



725-727 Granite Street, Braintree, MA 02184
 Phone: 781-971-5178; Fax: 781-971-5186
 Email: admin@kiddosland.us; Website: http://www.kiddosland.us

Enrollment Packet

Today's Date: _____ Intended Start Date: _____
 Child's Name: _____
 Child's Date of Birth: _____ Current Age: _____

Program/Enrollment Information

Please check the registration options below:

Registering for:

<input type="checkbox"/> Toddler/Preschool	<input type="checkbox"/> Preschool	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> School Age Afterschool	

Intended child' weekly schedule:

<input type="checkbox"/> 2 Full Days	<input type="checkbox"/> 3 Full Days	<input type="checkbox"/> 4 Full Days	<input type="checkbox"/> 5 Full Days
<input type="checkbox"/> 10 hours or less/day	<input type="checkbox"/> 10 hours 30 mins/day	<input type="checkbox"/> 11 hours/day	<input type="checkbox"/> 11 hours 30 mins
Drop Off Time:		& Pick Up Time:	
<input type="checkbox"/> 2 Half Days	<input type="checkbox"/> 3 Half Days	<input type="checkbox"/> 4 Half Days	<input type="checkbox"/> 5 Half Days
<input type="checkbox"/> 4 hours or less/day	<input type="checkbox"/> 4 hours 30 mins/day	<input type="checkbox"/> 5 hours/day	<input type="checkbox"/> 5 hours 30 mins/day
Drop Off Time:		& Pick Up Time:	

*** Please note:**

- Full-Day Programs: maximum ten (10) hours or less per day for basic tuition payments
- Half-Day Programs: maximum four (4) hours per day for basic tuition payments,
8:00 a.m. - 12:00 noon or 2:30 p.m. - 6:30 p.m.
- Afterschool Programs: 2:30 p.m. - 6:30 p.m.; or
full day whenever the public/private school closings
- * (\$45.00 per day will be added to the tuition fee for full-day care.)

Days of the week attending:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Full Pay		<input type="checkbox"/> State Voucher		

Payment Status:

Regular Payment	Kiddosland Discounted Tuition Payment Plans		
<i>For Toddler/Preschool, Preschool, Pre-Kindergarten, & Kindergarten</i>			
<input type="checkbox"/> Weekly Payment	<input type="checkbox"/> Monthly Payment	<input type="checkbox"/> 3-Month Payment	<input type="checkbox"/> 6-Month Payment
<i>For School Age Afterschool</i>			
<input type="checkbox"/> Weekly Payment	<input type="checkbox"/> Monthly Payment	<input type="checkbox"/> 5-Month Payment	<input type="checkbox"/> 10-Month Payment

*** Please bring in the following items, which are required to enroll your child in our program:**

- A completed Enrollment Packet with a Recent Child's Photo attached
- A **NON-REFUNDABLE** \$100.00 Enrollment Fee for each child (\$180.00 maximum per family) and is due upon registration
- First Week Tuition or Voucher (is due upon registration)
- Two-Week Tuition Deposit (is used for the last two weeks tuition when withdrawal, and serves as a security deposit to secure your child's placement and is due upon registration)
- A current Physical Examination on Health Record Form, signed by your child's doctor. (A valid Physical must have been conducted within 12 months from the date of enrollment.)
- Updated Immunization Record
- Lead Screening Report

*** Please make all checks or money orders payable to the Kiddosland Child Development Center, Inc.**

*** Please note that all applications are accepted on a first come, first served basis. Your application will be placed on a waitlist if our program is full at the time of enrollment. An intake interview is required for enrollment.**



Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____
 Age at Admission: _____ Date of Admission: _____
 Child's Home Address: _____
 Home Phone #: _____ Race: _____
 Primary Language: _____ Identifying Marks: _____
 Eye Color: _____ Hair Color: _____ Skin Color: _____
 Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian 1

Name: _____
 Relationship to Child: _____
 Parent/Guardian 1 Date of Birth: _____
 Home Address: _____

 Reachable Phone #: _____
 Email: _____
 Business Name: _____
 Business Address: _____

 Business Phone #: _____
 Hours at Work: _____

Parent/Guardian 2

Name: _____
 Relationship to Child: _____
 Parent/Guardian 2 Date of Birth: _____
 Home Address: _____

 Reachable Phone #: _____
 Email: _____
 Business Name: _____
 Business Address: _____

 Business Phone #: _____
 Hours at Work: _____

Child's Schedule:

<input type="checkbox"/> 2 *Full/Half Day		<input type="checkbox"/> 3 *Full/Half Day		<input type="checkbox"/> 4 *Full/Half Day		<input type="checkbox"/> 5 *Full/Half Day			
<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday		<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday		<input type="checkbox"/> Friday	
<input type="checkbox"/> 10 hours or less/day		<input type="checkbox"/> 10 hours 30 mins/day		<input type="checkbox"/> 11 hours/day		<input type="checkbox"/> 11 hours 30 mins			
<input type="checkbox"/> 4 hours or less/day		<input type="checkbox"/> 4 hours 30 mins/day		<input type="checkbox"/> 5 hours/day		<input type="checkbox"/> 5 hours 30 mins/day			
Drop Off Time: _____					& Pick Up Time: _____				

* Please delete one if inapplicable.

