year: September 2023 – June 2024

September 2023 - June 2024  
**CHILDREN'S CENTER OF WESTON TRANSPORTATION PLAN**

Child's Name \_\_\_\_\_

My child will arrive at the program by:

\_\_\_\_\_ C.C.W. Staff Supervised Walk. Children will be met at the CCW site check in location at Children's Center in The Woodland School and The Country School.

\_\_\_\_\_ By Public School Bus. Children are the responsibility of the Weston Public Schools until they arrive at their Children's Center of Weston after school location. Children will be met at the CCW site check-in location at Children's Center in the Woodland School and the Country School.

\_\_\_\_\_ Other (please describe \_\_\_\_\_)

\*Currently daily screening health Check-in forms are not required at the start of each day. If health screening forms are required, this will be communicated to families. When health screening forms are required, families will complete a health screening form and submit by 11 a.m. to CCW acknowledging that their child is free of illness and symptoms including fever, cough, sore throat, trouble breathing, loss of taste or smell.

My child will depart from the program by:

\_\_\_\_\_ Parent pick-up

\_\_\_\_\_ Other (please describe \_\_\_\_\_)

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one other than parents are authorized, please indicate below by writing "NO ONE".)**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file **or the above plan must be implemented.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ for school year: September 2023 - June 2024

[illegible]

I hereby give permission for my child \_\_\_\_\_ to leave the Children's Center of Weston's premises to participate in teacher-supervised, brief walking trips to the other C.C.W. site (Country or Woodland School) Public Library, Field School playground, Land's Sake Farm, etc., and field trips off site by school bus when permitted to do so during the school year 2023 - 2024.

Signed \_\_\_\_\_

Date \_\_\_\_\_ for school year: September 2023 – June 2024

[illegible]

I hereby give permission for my child\_\_\_\_\_ permission to board and ride a bus to a new safe location as/if necessary if transport is necessary in an emergency evacuation. Transportation would be contacted and directed by CCW/school/emergency personnel.

Signed \_\_\_\_\_

Date \_\_\_\_\_ for school year: September 2023 – June 2024

[illegible]

I hereby give my permission for the Children's Center to photograph and/or use photographs of my child \_\_\_\_\_ in conjunction with its programming including being posted on the CCW website and CCW social media.

Signed\_\_\_\_\_

Date \_\_\_\_\_ for school year: September 2023 – June 2024

**CHILDREN'S CENTER OF WESTON**

**Permission to use Hand Sanitizer**

I hereby give my permission for the Children's Center to allow my child \_\_\_\_\_ in conjunction with its programming for my child use the approved and provided hand sanitizer while at The Children's Center of Weston.

Signed \_\_\_\_\_

\_\_\_\_\_ I would prefer to provide my child with their own hand sanitizer and have provided a doctor's note stating that my child will utilize own own provided hand sanitizer.

Signed \_\_\_\_\_

Date \_\_\_\_\_ for school year: September 2023 – June 2024

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**Permission to use Bug Spray and Sunscreen**

It is recommended that families apply sunscreen and bug spray in the morning before school. Parents will provide bug spray and sunscreen for their own children. Children will not share bug spray or sunscreen and will use their own supplied products. Teachers will provide reminders for application of bug spray and sunscreen.

I hereby give my permission for my child \_\_\_\_\_ to apply their own sunscreen and/or bug spray during programming and for my child use the bug spray and sunscreen provided from home. All bug spray and sunscreen must be in a non-aerosol container and within date. The Children's Center of Weston will remind children to utilize their provided bug spray and sunscreen when applicable during the school year. I give permission for a teacher to provide assistance to apply sunscreen or bug spray when needed.

Signed \_\_\_\_\_

Date \_\_\_\_\_ for school year: September 2023 – June 2024

**ENROLLMENT & FINANCIAL & COVID-19 CODE AGREEMENT BETWEEN THE PARENTS  
& PARENT BOARD OF THE CHILDREN'S CENTER OF WESTON**

The enrollment, financial and COVID-19 policies established by the Parent Board of CCW are enumerated below. The Children's Center depends on all community members to follow the COVID-19 and/or health policy protocols when/if needed. The COVID-19 Code is enumerated below. The Children's Center is a nonprofit, tightly budgeted organization dependent upon prompt tuition payment to cover salary commitments to the staff, rent for space, and supplies to maintain our programs. We ask for your cooperation in keeping our Center viable by abiding by the terms of this agreement and not asking for exceptions to be made.

