

Child's Name _____
Last Name First Name

Schedule: **From:** _____ am **To:** _____ pm

Please provide the following information about your child / family. It is required because we receive State Grant funds. It is used for statistical purposes only. It does not affect your admission to our program in any way.

Family Composition

Race/Ethnicity

Federal Programs Participation

_____ Total # members in family
_____ 1 parent
_____ 2 parents
_____ Working
_____ Foster Parent
_____ Guardian
_____ Other

_____ Hispanic
_____ Black
_____ White
_____ Asian
_____ Other Please Specify

_____ TFA
_____ CCAP
_____ Jobs First
_____ Other

Please check below how you heard about our program.

_____ School Readiness Facilitator _____ WFC Website _____ Church Bulletin
_____ Referral _____ Advertisement/Flyer
_____ Newspaper (which one) _____ Other (Please Specify) _____

SCHOOL READINESS WEEKLY FEE: \$155.00

Enrollment Application Checklist

**Return completed form with documents to Director, Child Care Services
Incomplete applications will not be processed.**

For office use only

_____ Proof of income: Copy of 3 most recent pay stubs, Employer Letter, State Budget Letter or any other source of Income (Income tax returns will be needed for redetermination in April)

_____ Complete Enrollment Information

_____ Proof of Meriden residency

_____ Complete, signed CACFP Income Eligibility Form

_____ Current Care 4 Kids certificate/application for program (parent's initials if N/A _____)

_____ Current Physical and Immunization Record

_____ Current Emergency Contact Information (3)

_____ Signed Advisory Committee / Adult Education Form _____ Resources Requested

_____ Signed Payment Policy Agreement

_____ Signed Permission form

_____ Signed Policy for Picking Up a Child

Completed Application Date: _____ Enrollment date _____ Approved Start Date _____

Tuition Type _____ Rate _____ Single child _____ Additional Child _____

2nd Child Discount _____ Room # _____ DSS Level _____

Reviewed by: _____
Name Date

Enrollment Information

Enrollment Date _____

Child's Name _____

Last Name First Name

D.O.B _____

Age _____ Boy _____ Girl _____ Race _____ Social Sec. # _____

Address _____
St # Apt # City State Zip-Code

Insurance Company _____ Public _____ Private _____ Hospital _____

Primary Doctor's Name Telephone # Dentist's Name Telephone #

Any special considerations: (Medical conditions, allergies, diet restrictions, I-E-P(related to educational needs or assistance), custody issues):

Guardian 1

Relationship to child _____

(if applicable)

Guardian 2

Relationship to child _____

Last name First name

Last name First name

Address: _____
(Street #)

Address: _____
(Street #)

City State Zip-Code

City State Zip-Code

Home Tel. # Cellular #

Home Tel. # Cellular #

Work Place & Tel. _____
Tel. #

Work Place & Tel. _____
Tel. #

Work Address: _____
Street # City State Zip-code

Work Address: _____
Street # City State Zip-code

Emergency Contacts **Contacts must be different than the above guardians.

The following people are authorized to pick-up my child(ren) or be contacted in case of emergency. (Must be 16 or older)

1 - Name: _____ Relationship to child: _____

Address _____

License / I.D. #

Tel: #

Alternate Tel #

2 - Name: _____ Relationship to child: _____

Address _____

License / I.D. #

Tel: #

Alternate Tel #

3 - Name: _____ Relationship to child: _____

Address _____

License / I.D. #

Tel: #

Alternate Tel #

I give permission for First aid to be administered by an appropriate staff member, to my child(ren): _____ in the event of an emergency. I understand I will be called if my child is ill and needs to be picked up (or an alternate emergency contact, if I cannot be reached). I grant permission for my child to be transported to a hospital by emergency vehicle, to receive emergency medical treatment, at any medical facility, if I am not able to be present. I further give permission for my child to be transported to the emergency evacuation site, as directed by emergency personnel.