** Please check any if applicable.

Parent/Guardian Signature

Date

Additional Information

Child's Physician: _____ Phone #: _____

Address: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____

School Age Only

Current School: _____ School Phone #: _____

School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials:

Parent/Guardian Signature

Date

Transportation Plan and Authorization

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- ___ PARENT DROP OFF
- ___ SUPERVISED WALK
- ___ UNSUPERVISED WALK
- ___ PUBLIC/PRIVATE/VAN
- ___ PROGRAM BUS/VAN
- ___ CONTRACT/VAN
- ___ PRIVATE TRANS. ARRANGED BY PARENT
- ___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- ___ PARENT PICK UP
- ___ SUPERVISED WALK
- ___ UNSUPERVISED WALK
- ___ PUBLIC/PRIVATE/VAN
- ___ PROGRAM BUS/VAN
- ___ CONTRACT/VAN
- ___ PRIVATE TRANS. ARRANGED BY PARENT
- ___ OTHER

Parent/Guardian Signature

Date

* Refer To First Aid and Emergency Medical Care Consent and Release Forms for Release Information



FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who is trained in the basics of first aid/CPR to give my child first aid/CPR 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 medical treatment for my child.

Child's Physician Name: _____ Phone #: _____

Address: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

Health Insurance Coverage _____ Policy # _____ Parent/Guardian Name: _____ Phone _____ Cell _____
--

Parent / Guardian Signature

Date (valid for one year)



Child Release Authorization Form

**I give permission for my child, _____ (Child's Name)
to be released from the program and/or to be received at the end of the program
to the following people:**

Name: _____ Relationship to child: _____

Address: _____

Telephone Number (Cell/Work) _____ (Home) _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Number (Cell/Work) _____ (Home) _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Number (Cell/Work) _____ (Home) _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Number (Cell/Work) _____ (Home) _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Number (Cell/Work) _____ (Home) _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Number (Cell/Work) _____ (Home) _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Number (Cell/Work) _____ (Home) _____

Parent/Guardian Signature

Date



DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ Date Of Birth: _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

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

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

* Is your child fed held in lap? _____ High chair? _____

* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? ____ *Is there a frequent occurrence of diaper rash? ____

*Do you use: oil: ____ powder: ____ lotion: ____ other: _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

Permission Slip for Regularly Scheduled Off-Site Activities via Walking

As a part of social studies in our program, children will participate in walks into the community and to visit our neighboring businesses. Our Walking Fieldtrips include the following:

- ❖ Walks around the neighborhood to notice the seasonal changes and to study the environment.
- ❖ Harbor Freight Tools, Granite Street, Braintree, Massachusetts
- ❖ TONI&GUY Hairdressing Academy, Granite Street, Braintree, Massachusetts
- ❖ Burlington Coat Factory, Granite Street, Braintree, Massachusetts
- ❖ Wamp's Pizzeria, Granite Street, Braintree, Massachusetts
- ❖ Montilio's Baking Company & Pizzeria, Granite Street, Braintree, Massachusetts
- ❖ Century Bank, Granite Street, Braintree, Massachusetts
- ❖ Planet Fitness, Granite Street, Braintree, Massachusetts
- ❖ Goldfish Swim School, Granite Street, Braintree, Massachusetts
- ❖ Braintree High School, Town St, Braintree, Massachusetts
- ❖ Chung's Asian Cuisine Restaurant, Granite Street, Braintree, Massachusetts
- ❖ Eda's Cafe Breakfast Lunch and Catering, Granite Street, Braintree, Massachusetts
- ❖ On occasion we may visit other businesses in Braintree

Walking field trips around our neighborhood may take place during good weather any time from 9:30 a.m. to 11:45 a.m. However, whenever we have planned a trip for one of the destination mentioned above, that supports our curriculum development; we will inform you of the date, time, and destination of the walking field trip.

Authorizations consent forms for emergency medical treatment are with the staff whenever the children leave their classrooms.

