



February 1, 2017

Dear Preschool Families:

We are writing to let you know about the Extended Day Preschool Program provided by Green Mountain Children's Center at Dothan Brook.

**Our Program:**

Each day, children have an opportunity to explore an early learning environment that is a safe, nurturing atmosphere in which the child can learn and grow. Children learn through exploring their environment, their surroundings, and their relationships. Emergent curriculum is utilized to include whole language, speech, art, music, and math and gross and fine motor skills, in order to meet the developmental level of each child. Our hours are 8am to 5pm, Monday through Friday and follows the Hartford School Calendar.

**Full Time Child Care in Now Available!**

We currently have full time openings available with a weekly rate for the program of \$180. Please let us know if you are interesting in enrolling your child or if you would like to learn more about our program.

**Drop In Care Option:**

We are also pleased to offer families the option of drop in care in the Extended Day Preschool. You can choose a permanent part time schedule, or have your child drop in from time to time. Rates are included on the back of this letter. To participate, a completed enrollment packet will need to be completed. If you are interested in Drop In Care, please contact our Site Director, Gabby Blanchard by stopping in, calling 802.359.4789 or emailing [ExtendedDayDirector@gmccvt.org](mailto:ExtendedDayDirector@gmccvt.org)

We look forward to hearing from you!

Gabby Blanchard,  
Site Director, Extended Day Preschool,  
Green Mountain Children's Center

Sharon Miller-Dombroski  
Executive Director,  
Green Mountain Children's Center

***Lending a Hand to the Community***  
92 Farm Vu Drive  
White River Junction, VT 05001



Drop In Care Rates:

Full Day:	\$40.00	8am-5pm
3/4 Day:	\$30.00	Up to Six Hours
½ Day:	\$20.00	Up to Four Hours

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# Identification & Emergency Information

## Release of Information 2016-2017



- Hartford    Lebanon    Claremont  
HASP    DBS    OQS  
DBS Extended Program  
Kid Connection    Disnard    Maple    Bluff

### CHILD INFORMATION

Child's Name \_\_\_\_\_ Sex      M      F Date of Birth      /      /       
 Mailing Address \_\_\_\_\_  
 Primary Language? \_\_\_\_\_ Identifying Marks? \_\_\_\_\_  
 Siblings – Names and Ages? \_\_\_\_\_  
 For School Age Children:      2016-2017 Grade & Teacher      School Attending

### FAMILY INFORMATION

Parent/Guardian #1	Parent/Guardian #2
Name _____	Name _____
Address _____ ( ) _____	Address _____ ( ) _____
Home Phone _____ ( ) _____	Home Phone _____ ( ) _____
Cellular Phone _____ ( ) _____	Cellular Phone _____ ( ) _____
Business Phone _____	Business Phone _____
Employer _____	Employer _____
Email Address _____	Email Address _____
Relationship To Child _____	Relationship To Child _____

Special Instructions for Contacting Parent or Guardian \_\_\_\_\_

**EMERGENCY CONTACTS** - Please identify 2 people *in addition* to parents listed above. These should be people you are comfortable leaving your child(ren) with in case you could not be reached immediately in an emergency.

Name & Relationship To Child _____	Name & Relationship To Child _____
Address _____ ( ) _____	Address _____ ( ) _____
Phone _____ Alt # _____	Phone _____ Alt # _____

**NON-EMERGENCY ALTERNATE PICK UP PERSON(S)** – The below listed person(s) are authorized to pick up my child from the program on a non-emergency basis.

Name & Relationship To Child _____	Name _____
Address _____ ( ) _____	Address _____ ( ) _____
Phone _____ Alt # _____	Phone _____ Alt # _____

**MEDICAL INFORMATION**

\_\_\_\_ Pediatrician Telephone Number

\_\_\_\_ Dentist Telephone Number

\_\_\_\_ Hospital of Choice Telephone Number

\_\_\_\_ Medical Insurance Name Policy Number

\_\_\_\_ Allergies, Special Diet and other medical conditions/concerns

**PERMISSION TO RELEASE INFORMATION**

GMCC and its programs have the responsibility of being in compliance with all local, state and national governing bodies. We are required to obtain your permission to confirm the presence of documentation in your child's file and/or to share information with the below person(s)/organization(s). Please initial next to each person(s) or organization(s) you authorize release of information:

- \_\_\_\_ GMCC Administration and staff
- \_\_\_\_ Physician      \_\_\_\_ Dentist      \_\_\_\_ Hospital
- \_\_\_\_ School District Personnel
- \_\_\_\_ Other:

*VT Facilities:*

- \_\_\_\_ Public Health Nurse, Vermont Department of Health & Human Service
- \_\_\_\_ Child Care Licensor, State of Vermont Child Development Division
- \_\_\_\_ Assessor with the National Association for the Education of Young Children

*NH Facilities:*

- \_\_\_\_ Public Health Nurse, New Hampshire Department of Health and Human Services
- \_\_\_\_ Child Care Licensor, State of NH Bureau of Child Care Licensing

\_\_\_\_ GMCC has my permission to take photographs of my child for classroom use

**PARENT/GUARDIAN SIGNATURE**

In consideration of my child being allowed to attend Green Mountain Children's Center programs and participate in field trips and activities, I do hereby release GMCC and their agents from any and all responsibility and liability for injuries or illness resulting from my child attending GMCC or while participating in field trips. I consent to my child receiving emergency first aid, and if necessary, being transported to a hospital for emergency care. I agree that any and all transportation and medical care to be at my expense.

