



**169 Colony Street**  
**Meriden, CT 06451**  
**Phone # (203) 235.9297      FAX # (203) 237.7571**  
**Website: www.womenfamilies.com**

## **Child Care Enrollment Application** **School Readiness Program** **2017-2018**

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Email Address \_\_\_\_\_

**For office use only**

Date application received \_\_\_\_\_ Staff initials \_\_\_\_\_ Date application was completed \_\_\_\_\_ Staff initials \_\_\_\_\_

**Parent contact:**

Date:	Date:	Date:

Child's Name: \_\_\_\_\_  
Last Name First Name

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 Participation**

**Race/Ethnicity**

**Federal Programs**

\_\_\_\_\_ 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  
\_\_\_\_\_ Referral (who) \_\_\_\_\_  
\_\_\_\_\_ Newspaper (which one) \_\_\_\_\_  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_ WFC Website  
\_\_\_\_\_ Advertisement/Flyer  
\_\_\_\_\_ Church Bulletin

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

The Meriden School Readiness Council Policies and Guidelines require the WFC to prioritize enrollment of children into School Readiness slots using the following guidelines:

1. Families who show a \*consistent need for care a minimum of 6 hours per day, 5 days per week, 50 weeks per year.
2. Children aged 4 who have had no prior preschool experience,
3. Children aged 4 who have had prior preschool experience,
4. All other families showing a consistent need for care.

\*For the purposes of this policy, "consistent" means working parent(s), parent(s) in school and/or a job training program that warrants care a minimum of 6 hours per day, 5 days per week, 50 weeks per year.

In order for us to prioritize, please answer the following questions:

How many adults are living in the child's home? \_\_\_\_\_

Of those adults, how many are

\_\_\_\_\_ working full time      \_\_\_\_\_ going to school full time  
\_\_\_\_\_ working part time      \_\_\_\_\_ going to school part time  
\_\_\_\_\_ not in school or working

Has your child previously attended preschool? \_\_\_\_\_

# Emergency Contact/Permission Form – PRINT ONLY



At enroll. Date: \_\_\_\_\_ 1<sup>st</sup> 90days \_\_\_\_\_ 2<sup>nd</sup> 90 days \_\_\_\_\_ 3<sup>rd</sup> 90 days \_\_\_\_\_

**Reviewed with parents every 90 day/3 months, if no changes, parent /guardian may initial. A New Form must be completed if changes are made.**

Child's Name : \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_  
 Home Address: : \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent /Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address (If Different from the child) \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contacts

If I cannot be reached I authorize the following people to be contacted and to accompany my child in case of emergency. Also, they have my permission to transport my child from the center to wherever deemed necessary. In the event of an emergency or the need for medical attention concerning my child, I authorize WFC Dooley Child Development Center, its agents, and staff to take whatever action they deem necessary, including administering CPR, First Aid, taking my child to the hospital, doctor, dentist, or other medical specialist, or via ambulance.

**\*Child cannot be released to anyone under the age of 16**

DCF/Contracted Transportation  Yes  No

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctors' Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health Insurance Name: \_\_\_\_\_ Insurance #: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_

I understand that the Office of Early Childhood requires that my child have a valid Physical Exam Form on site at all times  YES  NO

LIST ANY ALLERGIES MY CHILD MAY HAVE:

To Food: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 To Medicine \_\_\_\_\_ Reaction: \_\_\_\_\_

List any medication(s) the child may be taking: \_\_\_\_\_

List any medical Conditions: \_\_\_\_\_

Any Identifying Marks on the Child: \_\_\_\_\_

Restraining Orders:  Yes  No Court Order:  Yes  No Custody Agreements  Yes  NO

### Permissions: Please Initial

**Walks:** I give permission for my child to be taken off school premises on community walks on a regular basis.  Yes  No

**Pictures:** I give permission for my child to have pictures taken and understand that pictures of my child may be used on bulletin boards, in newspapers, displays or other types of education publications and for publicity.  Yes  No

**DCF Mandates:** I understand that all staff are mandated reporters and must report all forms of suspected child abuse.  Yes  No

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

**Parent /Guardian is responsible to notify the program Immediately In Writing if any of the above information changes.**



**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 # \_\_\_\_\_

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 # \_\_\_\_\_

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

**OTHER CHILDREN IN THE FAMILY**

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Last Name First Name

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Last Name First Name

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Last Name First Name

**WFC Dooley Child Development Center  
School Readiness Payment Policy**

**TUITION PAYMENTS FOR EACH WEEK ARE DUE ON THE FRIDAY BEFORE THE WEEK OF SERVICE.**

Tuition for Preschool at the WFC Dooley Child Development Center is \$165.00 per week. Our School Readiness Program offers qualified families a sliding scale for fees based on family's gross weekly income. Proof of residency is required to determine if you are a qualified family. Copies of 3 current pay stubs, a State budget letter, or current income tax returns are then required to determine your tuition rate.

