



BEFORE & AFTER SCHOOL ENROLLMENT PACKET



This manual is property of Playful Minds, LLC
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Enrollment Form

Child information

Child's Name:	Primary Language:
Street:	Skin Color:
City/State/Zip:	Hair Color:
Date of Birth:	Eye Color:
Age at Admission:	Identifying Marks:
Admission Date:	Height:
	Weight:

Parent information

Parent/Guardian 1:	Parent/Guardian 2:
Relationship to Child:	Relationship to Child:
Street:	Street:
City/State/Zip:	City/State/Zip:
Phone Number*:	Phone Number*:
Personal Email:	Personal Email:
Employer:	Employer:
Street:	Street:
City/State/Zip:	City/State/Zip:
Bus. Phone Number:	Bus. Phone Number:
Work Hours:	Work Hours:

**This should be the phone number that is used for your primary contact purposes and through which we can reach you quickly.*

School age children's current school information

Current School:	Phone Number:
Street:	City/State/Zip:



Tuition Payment & Child Schedule Contract

This agreement contains the financial terms that are agreed to between the parent and Playful Minds, LLC for the Before & After School program for School Age Children..

Child name _____

Parent's name _____

Street _____

Phone _____

City/state/zip _____

Email _____

Indicate the location and sessions to enroll the student:

CHICOPEE, MA LOCATIONS

Playful Minds 999 Memorial Ave Chicopee	Bowie School 80 Dare Way Chicopee	Lambert Lavoie School 99 Kendell St Chicopee	Stefanik School 720 Meadow St Chicopee	Streiber School 40 Streiber Dr Chicopee
Before <input type="checkbox"/>	After School Only	After School Only	After School Only	After School Only
&/or After <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER LOCATIONS

Gerena 200 Birnie Ave Springfield, MA	Gerena (Preschoolers) 200 Birnie Ave Springfield, MA	Enfield 115A Elm St. Enfield, CT	State Street 281 State St. Springfield, MA	Mason Square 721 State St. Springfield MA
Before <input type="checkbox"/>	Before <input type="checkbox"/>	Before <input type="checkbox"/>	Before <input type="checkbox"/>	Before <input type="checkbox"/>
&/or After <input type="checkbox"/>	&/or After <input type="checkbox"/>	&/or After <input type="checkbox"/>	&/or After <input type="checkbox"/>	&/or After <input type="checkbox"/>

Indicate the day(s) to enroll the student:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enrollment Changes:

Two weeks' in advance notice (in writing to Playful Minds) is required if you want to make any changes to your child's enrollment.

Deposit: The first week's tuition and security deposit payments are due before the child's entry into the program.

Payments. *There is no discount or deduction from the tuition for student absences, family vacations, inclement weather days, holidays, teacher training days, etc.* Tuition can ONLY be paid through the Bright Wheel (<https://mybrightwheel.com/>) tuition payment section. Playful Minds DOES NOT accept checks, money orders, or credit cards directly.

Payment frequency. Parents have the option to pay tuition either weekly or monthly; however, the payment schedule cannot deviate from the option indicated on this form.

Payment schedule. Weekly payments are due every Friday before the week the payment is being made for. Monthly payments are due on the 1st of each month.

Late payment fees. Payments are considered late after 3 days. If payments are late, a \$10.00 fee is assessed and will automatically be added to the parent's account. Payments later than one week will result in suspending your child until the past due balance is paid in full. Payments are to be made regardless of absenteeism.

Late pickup fee. A parent late picking up their child from Playful Minds will be charged \$10.00 for the first 15 minutes and \$5.00 for each additional 5 minutes or portion thereof. This fee is due at time of pick up or no later than the following day.

NEFW Voucher Eligibility. Please refer to vouchers for contract amount and dates of service. Any period of time not covered by a NEFW voucher will be billed at private rates. **Parent initials:**

The parent selected the following payment schedule:

☐ Weekly ☐ Monthly

PAYMENTS

Deposit \$

Tuition payment \$



First Aid and Medical Consent Form

Child's name _____ Date of birth _____
Home street _____ City/town _____
Phone number _____

Parent/guardian contact information

List names in the order in which you would like us to contact first.