**C.C.W. COVID-19 Code when guidelines are in place:**

Note\* The Children's Center of Weston is currently in a good place, and we have made changes to adapt to new guidelines when in place throughout the year as they become available. Currently, programming is mask optional and CCW is moving back toward regular programming. The Children's Center of Weston is licensed by Early Education and Care, and to the best extent possible follows guidelines of the Town of Weston, the guidelines of the Weston Public Schools and CDC guidelines, we include the guidelines below from 2021-2023, as future uncertainties are unknown, should any Covid-19 guidelines be required in 2023-2024.

1. Health screening including a temperature check as needed will be completed by parent each day before child's school day. (When health screening guidelines are in place or are required).
2. CCW will check in daily with children at attendance and arrival when they are met at the C.C.W. at the C.C.W. classroom or upon arrival outdoors on health and well-being.
3. A child may not attend C.C.W. if they have a fever of 100 or above and must remain out of the center for 72 hours. Parent must contact child's pediatrician. Child may return once communicating with the Director or Site-Coordinators of the program. Report positive tests from self-tests.
4. A child exhibiting symptoms of COVID-19, cough, sore throat, fever, nausea, vomiting, diarrhea, loss of taste, chills, headache, body aches and fatigue (though fatigue alone as a symptom does not qualify) cannot attend Children's Center. Parent will contact child's pediatrician for further guidance. Parent is encouraged to rapid test or PCR test.
5. Child should not be sent to C.C.W. if utilizing fever reducing medications.
6. If a child tests positive for COVID-19, child will follow all current procedures set forth by the Children's Center of Weston's guidelines, which are a collaboration of CDC, EEC, school, and town guidelines.
7. If a child has a direct exposure to someone with a positive COVID-19 result, child must follow current guidelines set forth by the Children's Center of Weston.
8. If a child has symptoms of COVID-19, child will immediately be isolated in health isolation area. Parent or parent designated pick up provider will pick up immediately. Isolation area will be cleaned, disinfected and sanitized. PPE (personal protective equipment) will be available for teacher and student.
9. Parents will send children to CCW with a mask and provide two back up masks (labeled) in child's backpack for when needed. C.C.W. will have disposable masks available for children in the classroom.
10. Parents will review washing instruction page and follow mask cleansing protocol.
11. All in our CCW community will wear masks (if a mask wearing guideline is in place). Mask breaks will be taken often where proper social distancing is available. When mask optional guidelines are in place, we support each other in our personal choice to wear or not wear a mask.

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12. Children's Center of Weston asks that all respect the COVID-19 code to stop the spread and mitigate COVID-19. This is the time to stay home even if a symptom is minor.
13. One parent/caregiver should be designated as much as possible to pick up at the end of child's day if communicated and is a plan in place.
14. Parent will call at pick up time and will be met at exit door by teacher with the child (When visitors/parents pick up outdoors guideline is in place). Teacher/Parent will initial and the sign the time in the sign-out book in parent/caregiver's presence. Pick-up will be on the playground for 4:30 pick up if children are outdoors.
15. Children's medications (in original container and in date) must be provided with Individual Health Care form, Medication Consent form and doctors medication orders for child to attend C.C.W. Medications will be administered using gloves.
16. Children's Center of Weston will follow the guidelines for social distancing, mask wearing, and extra handwashing and disinfecting throughout the day if guidelines are in place. Please discuss these safety measures with your child at home.

[illegible]

All parents/guardians must initial all lines above, sign and date to acknowledge the C.C.W. COVID-19 or Health Guidelines.

Signature of Parent or Guardian

Date for School year Sept. 2023-June 2024

The foregoing application is hereby accepted by and on behalf of the Children's Center of Weston, Inc.

for the Children's Center of Weston

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Date for School year Sept. 2023-June 2024