Signature of Parent/Guardian

Date

Women and Families Center

ENROLLMENT INFORMATION FOR OTHER CHILDREN FOR SAME FAMILY & SAME PROGRAM

Child's Name _____ **D.O.B** _____
Last Name First Name

Age _____ **Boy** ____ **Girl** ____ **Race** _____ **Social Sec. #** _____

Address _____
St # Apt # City State Zip-Code

Insurance Company _____ **Public** ____ **Private** ____ **Hospital** _____

Primary Doctor's Name Telephone # Dentist's Name Telephone #

Any special considerations: (Medical conditions, allergies, diet restrictions, I-E-P(related to educational needs or assistance), custody issues):

Child's Name _____ **D.O.B** _____
Last Name First Name

Age _____ **Boy** ____ **Girl** ____ **Race** _____ **Social Sec. #** _____

Address _____
St # Apt # City State Zip-Code

Insurance Company _____ **Public** ____ **Private** ____ **Hospital** _____

Primary Doctor's Name Telephone # Dentist's Name Telephone #

Any special considerations: (Medical conditions, allergies, diet restrictions, I-E-P(related to educational needs or assistance), custody issues):

Child's Name _____ **D.O.B** _____
Last Name First Name

Age _____ **Boy** ____ **Girl** ____ **Race** _____ **Social Sec. #** _____

Address _____
St # Apt # City State Zip-Code

Insurance Company _____ **Public** ____ **Private** ____ **Hospital** _____

Primary Doctor's Name Telephone # Dentist's Name Telephone #

Any special considerations: (Medical conditions, allergies, diet restrictions, I-E-P(related to educational needs or assistance), custody issues):

Adult Education/Training Services

The Women and Families Center provides the following services to all families:

- Referrals to Adult Education classes, including ESL and GED
- Parenting workshops
- Parent advisory committee
- Nutrition Information
- Health Insurance Information
- WIC referrals
- Employment and training through Open DOHR

If you are in need of any of the above services, please indicate the service you would like more information on in the space provided below. If you need further assistance, please contact the Director of Child Services at 203-235-9297 ext.118.

I would like more information on the following:

Parent Advisory Committee

The Women and Families Center has a parent advisory committee that is formed and continued throughout the year. This committee meets quarterly and allows parents/guardians to be involved in and discuss their child's education. It also allows them the opportunity to discuss concerns that they may have regarding the operations of the program. If you are interested in taking part in this committee, please indicate below.

_____ Yes, I am interested in the parent advisory committee.

_____ No, I am not interested in the parent advisory committee.

Parent/Guardian Signature

Date

WFC Staff Signature

Date

**Women and Families Center (WFC)
School Readiness Payment Policy
2008-2009**

WFC requires five (5) business days to process your application. Upon completion of this process, you will be contacted by phone with the amount of your weekly tuition payment.

- **Tuition payments for each week are due on the Friday before the week of service.**
- **Tuition payments are to be made on a weekly basis.**

The WFC offers a sliding scale for fees based on family's gross weekly income. Copies of 3 current pay stubs, a State budget letter, or current income tax returns are required to determine your tuition rate.

- **Parents/Guardians are obligated to pay the weekly fee, regardless of time missed due to holidays, weather closings, illness, personal vacations, early departures or early closings.**
- **WFC requires one week's notice, in writing, for withdrawal.**

After missing a payment, a parent will receive a "1st Notice of Missed Payment" on the Tuesday following the due date. This notice will state the amount and date due in order to avoid withdrawal proceedings. After two missed payments, parents/guardians will receive a notice stating that their child can not return until the balance is paid. The child will not be accepted back into the program until the past due amount is paid, provided we have a space available.

If a parent/guardian receives Child Care assistance from a third party payer (i.e. Care-4-Kids, DCF), paperwork must be submitted before the child starts. **Parents/Guardians are required to make a payment arrangement until a Child Care Certificate or recertification Certificate has been received. If a recertification certificate is not received by the expiration date of the previous certificate, it is the parent's/guardian's responsibility to pay full tuition until recertification is received. After receiving a certificate, parents/guardians are responsible for paying their parent/guardian share payments according to the above stated policy.**

Eligible families must apply for the Care-4-Kids program to remain in the program. Families applying for Care-4 Kids (CCAP) must deliver their application and required documents to our Child Care Accounting Assistant within two weeks of enrollment. If you need assistance in filling out the application, the Child Care Accounting Assistant will be glad to help. If there are any changes in your Care 4 Kids status, income, family size or child care payments for other children in the household, please see the Child Care Accounting Assistant immediately. This could affect your rate. Families which have Care 4 Kids will not pay more than our weekly rate. We will calculate your rate on a sliding scale. Care 4 Kids pays only for your work hours that match your child care hours.