Name (1) _____ Phone number _____
Home street _____ City/town _____
Name (2) _____ Phone number _____
Home street _____ City/town _____

Emergency contact persons

List names in the order in which you would like us to contact first.

Name (1) _____ Phone number _____
Home street _____ City/town _____
Name (2) _____ Phone number _____
Home street _____ City/town _____

Pediatrician or person that provides health care to your child

Name _____ Phone number _____
Home street _____ City/town _____

Allergies/chronic health conditions

Insurance information (optional)

Company _____ Policy &/or member # _____

Emergency medical treatment authorization

I hereby give the Playful Minds permission to administer first aid/CPR to my child or take my child to a hospital for treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent name _____ Date _____
Parent signature _____



Small Group & Large Group Transportation Plan & Authorization

Refer to First Aid and Medical Consent Form for release information.

Child's Name: _____ Date of Birth: _____

TRANSPORT #1

My child will arrive at the program by:

- ☐ Parent drop off _____
- ☐ Supervised walk _____
- ☐ Unsupervised walk _____
- ☐ Public/private van _____
- ☐ Program bus/van _____
- ☐ Contract van _____
- ☐ Private transportation arraigned by parent _____
- ☐ Other: _____

My child will arrive at the program by:

- ☐ Parent drop off _____
- ☐ Supervised walk _____
- ☐ Unsupervised walk _____
- ☐ Public/private van _____
- ☐ Program bus/van _____
- ☐ Contract van _____
- ☐ Private transportation arraigned by parent _____
- ☐ Other: _____

Complete the following 2 sections if the child will be transported to/from more than one location or by additional methods/person(s).

TRANSPORT #2

My child will arrive at the program by:

- ☐ Parent drop off _____
- ☐ Supervised walk _____
- ☐ Unsupervised walk _____
- ☐ Public/private van _____
- ☐ Program bus/van _____
- ☐ Contract van _____
- ☐ Private transportation arraigned by parent _____
- ☐ Other: _____

My child will arrive at the program by:

- ☐ Parent drop off _____
- ☐ Supervised walk _____
- ☐ Unsupervised walk _____
- ☐ Public/private van _____
- ☐ Program bus/van _____
- ☐ Contract van _____
- ☐ Private transportation arraigned by parent _____
- ☐ Other: _____

TRANSPORT #3

My child will arrive at the program by:

- ☐ Parent drop off _____
- ☐ Supervised walk _____
- ☐ Unsupervised walk _____
- ☐ Public/private van _____
- ☐ Program bus/van _____
- ☐ Contract van _____
- ☐ Private transportation arraigned by parent _____
- ☐ Other: _____

My child will arrive at the program by:

- ☐ Parent drop off _____
- ☐ Supervised walk _____
- ☐ Unsupervised walk _____
- ☐ Public/private van _____
- ☐ Program bus/van _____
- ☐ Contract van _____
- ☐ Private transportation arraigned by parent _____
- ☐ Other: _____

Parent name: _____ Date: _____

Parent Signature: _____



Permission/Release Form

Child Name: _____ Date of Birth: _____

I understand and I am aware that my child might be involved with the following:

- Yes ☐ No ☐ Photographs of my child may be taken during center hours and used for publicity.
- Yes ☐ No ☐ Student teachers in the course of their studies may observe my child's classroom.
- Yes ☐ No ☐ Member(s) of various agencies may be providing services to other children in my child's class. I give permission for my child to be in the same class while these observations/services are being provided to other children. I understand that if there are any concerns about my child, I will be notified immediately.

Exception to giving permission:

I understand in the event that my family has been involvement with the Department of Children and Families (DCF), your child may be interviewed by social worker while in our care.

Additional written permission:

With the exception of the DCF, a signed written approval will be required for any interview with other agencies/organizations.

With my signature, I _____ give my permission for general observation to be completed as outlined above. I understand the circumstances in which I will be contacted for a separate written approval.

Parent name: _____ Date: _____

Parent signature: _____



Permission to apply products

Child name _____ Date of birth _____

Product Requirements

- All products are provided by the parent and given the classroom teacher.
- All products must be in ointment or cream form. (Aerosol spray is NOT allowed.)
- All product packages must be labeled with the child's name.

Product Types

I give Playful Minds Learning Center, LLC permission to apply the following skin protection products to my child.