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



2016-2017

**Contract For Childcare**

Hartford       Claremont  
 HASP       DBS       OQS  
 Kid Connection       Disnard       Maple       Bluff

**Child's Schedule**

Start Date: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Primary Parent's Name \_\_\_\_\_

Email address \_\_\_\_\_

Secondary Parent's Name \_\_\_\_\_

Email address \_\_\_\_\_

	Contract Day (Y/N)	Drop Off Time	Pick Up Time
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			

I/We agree to notify the Site Director of any changes needed in this contract immediately.

**Tuition & Payment Information**

**Payment is due no later than Monday or the first day of service for the week:**

I prefer to be billed: \_\_\_\_\_ Weekly      \_\_\_\_\_ Bi-Weekly (starting date \_\_\_\_\_)      \_\_\_\_\_ Monthly

I prefer to pay via: \_\_\_\_\_ ACH Debit      \_\_\_\_\_ Check (\$2/month fee for check payment)

\_\_\_\_\_ Credit Card      Credit Card Number: \_\_\_\_\_ Exp: Date: \_\_\_\_\_ Sec #: \_\_\_\_\_

Amount due per schedule & billing cycle: \_\_\_\_\_

Email address I prefer to receive statements: \_\_\_\_\_

*NH and VT Scholarship Recipients: You will receive a separate Service Agreement which will outline your weekly co-pay once you are linked to our program.*

Please see the attached fee policy for contract amounts. In the event that the primary parent is unable to pay tuition, the secondary parent must accept responsibility for tuition payments. Please be advised that the Board of Directors reserves the right to alter the contract amounts at any time. Notification of such changes will be made 30 days in advance.



**Please review and check off each item:**

- I/We agree to all of the information included in the Green Mountain Children's Center's (GMCC) Parent Handbook.
- I/We agree to follow the GMCC Payment Policy. **In the event that the primary parent is unable to pay tuition, the secondary parent accepts responsibility for tuition payments.**
- I/We agree to pay the contracted amount regardless of my child's attendance to ensure my child's spot following the policies in the Parent Handbook regarding absences, illness, vacation or center's closing (snow days, holidays, and unexpected required closings due to water, power or heat loss).
- I/We agree to abide by GMCC's Illness Policy. The center reserves the right to make the final decision if a child may attend or be excused from a classroom. I/We understand that children play outside daily and must be healthy enough to participate
- I/We agree to follow the procedures for the distribution of medication for my child as outlined in the Medicine Administration Policy.
- I/We agree to give GMCC two weeks written notice of withdrawal from the program. Withdrawal not in accordance with this policy will result in billing of one additional week of child care.
- I/We agree to abide by the program's arrival and departure times. (See Parent Handbook for center's hours of operation). I understand that I will be charged a late fee of a dollar a minute for the first fifteen minutes and five dollars a minute thereafter.
- I/We agree to keep all information in my child's file up to date including: Address, immunization records and emergency contact information.
- GMCC is a nut-controlled program. I/We agree to abide by the Nut-Controlled Policy and provide my child a nut-controlled lunch. If the center needs to provide a lunch, the cost will be \$5.00 per meal. (NOTE: HASP and Kids Connection are not nut controlled)
- I/We understand that communication is a key to building a positive relationship between parents and staff. I/We agree to have open communication with GMCC staff.
- I/We agree that anytime a GMCC staff person feels verbally or physically threatened by an individual, it may be cause for termination of contract or relationship with the organization.
- GMCC's special programs are dependent on financial support through fundraising. There are various fundraising opportunities available throughout the year. All families are required to raise \$200 annually or donate 8 hours of volunteer time.
- In consideration of my child being allowed to attend Green Mountain Children's Center programs and participate in *field trips and activities*, I/We do hereby release GMCC and their agents from any and all responsibility and liability for injuries or illness resulting from my child attending GMCC or while participating in field trips. I/We consent to my child receiving emergency first aid, and if necessary, being transported to a hospital for emergency care. I/We agree that any and all transportation and medical care to be at my expense.
- GMCC reserves the right to revise its policies on an "as needed" basis. Families will be notified of any alterations when they occur from the Executive Director and/or the Board of Directors.

**Parent/Guardian Signature**

\_\_\_\_\_  
Primary Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Director's Signature

\_\_\_\_\_  
Date