For your convenience, the Child Care Accounting Assistant and Director are available to explain our policies and these procedures:

- Provide you a copy of your fee determination and explain how your family contribution was determined.
- How fees are assessed.
- How income, family size, DSS cash assistance status and any other eligibility factors are determined and verified.
- How confidentiality is maintained.
- Procedures for failing to pay, loss of a job, or appealing a fee determination.

Families are required to have income re-determinations every six months. When notified, it is necessary to provide us with the following documents in order to continue in the program:

- 3 most recent pay stubs in October and a current income tax return in April, State budget letter, or any other household income.
- Proof of total cost you are paying for other children in the family (this cost must be in writing from the child care provider or you may submit receipts).
- Verification of Meriden residency/household size form.

I have read the above policy and agree to the terms for payment of tuition.

Signature

Date

Witness

Date

Revised: 6/1/04, 2/16/05, 8/3/05, 11/7/05, 1/26/06, 4/27/06, 5/31/07, 5/13/08

**WOMEN AND FAMILIES CENTER
STORM CLOSINGS AND DELAYS**

2008-2009

ANNOUNCEMENTS ARE MADE ON :

RADIO STATIONS:

WTIC-1080AM

TELEVISION CHANNELS:

3 – WFSB-TV

4-WVIT-TV

8 – WTNH-TV

WEBSITES:

www.wtnh.com

www.wfsb.com

www.wtic.com

www.nbc30.com

X: /word/snowclosing stations

Adopted: 1/7/2005

Revised: 1/28/2005, 4/26/06, 5/9/07
5/13/08

Women and Families Center
POLICY FOR PICKING UP A CHILD

Parents must maintain an up to date Alternate Pickup List. Parents are required to inform the program when there will be someone other than a parent or person on the Alternate Pickup List picking up the child. This person must be at least 16 years of age and present picture identification.

- If someone not on the Alternate Pickup List arrives to pick up a child and the parent can not be reached, the child WILL NOT be released to that person.
- If anyone, including a parent, comes to pick up a child and they are not familiar to the staff, the staff is required to ask for identification.
- If any information on the ALTERNATE PICK UP LIST changes, the parent must inform the program in order to update information in the child's file.
- Parents (or other authorized adult) **must** sign the child in and out **each** day.
- There is a late fee of \$15.00 for every fifteen minutes, or part there of, that a parent is late picking up his/her child. This fee must be paid before the child returns to the program. After three late pick-ups, a meeting will be held to develop an action plan. If the child continues to be picked up late, it may result in termination from the program.

Closing time for Before and After School Program is 5:30
Closing time for School Readiness Program is 5:15.

I have read the POLICY FOR PICKING UP A CHILD for the Women and Families Center.

Signature

Date

Meriden School Readiness Program

Policies and Guidelines Verification of Meriden Residency

All School Readiness children must be residents of the City of Meriden. All families must provide verification of residency upon enrollment to the program and at each redetermination. School Readiness registration forms must include a section for documenting verification of residency. The following are acceptable forms of verification of residency.

- Utility bill: phone, cable, electricity, gas
- Property tax bill: car and or home
- Driver's license: only if none of the above can be provided (for example: the parents lives with someone else who has all the utilities in his/her name)
- If none of the above can be provided for any of the following reasons: the person pays rent and the utilities are included, they have no car or have no driver's license; Families can get a letter from their landlord stating the family does live at the address provided and does pay rent and should include a copy of their signed/dated rental agreement and/or a copy of a rent check. They can provide a copy of a bill they receive at the address provided.

If a driver's license is used, it must match the address on the enrollment forms and the parent/guardian's pay stubs. Verification of residency must be reviewed each time the family is redetermined (every six months).