Yes ☐ No ☐ Sunscreen of SPF-15 or higher.

Yes ☐ No ☐ Topical bug repellent.

Yes ☐ No ☐ Hand sanitizer (60% alcohol or greater) - Communicable disease prevention: COVID-19.
Hand sanitizer is provided by PMLC.

Parent name: _____ Date: _____

Parent signature: _____



Permission to Leave Premises

Child Name: _____

Date of Birth: _____

I give Playful Minds, LLC permission to take my child off premises to close-by destinations. Activities may include nature walks, walks to the local park, and the like. These activities are planned and incorporated into the classroom schedule.

Additional written permission:

I understand that if a field trip is planned and the children are being taken to further destinations (such as the zoo or a farm), I will be asked to complete an addition consent form.

With my signature, I _____, give my permission my child to be taken to close-by destinations as outlined above. I understand the circumstances in which I will be contacted for a separate written approval.

Parent name: _____ Date: _____

Parent signature: _____



Parent Involvement

Child Name: _____

Date of Birth: _____

Please refer to the Parent Handbook for additional information about parent involvement which includes information about parental rights and ways to be involved and to provide input to the program.

Parent Grievance Procedure

We value parent involvement as an essential part of our program. We also recognize that on occasion parents/guardians have a grievance in relation to our program and/or procedures. As a parent/guardian, you have the right to offer suggestions/feedback about the program and policies. However, in efforts to provide quality care and services to our families we ask that you adhere to the following procedures:

- Be sure that your child is signed in and accounted for by the classroom teacher(s).
- Direct your concerns and/or complaint to the Program Director.
- Request a private meeting with the Program Director to discuss the issues at hand.

Emotional outbursts that appear to be threatening in nature will not be tolerated. This behavior can be grounds for immediate termination without notice of your child's enrollment.

If you have spoken with the Program Director and still feel that the issues is not resolved, please contact Paige Thompson-Westcott at the main office by calling 413-636-5696.

Incidents Involving Parents

An "incident" is deemed to be any event in which the policies of the program are not being adhered to and/or the safety of the staff and/or children is perceived to be in jeopardy. When such an incident occurs, staff are to immediately implement the following procedure.

- Staff inform the Program Director (or the Lead Teacher in the Program Directors absence) of the incident.
- The Program Director contacts the Main Office for direction in the appropriate action to be taken.
- If the incident is of a severe and/or dangerous nature, staff will immediately contact the local Police Department for support in the matter at hand. Staff is to follow up with the Program Director to inform of actions taken.
- Any violent outburst or displays of aggressive behavior towards staff by parents will result in immediate termination of your child's enrollment.

Parent name: _____ Date: _____

Parent signature: _____



Student Expectations

Parents must review the following list with their child to know and understand the rules we expect them to follow each day. These expectations have been put in place to ensure a happy and fulfilling experience.

Students are expected to:

- Be respectful to all administrators, peers, and all other staff at all times.
- Be respectful to the property of and the property of others.
- To always use please and thank you.
- To clean up after themselves and throw out their trash.
- To recycle whenever possible.
- To use appropriate language at all times and are expected not to bully any other children.
- To ask a counselor to go anywhere.
- To take responsibility for their actions and tell the truth, even if it means admitting to wrongdoing.
- To take responsibility for their own property by keeping track of what items they bring with them..
- To leave all toys, video games, and other electronics at home. They are not allowed at Before & After programs..
- To not draw or use pretend weapons, including guns, at any time.
- Participate in activities politely without exhibiting rough or aggressive behavior.
- To keep their hands, feet, and the rest of their bodies to themselves. Any fighting will be brought directly to the director.

Unacceptable behaviors or actions - read thoroughly. Any violation listed below can result in an Incident Report being written and possibly filed with state authorities, a Parent and Director Meeting occurring, and probable suspension or expulsion from a Before and/or After Program. Therefore, students:

- Will not use obscene or vulgar language.
- Must not leave the premises without permission.
- Will not speak or act disrespectfully to any peer or adult.
- Will not threaten, harass, or physically harm another person.
- Will not intentionally destroy or vandalize any property.
- Will not use or take anyone else's property without their permission.
- Will not possess or distribute indecent literature.
- Will not take, sell, or distribute any drugs, medication, or alcohol on the property.
- Will not possess any object the staff deems dangerous.