We always maintain the proper classroom ratios throughout the day and our children use a walking rope with handles.

**I give permission for my child, _____
(Child's Name) to attend and participate in the above identified off-site activities.**

Parent/Guardian Signature

Date

Permission for Tooth brushing

I give permission for my child, _____(Child's Name) to brush his/her teeth during school.

I do not want my child, _____(Child's Name) to brush his/her teeth during school.

Parent/Guardian Signature

Date

Permission for Sunscreen

I give the Center permission for my child, _____(Child's Name) to apply sunscreen when needed.

I do not want my child, _____(Child's Name) to apply sunscreen during school.

Parent/Guardian Signature

Date

Permission for Observations, Media Interviews, Publicity, Videos, and Photographs

I give the Center permission to include for my child, _____(Child's Name) in observations, media interviews, publicity, videos, and photographs.

I do not want my child, _____(Child's Name) to include in observations, media interviews, publicity, videos, and photographs.

Parent/Guardian Signature

Date

Late Pick-Up

I understand that late pick-up will be required to pay a late fee of \$1.00 per minute after ten (10) hours each day of my child's schedule in the Center.

I understand that the Center is closed promptly at 6:30 p.m. Any parent/guardian arriving after closing time will be charged a fee of \$10.00 for the first ten-minutes they are late and will be charged one dollar for each additional minute thereafter. The late fee will be calculated at the time you exit the building, as it often takes five to ten minutes for families to gather their children's belongings before exiting. The late pick-up fee will be added onto your tuition for the following week regardless of the reason for the late pick up.

I understand that I will be given a two-week notice if the late pick-up should occur more than twice a month and I will be provided resources in finding a new center by Kiddosland Development Center.

Parent/Guardian Signature

Date

Termination

I understand that two weeks written notice in advance of the ending date must be given for termination by either parent/guardian or the Center.

*** Please note that parents/guardians must give notice for termination at least four weeks in advance of the ending date if it is an OCCS (Office of Child Care Services) slot (participants in voucher programs.)**

Parent/Guardian Signature

Date

Acknowledgement of the Kiddosland Child Guidance Policy

I acknowledge I have received, read, and understand the Center Child Guidance Policy and understand its terms and conditions.

Parent/Guardian Signature

Date



Acknowledgement of Receipt of the Kiddosland Parent Handbook

By signing below, I acknowledge that I have received, read, and understand the Kiddosland Parent Handbook.

I agree to comply with all the Center’s policies, as written.

This handbook notes all of the Center’s policies and information, per the Department of Early Education and Care (EEC), including the current tuition schedule, and the Center’s hours of operation.

Parent/Guardian Signature _____
Date

Family Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the Kiddosland Child Development Center. Please keep and refer to your copy of the Kiddosland Parent Handbook/Program Policies. Families may access the Kiddosland Parent Handbook/Program Policies at anytime on our website. Your signature below indicates that you have received them.

I understand that the Kiddosland staff and volunteers/student interns are not allowed to babysit or transport my child at anytime outside of the Kiddosland. Immediate disciplinary action will be taken by the Kiddosland toward staff and volunteers/student interns if a violation is discovered.

I understand that I am not to leave my child at the Kiddosland with an unauthorized person. Any person authorized to pick-up my child must be listed with the Kiddosland and show the staff of the Center valid identification or other arrangements must be made by calling the Kiddosland office at 781-971-5178 to inform them of a change.

I understand that should a person arrive to pick up my child who appears under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police.

I understand that the Kiddosland staff is mandated, by law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statement above and the Center policies and procedure in the Kiddosland Parent Handbook.

Parent/Guardian Signature _____
Date



2018-2019 Tuition Schedules for Full-Day Programs
 (Effective September 3, 2018 - August 30, 2019)

Toddler Full-Day Program
(2 years 6 months - 2 years 8 months old) Weekly Rates

Weekly Attendance	Full Day = 10 Hours Or Less Per Day	10 Hours 30 Minutes Per Day	11 Hours Per Day	11 Hours 30 Minutes Per Day
5 days per week	\$365	\$375	\$385	\$395
4 days per week	\$330	\$340	\$350	\$360
3 days per week	\$260	\$270	\$280	\$290
2 days per week	\$195	\$205	\$215	\$225

Preschool/Pre-K Full-Day Programs
(2 years 9 months old - 4 year and 11 months old) Weekly Rates

Weekly Attendance	Full Day = 10 Hours Or Less Per Day	10 Hours 30 Minutes Per Day	11 Hours Per Day	11 Hours 30 Minutes Per Day
5 days per week	\$315	\$325	\$335	\$345
4 days per week	\$270	\$280	\$290	\$300
3 days per week	\$230	\$240	\$250	\$260
2 days per week	\$175	\$185	\$195	\$205