**ENROLLMENT & FINANCIAL AGREEMENT BETWEEN THE PARENTS  
& PARENT BOARD OF THE CHILDREN'S CENTER OF WESTON**

1. Enrollment is for the school year. A deposit of \$200.00 for the first child plus \$100.00 for each additional child, to be credited to the last tuition payment, is required upon submission of an application for space in the Center for the year. If you voluntarily withdraw your child before the end of the school year for any reason, the deposit will be forfeited.
2. The minimum enrollment is 4 days per week for all grades, except that children currently enrolled for 3 days may retain this schedule. Flexibility in days will be approved for families if spaces exist. Spaces could be limited if COVID-19 guidelines are in place.
3. Once agreement is reached between the parent and staff about the days and times a child is to be enrolled, changes are not permitted which would result in a net loss to the Center (except in cases of change in life circumstances) during the school year. Changes will be evaluated on a case-by-case basis. A Change of Schedule Form must be completed and accepted.
4. If space permits, an enrolled child occasionally may attend the Center on days on which s/he is not enrolled for an additional fee. Arrangements must be made in advance with the staff. Substitution of days is not permitted.
5. Tuition is paid monthly. Equal tuition payments will be due the first day of each month (September through June). You will not be billed. If school is closed due to COVID-19 or during health emergencies, all tuition for the month in which the closure occurs will be collected. All late payments received after the 10<sup>th</sup> of the month will be subject to a \$10.00 penalty. *You may opt to pay a few months at the same time at the first of the month, however there will be no quarterly schedule and payments will be accounted for monthly. Please include in your payment memo the month/months and the payment amount coverage.*
6. The rate of tuition is subject to increase at the discretion of the Parent Board. If interested in joining the board, please submit a letter of interest with a resume to the Director at the start of the school year.
7. No refund of tuition will be made if a parent voluntarily withdraws a child before the end of the enrollment period. In cases of prolonged illness or disability, which renders the child incapable of attending the Center, the Parent Board may decide that a refund is appropriate.
8. The parent may be requested to withdraw a child from the Center at the discretion of the director if, after a meeting with the parent, such an action is deemed in the child's and/or Center's best interests (subject to the grievance procedure detailed in the *Parent Handbook*). In such a case, tuition for remaining days will be refunded.
9. An enrollment between a family and the Center may be terminated by the Children's Center of Weston at any time due to a breach of any policy in the Parent Handbook, for any reason that the Director and the Parent Board, in their sole discretion, determine to be a threat to the health, safety or welfare of any child, parent or staff member, or as a result of conduct by the child or any of the child's family members, which the Director and the Parent Board, in their sole discretion, determine to be against the best interests of a child, the Children's Center of Weston, or the Children's Center of Weston's community (subject to the grievance procedure detailed in the Parent Handbook). In such a case, tuition that has already been paid by the family for remaining days in the applicable year will be refunded. Tuition fees will not otherwise be refunded or abated on account of the child's absence, delayed attendance, early departure, or withdrawal from the Center.

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10. Tuition is collected by 1) mailing a check directly or scheduling an online bank payment to be sent to CCW 2 Alphabet Lane Weston MA 02493, or CCW PO Box 445, Weston MA 02493. 2) Dropping a check off to the Children's Center of Weston in each classroom/CCW office or Woodland/Country school CCW office mailbox at pick up/drop off times. 3)CCW accepts credit card payments at the regular tuition schedule (rate 2) amount by PayPal. CCW does not accept American Express. Please see website [ccweston.org](http://ccweston.org) for details to access the PayPal credit card payment portal.
11. A Wednesday fee for additional hours is charged per month for children enrolled on Wednesdays. The fee for Wednesday is included in the flat tuition rate.
12. Children's medications (in original container and in date) must be provided with Individual Health Care form, Medication Consent form and doctors medication orders **prior to the first day of school** for child to attend C.C.W. Children **will not be able to attend until required medications are on site in the classroom.**
13. Pick-up times can be any time up until 4:30 p.m. for a 4:30 p.m. pick up time and any time up until 6:00 p.m. for a 6:00 p.m. pick up time. (Please leave time for a 15-minute transition time). The Children's Center of Weston closes at 6:00 p.m. A set monthly tuition will apply. Please refer to the *Parent Handbook* for details of the late pick-up fine policy. A late charge will be charged to 4:30 families of \$10.00 for the first half hour and \$20.00 after 30 minutes. A late charge of \$2.00 per minute will apply after 6 p.m. and will be paid directly to the teacher.
14. There are several "No School" and "No Kindergarten" days in the Weston Public School calendar. When health guidelines are in place or the date is too early in the school year, the center may not open on these days for cleaning, sanitizing, disinfecting in the Weston Public Schools, dates of low attendance, or days when custodial staff are not present. When guidance allows, the Center is open from 8:00 until 6:00 on these days. A fee for any extra hours the child spends at the Center on these days will be charged. Children must attend only on days they are regularly enrolled.
15. School vacation weeks (December, February, and April) are not prepaid by parents. If the Center remains open for Feb. and April weeks, parents wishing care for their child must make advance arrangements with the staff.

[illegible]

I, \_\_\_\_\_, as parent or guardian of the child(ren) \_\_\_\_\_, do hereby agree to enroll such child(ren) in the Children's Center of Weston, Inc. in accordance with the terms of agreement above, as well as the policies set forth in the *Children's Center Parent Handbook*, and any other policy which might be established by the Parent Board of the Children's Center of Weston.

Signature of Parent or Guardian

Date for School year Sept. 2023-June 2024

The foregoing application is hereby accepted by and on behalf of the Children's Center of Weston, Inc.

for the Children's Center of Weston

Date for School year Sept. 2023-June 2024