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. At that time we will give you a copy of your fee determination form and we will need a deposit, equal to one week's tuition, to be held for the final week of service. Once we receive your deposit, your child's start date will be set.

- **Tuition payments for each week are due on the Friday before the week of service.**
- **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, or Professional Development.**
- **Written notice must be given at least 1 week prior to withdrawal for automatic billing to be discontinued and deposit applied to last week's tuition.**
- **Refunds of less than \$10.00 must be picked up in the fiscal office within 10 days of withdrawal.**
- **It is WFC's policy that children may be required to be withdrawn from the program when tuition is more than two weeks in arrears.**
- **If we receive two declined payments from your account, you will be required to pay by cash or money order only.**

After missing a payment, a parent will receive a "1<sup>st</sup> 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. Care4Kids, DCF), paperwork must be submitted before the child starts. Parents/Guardians are required to make payment arrangements 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/guardian's responsibility to pay full tuition, according to the above stated policy, until recertification is received. After receiving a certificate, parents/guardians are responsible for paying their parent share payments according to the above stated policy.

If you need assistance in filling out the application, parent/provider agreement, or recertification paperwork, the Director of Early Childhood will be glad to help. Care4Kids pays only for your work hours that match your child care hours. 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 notify the Director immediately. This could affect your rate.

For your convenience, the Director is available to explain these policies and procedures:

- Provide 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 applying for Temporary Hardship, failing to pay, or appealing a fee determination.

**School Readiness families are required to have eligibility and income re-determinations every twelve months. When notified, it is necessary to provide us with the following documents in order to continue in the program:**

- Verification of Meriden residency and household size form.
- 3 most recent pay stubs in September. If you aren't working: a current CT State budget letter or a printout from CT Labor Department showing proof of income.

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

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WFC Staff Signature

\_\_\_\_\_  
Date

**Meriden School Readiness Council  
Policies and Guidelines  
Care4Kids**

Child's Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

The parent's share of childcare fees is normally assessed on the basis of:

- The total gross annual family income;
- The number of family members, and
- The total cost of licensed child care being paid for all children in the family

The Child Care Assistance Program (CCAP) is a Department of Social Services program that provides financial assistance to low and moderate income families. Low and moderate-income families may be eligible if they are working or are in an approved training program. If it is determined by proof of income, family size, and school or work status that you may be eligible for CCAP, we request that you apply for CCAP.

The School Readiness provider will set a temporary fee, using the DSS School Readiness sliding fee scale that will be utilized until your CCAP co-payment is determined. If it is determined you are ineligible for CCAP you will continue to pay your school readiness calculated rate.

The School Readiness office will act as a liaison between parents, providers and the Meriden Social Work Department. The Meriden Social Work Department will assist parents who are eligible in accessing DSS subsidies and the Child Care Certificate Program. If you need assistance in completing the CCAP application or in obtaining documentation, please notify your provider or call the Meriden Social Work Department at 630-4244 or 630-4222.

I understand that:

- According to my proof of income, family size, and school or work status, I may be eligible for the Connecticut Child Care Assistance Program (CCAP);
- As soon as I am granted or denied CCAP assistance, I must immediately report that fact to the School Readiness provider; and
- I must report any changes in income/work status, family size, or child care payments for other children in the household to the School Readiness provider within 10 business days of the change. School Readiness Providers are mandated to inform CCAP of any changes reported to the program.

Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I understand that:

- I am not eligible for the Child Care Assistance Program as determined by my proof of income, family size, or because I do not work or go to school; and
- The School Readiness provider will determine my fee by using the DSS sliding fee scale.

Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**WFC  
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 cannot 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 thereof, 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 School Readiness Program is 5:15.**

**Closing time for School Readiness non-working families is 3:00**

I have read the POLICY FOR PICKING UP A CHILD for the WFC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Meriden School Readiness Council  
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 date. 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 (Landline), 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 parent 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 utilities are included, they have no car or they have no driver's license; Families can get a letter from the 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 processed/cashed rent check. They can provide a copy of a bill they do receive at the address provided.**

If a driver's license is used, it must match the address on the enrollment forms and the parents pay stubs. Verification of residency should be reviewed each time the family is re-determined.

I am providing the following for proof of residency:

\_\_\_\_\_  
(Please write in the type of proof you are providing.)

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

\_\_\_\_\_  
(Please write the # of people in your home.)