Kindergarten Full-Day Program
(5 years - 6 years old) Weekly Rates

Weekly Attendance	Full Day = 10 Hours Or Less Per Day	10 Hours 30 Minutes Per Day	11 Hours Per Day	11 Hours 30 Minutes Per Day
5 days per week	\$280	\$290	\$300	\$310
4 days per week	\$238	\$248	\$258	\$268
3 days per week	\$200	\$210	\$220	\$230
2 days per week	\$155	\$165	\$175	\$185

School Age Afterschool Program
(6 years - 12 years old) Weekly Rates

Weekly Attendance	Half Day (2:30 p.m. - 6:30 p.m.)	Transportation Fee	Full Day for whenever Public/Private School Closings
5 days per week	\$103	+ \$18	+ \$45 per day
4 days per week	\$93	+ \$15	+ \$45 per day
3 days per week	\$82	+ \$13	+ \$45 per day
2 days per week	\$62	+ \$10	+ \$45 per day



2018-2019 Tuition Schedules for Half-Day Programs
(Effective September 3, 2018 - August 30, 2019)

Toddler Half-Day Program
(2 years 6 months - 2 years 8 months old) Weekly Rates

Weekly Attendance	Half Day = 4 hours or less 8:00 a.m. to 12:00 noon 2:30 p.m. - 6:30 p.m.	4 Hours 30 minutes Per Day	5 Hours Per Day	5 Hours 30 minutes Per Day
5 days per week	\$190	\$200	\$210	\$220
4 days per week	\$180	\$190	\$200	\$210
3 days per week	\$150	\$160	\$170	\$180
2 days per week	N/A	N/A	N/A	N/A

Preschool/Pre-K Half-Day Programs
(2 years 9 months old - 4 year and 11 months old) Weekly Rates

Weekly Attendance	Half Day = 4 hours or less 8:00 a.m. to 12:00 noon 2:30 p.m. - 6:30 p.m.	4 Hours 30 minutes Per Day	5 Hours Per Day	5 Hours 30 minutes Per Day
5 days per week	\$160	\$170	\$180	\$190
4 days per week	\$140	\$150	\$160	\$170
3 days per week	\$120	\$130	\$140	\$150
2 days per week	N/A	N/A	N/A	N/A

Kindergarten Half-Day Program
(5 years - 6 years old) Weekly Rates

Weekly Attendance	Half Day = 4 hours or less 8:00 a.m. to 12:00 noon 2:30 p.m. - 6:30 p.m.	4 Hours 30 minutes Per Day	5 Hours Per Day	5 Hours 30 minutes Per Day
5 days per week	\$140	\$150	\$160	\$170
4 days per week	\$130	\$140	\$150	\$160
3 days per week	\$120	\$130	\$140	\$150
2 days per week	N/A	N/A	N/A	N/A

- ❖ Tuition payments may be made weekly, monthly, 3-month, or 6-month basis.
- ❖ Weekly tuition payments are due on every Friday for the following week.
- ❖ Monthly tuition payments are due the last Friday of each month for the following month. (Monthly payments = your weekly rate X 52 weeks divided by 12 months with a discount. Please refer to the Kiddosland Discounted Tuition Payment Plans.)
- ❖ The 3-month and 6-month tuition payments are due the last Friday of previous tuition payments for the following 3-month or 6-month tuition payments. (The 3-month and 6-month tuition payments are offered a discount. Please refer to the Kiddosland Discounted Tuition Payment Plans.)
- ❖ A **NON-REFUNDABLE** \$100.00 Enrollment Fee for each child (\$180.00 maximum per family) and is due upon registration
- ❖ First Week Tuition or Voucher (is due upon registration)
- ❖ Two-Week Tuition Deposit (is used for the last two weeks tuition when withdrawal, and serves as a security deposit to secure your child's placement and is due upon registration)
- ❖ A two-week notice is required when withdrawing enrollment or any programs from Kiddosland Child Development Center.



725-727 Granite Street, Braintree, MA 02184
 Phone: 781-971-5178; Fax: 781-971-5186

Email: admin@kiddosland.us; Website: http://www.kiddosland.us/

Kiddosland Discounted Tuition Payment Plans

(Effective September 3, 2018-August 30, 2019)

Kiddosland Discounted Tuition Payment Plans are ONLY for Full-Day participants. Half-Day participants are NOT offered these discounted Tuition Payment Plans.

Kiddosland Discounted Tuition Payment Plans are subject to change. Families shall be notified prior any changes.