Please review this information with your child, fill in this form and return this portion to the director.

Parent name _____ Child _____

Parent signature _____ Date _____



Electronic Devices Prohibited

Electronic devices are not allowed at camp, so we can:

- Encourage your children to spend more time in the outdoors.
- Promote socialization between campers.
- Remove the divider between "the haves and the have-nots" in each group.
- Reduce the stress associated with the damage to and theft of electronics.
- Give your children a much-needed break from the world of technology.
- Allow your children to fully embrace and "plug into" the connections they make with other campers as they "unplug" from their electronics.
- Ensure that your children are not exposed to age-inappropriate material.
- Ensure that your children cannot post their camp photos on the Internet.
- Ensure that your children are not focusing on situations revolving around their friends, not at camp.

Electronic devices include (but are not limited to):

- Cell phone
- Laptops, netbooks, tablets, iPads, e-Readers
- Gameboys, PlayStation Portable, Sony's handheld video-game device, Nintendo DSS, or other handheld gaming systems
- iPod, MP3 players
- Digital cameras

Parent name _____ Child _____

Parent signature _____ Date _____



The colors of the traffic light help with asthma management.

GREEN means Go Zone!
Use controller medicine.

YELLOW means Caution Zone!
Add quick-relief medicine.

RED means Danger Zone!
Get help from a doctor.

Asthma Action Plan

Child name _____ Date of plan _____
Date of birth _____ Doctor/nurse name _____
Parent name _____ Doctor/nurse phone _____
Parent phone _____
Personal best peak flow _____ Goal for child _____
Important! Avoid these things that make asthma worse _____

Go! You're doing well!		Use these daily controller medicines:				
You have ALL of these: <ul style="list-style-type: none">Breathing is goodNo cough or wheezeSleep through the nightCan go to school and play	Peak flow from	Medication	Route	How much	How often	Times
	To					
Go! You're doing well!		Continue with green zone controller medicines and add:				
You have ANY of these: <ul style="list-style-type: none">First sign of a coldCoughMild wheezeTight chestCoughing, wheezing or trouble breathing at night	Peak flow from	Medication	Route	How much	How often	Times
	To					
		CALL THE DOCTOR/NURSE				
Go! You're doing well!		Take these and call the doctor now.				
Your asthma is getting worse fast: <ul style="list-style-type: none">Medicine is not helpingBreathing is hard and fastNose opens wideRibs showCan't walk well	Peak flow from	Medication	Route	How much	How often	Times
	To					
		GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room and bring this form. DO NOT WAIT. Make an appointment with the doctor/nurse within two days of an ER visit or hospitalization.				

Doctor/NP/PA Signature: _____ Date: _____

I give permission for the school, my child's doctor/NP/PA or _____ to share information about my child's asthma.

Parent/Guardian Signature: _____ Date: _____

Consent for the administration of medication in school: I consent to have the school nurse or school personnel designated by the school nurse administer the medication as prescribed on the reverse side of the page.

Authorization for student self-administration of medication in school: I have instructed this student in the proper way to use his/her medications. Medications administered must be consistent with school policy, and a medication plan must be



developed with the school nurse in accordance with the Massachusetts Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000) as printed below. Translated copies of the regulation can be obtained from the Massachusetts Department of Public Health, 250 Washington Street, Boston, MA 02118. It is my professional opinion that this student may self-administer the medication and may be allowed to carry and use his/her medications by him/herself.

Comments/special instructions:

Doctor/Nurse: _____ **Date:** _____
Parent/Guardian: _____ **Date:** _____
Medication administration plan completed: _____ **Date:** _____
School nurse signature: _____ **Date:** _____

Listed below are regulations governing the self-administration of prescription medication 105 CMR 210.006

- (A) Consistent with school policy, students may self-administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "self-administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.
- (B) The school nurse may permit self-medication of prescription medication by a student provided that the following requirements are met:
- (1) the student, school nurse, and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self-administered;
 - (2) the school nurse, as appropriate, develops a medication administration plan (105 CMR 210.005 (E)) which contains only those elements necessary to ensure safe self-administration of prescription medication;
 - (3) the school nurse evaluates the student's health status and abilities and deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of prescription medication;
 - (4) the school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self-administration protocols;
 - (5) there is written authorization from the student's parent or guardian that the student may self-medicate unless the student has consented to treatment under M.G.L. c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental permission;
 - (6) if requested by the school nurse, the licensed prescriber provides a written order for self-administration;
 - (7) the student follows a procedure for documentation of self-administration of prescription medication;
 - (8) the school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student, and parent/guardian, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
 - (9) the school nurse develops and implements a plan to monitor the student's self-administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication;
 - (10) with parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication.