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 Name

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

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

\_\_\_\_\_  
Date

## HEALTH & EDUCATION SCREENING PERMISSION FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The following screening(s) will be done while your child is enrolled. Please put your initials in the box if you give permission for:

**Educational Screenings** – your child is assessed for potential developmental delays using the assessment tools listed. This is helpful for us to detect concerns early which allows for early treatment and supportive services.

<input style="width: 40px; height: 30px; border: 1px solid orange;" type="checkbox"/> Ages & Stages -3 developmental tool used to help identify children who may need early intervention services preschool children.	<input style="width: 40px; height: 30px; border: 1px solid orange;" type="checkbox"/> Ages & Stages Social-Emotional -2 screening tool used to identify children who may need support in their social-emotional development and/or behavioral concerns.
<input style="width: 40px; height: 30px; border: 1px solid orange;" type="checkbox"/> Behavioral classroom observation conducted by a professional for the development of the ability to experience, regulate, and express emotions and develop close, secure relationships with peers and caring adults.	
<input style="width: 40px; height: 30px; border: 1px solid orange;" type="checkbox"/> Dental screen – a dentist/dental hygienist will look into your child's mouth, topical fluoride may be applied. <i>This does not take place of a dental exam.</i>	
<input style="width: 40px; height: 30px; border: 1px solid orange;" type="checkbox"/> Your child will be weighed and their height will be measured.	



Permission is given by me to allow my child to participate in the screenings indicated above. I understand the results of these screenings will be kept confidential in my child's file. I will be made aware of the results following any screening performed. I understand that in the event my child is unable to pass any of the screenings, I will be responsible to seek further evaluation and/or treatment by a specialist.

If you would like more information before the screening(s) are done on your child, please contact your child's teacher.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**\*This permission form is effective until the child leaves the program**

PROYECCION DE SALUD Y EDUCACION  
FORMULARIO DE PERMISO

El nombre del niño: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Las siguientes proyecciones se hará mientras su hijo está inscrito Por favor ponga sus iniciales en el cuadro si usted da permiso para:

Proyecciones educativas – A su hijo se le evalúan los posibles retrasos en el desarrollo utilizando las herramientas de evaluación enumeradas. Esto nos ayuda a detectar problemas tempranos, lo que permite un tratamiento temprano y servicios de apoyo.

<input type="checkbox"/> Edades y etapas -3 de desarrollo herramienta utilizada para identificar a los niños que pueden necesitar servicios de intervención temprana niños de preescolar.	<input type="checkbox"/> Edades y etapas Emocional -2 Herramienta de detección usada para identificar a los niños que pueden necesitar apoyo en sus relaciones socio-desarrollo emocional y / o comportamiento.
<input type="checkbox"/> Observación del aula conductual realizado por un profesional para el desarrollo del capacidad de experimentar, regular y expresar emociones y desarrollar una Relaciones con compañeros y adultos que cuidan.	
<input type="checkbox"/> Pantalla Dental screen – un dentista / higienista dental se verá en la boca de su hijo, de actualidad ee puede aplicar fluoruro. <i>Esto no tiene lugar de un examen dental.</i>	
<input type="checkbox"/> Su hijo será pesado y su altura será medida.	



El permiso es dado por mí para permitir que mi niño participe en las proyecciones indicadas arriba. Entiendo que los resultados de estas evaluaciones se mantendrán confidenciales en el archivo de mi hijo. Me enteraré de los resultados después de cualquier detección realizada. Entiendo que en caso de que mi hijo no pueda aprobar ninguno de los exámenes, seré responsable de buscar una evaluación y / o tratamiento adicional por parte de un especialista. Si desea obtener más información antes de las proyecciones) se hacen en su hijo, por favor póngase en contacto con el maestro de su hijo.

\_\_\_\_\_  
FIRMA DEL PADRE / TUTOR

\_\_\_\_\_  
FECHA

**Este permiso es effective hasta que el nino abandone el programa.**

**WFC  
Authorization/Release Form**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
Parent/Guardian's Name Child(ren) Name(s)

authorize the following people and/or agencies to access my child's file:

- Nurse Consultant-physical forms
- WFC Administration
- Classroom Teachers
- School Readiness Facilitator-assessment process
- Department of Public Health
- NAEYC Accreditation Assessor
- DCF

All of the above people are bound by a code of ethics to keep information confidential.

State and/or federal agencies connected to child nutrition, health and educational programs may request information used to determine benefits for those programs and/or evaluation purposes.

Your child's statistical information will also be recorded along with the public school system in a statewide Preschool Information System (PKIS).

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

\_\_\_\_\_  
Date

I **do not** authorize the following people and/or agencies to access my child's records:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

**Adult Education/Training Services**

The WFC 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
- Crisis Counseling

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:

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**Parent Advisory Committee**

The WFC 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