Discounted Monthly Tuition Payments

Program	5 Days	Saving	4 Days	Saving	3 Days	Saving	2 Days	Saving
Toddler	\$1515	\$67	\$1370	\$60	\$1080	\$47	\$815	\$30
Preschool/Pre-K	\$1300	\$65	\$1120	\$50	\$955	\$42	\$730	\$28
Kindergarten	\$1155	\$58	\$990	\$41	\$830	\$37	\$645	\$27

Discounted 3-Month Tuition Payments

Program	5 Days	Saving	4 Days	Saving	3 Days	Saving	2 Days	Saving
Toddler	\$4310	\$435	\$3900	\$390	\$3090	\$290	\$2330	\$205
Preschool/Pre-K	\$3720	\$375	\$3190	\$320	\$2710	\$280	\$2080	\$195
Kindergarten	\$3300	\$340	\$2810	\$284	\$2360	\$240	\$1840	\$175

Discounted 6-Month Tuition Payments

Program	5 Days	Saving	4 Days	Saving	3 Days	Saving	2 Days	Saving
Toddler	\$8400	\$1090	\$7600	\$980	\$6000	\$760	\$4500	\$570
Preschool/Pre-K	\$7200	\$990	\$6200	\$820	\$5300	\$680	\$4000	\$550
Kindergarten	\$6400	\$880	\$5450	\$738	\$4600	\$600	\$3550	\$480

Discounted Monthly Tuition Payments

Program	5 Days	Saving	4 Days	Saving	3 Days	Saving	2 Days	Saving
School Age Afterschool	\$400	\$46	\$370	\$32	\$330	\$27	\$250	\$18

Discounted 5-Month Season Tuition Payments

Program	5 Days	Saving	4 Days	Saving	3 Days	Saving	2 Days	Saving
School Age Afterschool	\$1950	\$282	\$1800	\$209	\$1650	\$135	\$1250	\$89

Discounted 10-Month School Year Tuition Payments

Program	5 Days	Saving	4 Days	Saving	3 Days	Saving	2 Days	Saving
School Age Afterschool	\$3800	\$663	\$3600	\$417	\$3250	\$321	\$2450	\$228

Discounted School Age Afterschool Transportation Fee

Program	5 Days	4 Days	3 Days	2 Days
Monthly Rate	\$68	\$58	\$48	\$38
5-Month Season Rate	\$310	\$258	\$238	\$165
10-Month School Year Rate	\$568	\$495	\$445	\$310

- * Tuition for enrichment program is charged separately.
- * For over 6-months discounted payment plan, please check with our Administrative Director.
- * Kiddosland reserves the right to make changes on the tuition and fees.
- * It is parents/guardians' responsibility to notify our Director's Office with **Tuition Payment Plan Change Request Form** one month in advance of any changes to tuition payments in order to be effective in a new payment plan.



725-727 Granite Street, Braintree, MA 02184

Phone: 781-971-5178; Fax: 781-971-5186

Email: admin@kiddosland.us; Website: <http://www.kiddosland.us/>

Ready for School Checklist

Thank you for choosing Kiddosland Child Development Center. The following is a list of items that your child will need when attending school. If you should have any questions or concerns, please feel free to contact Amelia Lau, Administrative Director at 781-971-5178 or amelia.lau@kiddosland.us.

The following items should be prepared for your child as below:

- A crib sheet and a blanket
- A set of weather appropriate extra clothing in your child's cubby at all time, which include:
 - Shirts
 - Pants
 - Underpants and undershirts (NO onesies please if your child is being potty-trained)
 - Socks
 - Indoor rubber-soled shoes (only for wearing inside the classroom)
 - A sweatshirt or a light jacket for air conditioning or cool weather
 - Warm clothing when in winter, such as a hat, a scarf, mittens/gloves, snow pants, snow boots, and a warm coat, etc.
- Diapers or **Easy Open Sides Pull-ups** (if applicable)
- Baby wipes (if applicable)

*** Please be sure to label all belongings of your child.**

The following must be completed and turned in prior to your child's start date at the Kiddosland Child Development Center:

- A completed Enrollment Packet with a Recent Child's Photo attached
- A **NON-REFUNDABLE** \$100.00 Enrollment Fee for each child (\$180.00 maximum per family)
- First Week Tuition or Voucher
- Two-Week Tuition Deposit is used for the last two weeks tuition when withdrawal and serves as a security deposit to secure your child's space.
- A current Physical Examination on Health Record Form signed by your child's doctor. (A valid Physical must have been conducted within 12 months from the date of enrollment.)
- Updated Immunization Record
- Lead Screening Report