Seizure Action Plan (SAP)

Name: _____ Birth Date: _____
 Address: _____ Phone: _____
 Emergency Contact/Relationship: _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply) ☒

- | | |
|---|---|
| <input type="checkbox"/> First aid - Stay. Safe. Side. | <input type="checkbox"/> Notify emergency contact at |
| <input type="checkbox"/> Give rescue therapy according to SAP | <input type="checkbox"/> Call 911 for transport to: <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Notify emergency contact | <input type="checkbox"/> Other: <u>Click or tap here to enter text.</u> |

First aid for any seizure

- **STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- **STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens

- Other

When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

Seizure Plan (continued)



When Rescue Therapy May Be Needed:

WHEN AND WHAT TO DO

If seizure (cluster, #,
and length: _____

Name of Med/RX: _____

How much to give
(dose): _____

How to give Med/RX: _____

If seizure (cluster, #,
and length: _____

Name of Med/RX: _____

How much to give
(dose): _____

How to give Med/RX: _____

If seizure (cluster, #,
and length: _____

Name of Med/RX: _____

How much to give
(dose): _____

How to give Med/RX: _____

How to give care after seizure

What type of help is
needed (describe): _____

When is person able to
resume usual activity: _____

Special Instructions

First Responders: _____

Emergency
Department: _____



Daily Seizure Medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (Time of each dose and how much)

Other information

Triggers: _____

Important Medical History: _____

Allergies: _____

Epilepsy Surgery (type, date, side effects): _____

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted: _____

Diet Therapy: ☐ Ketogenic ☒ Low Glycemic ☐ Modified Atkins ☐ Other (Describe below) _____

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care Provider: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

Signatures

My signature: _____ Birth Date: _____

Provider signature: _____ Phone: _____

Epilepsy.com

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Individual Health Care Plan Form (EEC)

To be completed by a licensed health care provider.

Child's Name: _____

Date of Birth: _____

Name of Chronic Condition: _____

Description of the chronic health care condition.

Symptoms.

Medical treatment necessary while at the program.

Who has to be trained and will be administering this treatment while the child is in the program.

Potential side effects of treatment.

Potential consequences if treatment is not administered.

(Optional) Other recommendation: further tests, treatments, mitigating measures, accommodations etc. required to allow for the child's full participation.

Signatures

Name of the
Licensed Health
Care Practitioner: _____

Phone #: _____

LHCP Signature: _____

Date: _____

Parent/guardian: _____

Date: _____

Program Admin
Signature: _____

Date: _____



Acknowledgement of Receipt of Parent Handbook

Child name _____ Street _____
Parent name _____ City, State _____

The Playful Minds Learning Center LLC (PFML) Parent Handbook has been made available to me and was available for download on the PFML website, and that, if I am not able to access the website, I had the option of receiving a printed copy.

I understand the policies in this handbook are subject to change to maintain compliance with current and future issuing of local, state, and federal regulation. And that, changes in the handbook may also occur at the authorization of the owner to indicate improvements in procedures, information sharing with staff and families, and other reasons, provided such changes do not violate local, state, and federal law.

I understand my child's enrollment at PFML could be terminated if any problems listed in the *Termination and Suspension* (but not limited to) policy described herein occur.

I acknowledge that PFML staff discussed the policies in the handbook with me. I was given the time to ask questions and have them answered to my ability to understand them.

I, the Parent/Guardian, have read, understand, and agree to follow the policies and procedures required of me in this handbook.

Parent signature: _____ Date: _____

I, the Parent/Guardian, acknowledge that PFML staff discussed the Child Guidance policy in this handbook with me. I was given the time to ask questions and have them answered to my ability to understand them.

Parent signature: _____ Date: _____