I am providing the following for proof of residency:

As of today, the number of family members in our household is: _____

By signing below the parent/guardian verifies that all information on this form is true and accurate to the best of their knowledge.

Parent/Guardian Signature

Date



WOMEN & FAMILIES CENTER
Serving Connecticut families for over 100 years

Permission Form

Walks:

I **do** give permission for my child (print name), _____ to go on walks around the block with the class and teachers.

I **do not** give permission for my child (print name), _____ to go on walks around the block with the class and teachers.

These walks are done as nature walks (a part of science activities) or when the playground may be to wet for normal play. All field trips will have specific permission slips and will be given to you prior to any field trip.

Photographs:

I **do** give permission my child (print name), _____ to be photographed by the staff of the Women & Families Center. I understand my child's photo may be used for displays, brochures, advertising, or other forms of marketing, and educational purposes.

I **do not** give permission for my child (print name), _____ to be photographed by the staff of the Women & Families Center. I understand my child's photo will not be used for displays, brochures, advertising, or other forms of marketing, and educational purposes.

Parent/Guardian Signature _____

Date _____

Main Office: 169 Colony Street Meriden Connecticut 06451-3283 Phone: 203-235-9297 Fax: 203-237-7571



Women and Families Center - Meal Pattern for Children

Breakfast

1. Milk - $\frac{3}{4}$ cup
2. Juice, fruit or vegetable - $\frac{1}{2}$ cup
3. Grains/breads – Enriched
bread $\frac{1}{2}$ slice or cold cereal - $\frac{1}{3}$ cup
hot cereal - $\frac{1}{4}$ cup
* other foods (do not count)

Lunch

1. Milk - $\frac{3}{4}$ cup
2. Meat/meat alternate
meat, poultry, or fish - $1\frac{1}{2}$ oz or
cheese $1\frac{1}{2}$ oz. or egg $\frac{3}{4}$ large or
cooked dried beans and peas - $\frac{3}{8}$ cup or
yogurt – $\frac{3}{4}$ cup
3. Grains/breads - Enriched
Bread $\frac{1}{2}$ slice or
Pasta and grains - $\frac{1}{4}$ cup
4. Fruits and vegetables
(2 or more servings for $\frac{1}{2}$ cup total)
* other foods (do not count)

Snack (PM)

1. Milk – $\frac{1}{2}$ cup
2. Meat/ meat alternate
Meat, poultry, or fish – $\frac{1}{2}$ oz or
Cheese - $\frac{1}{2}$ oz. or egg $\frac{1}{2}$ large or
Yogurt – $\frac{1}{4}$ cup
3. Juice or fruits and vegetables – $\frac{1}{2}$ cup
4. Grains/breads - Enriched
Bread $\frac{1}{2}$ slice or cereal - $\frac{1}{3}$ cup or
Enriched pasta and grains – $\frac{1}{4}$ cup
other foods (do not count)

** The quantities of food specified are the minimum serving sizes for children ages 3-5.

NO PORK OR PEANUT PRODUCTS ARE SERVED.

All non-citrus fruit juices are fortified with vitamin C.

Quantities must be adjusted for other ages.

Cereal: Kix, Cheerios, Corn Flakes, Rice Krispies, Cinnamon Toast Crunch, & Berry Berry Kix.

(Seasonal) Fresh fruit: apple, banana, nectarine, peach plum, or orange.

Women and Families Center
2008-2009 Scheduled Closings

| | |
|-----------------------------|-----------------------------|
| August 25, 26 & 27 | Professional Development |
| September 1 | Labor Day |
| October 10 | Professional Development |
| October 13 | Columbus Day |
| November 4 | Professional Development |
| November 11 | Veteran's Day |
| November 27 & 28 | Thanksgiving Holiday |
| December 25 | Holiday |
| January 1 | New Year's Day |
| January 19 | Martin Luther King, Jr. Day |
| February 16 | President's Day |
| February 20 | Professional Development |
| April 10 | Good Friday |
| May 25 | Memorial Day |
| June (TBA end of the month) | Professional Development |
| July 4 | Independence Day |

