



WOMEN
& FAMILIES
CENTER

169 Colony Street
Meriden, CT 06451

Phone # (203) 235.9297 FAX # (203) 237.7571

Website: www.womenfamilies.com

Child Care Enrollment Application Before and After School Programs 2010 – 2011

Parent/Guardian's Name _____

Email Address _____

Child's Name _____

Program: (check one) Hale _____ Hanover _____ Pulaski _____

Schedule: (check one) AM _____ PM _____ AM & PM _____ Drop-in _____

How did you hear about our program? (check one) _____ Website (specify) _____

_____ Newspaper (specify) _____ Referral (specify) _____

_____ Returning family _____ Flyer _____ Other (specify) _____

For office use only

Date application received _____ Staff initials _____ Complete _____ Incomplete _____

Date application was completed _____ Staff initials _____

Parent contact:

Date:	Date:	Date:

Women and Families Center Childcare Approved Rates per Week

Effective 2010 - 2011

Program	Level 1	Level 2	Level 3
Before School	\$35.00	\$40.00	\$45.00
After School	\$45.00	\$50.00	\$55.00
Before & After School	\$75.00	\$85.00	\$95.00
Late Fee	\$15.00 every 15 minutes, or part there of that a parent/guardian is late picking up a child		
Non – Refundable Application Fee Deposit	\$30.00 annually Equal to 1 week of Child’s weekly fee		

- Unsubsidized families with more than 1 child receive a 10% discount off each additional child's weekly fee.
- A Non – Refundable \$30.00 Application fee is due upon registration. We require 5 business days to process an application. After this process, you will be contacted on the amount of tuition to pay.
- Deposit payment as well as 1st week tuition must be paid prior to the child's start date. (Deposit payment will remain on file and will be applied to the last week of service)

Please provide the following information about your child/family. It is required for statistical purposes only because our agency receives state funds. It does not affect your admission to our program in any way.

Family Composition

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

Federal Programs Participation

TFA
 CCAP
 Jobs First
 Other

Enrollment Application Checklist

The following are all required. Return completed form with documents to Director, Child Care Services
 Incomplete applications will not be processed.

<i>For office use only</i>	<i>For office use only</i>	<i>For office use only</i>
<input type="checkbox"/> \$30 Non-Refundable application fee		
<input type="checkbox"/> Proof of income: copy of three (3) most recent pay stubs, Employer Letter, State Budget Letter, or signed income waiver		
<input type="checkbox"/> Current Care 4 Kids certificate/application for program (parent's initials if N/A _____)		
<input type="checkbox"/> Complete Enrollment Information		
<input type="checkbox"/> Current Emergency Information (3)		
<input type="checkbox"/> Signed Payment Policy Agreement		
<input type="checkbox"/> Signed Policy for Picking Up a Child		
<input type="checkbox"/> Current Physical and Immunization Record		
Enrollment date _____	Approved Start Date: _____	
Tuition Type _____ Rate: _____ Single child _____ Additional Child _____ 2 nd Child Discount _____		
Non-Refundable Application Fee _____ 1 Week Deposit _____		
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 and Apt#)

Address: _____
(Street and Apt#)

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 and to receive emergency medical treatment, at any medical facility, if I am not able to be present.

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):

WOMEN AND FAMILIES CENTER (WFC)

**BEFORE AND AFTER SCHOOL PROGRAM PAYMENT POLICY
2010-2011 SCHOOL YEAR**

At the time of registration, parents are responsible to pay a **Non-refundable \$30 Application Fee.**

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

- **Deposit payment is due after application is processed. It will remain on file in your account and will be applied to the last week of service.**
- **The 1st Week Tuition Payment can be paid at the same time you make your deposit payment, but no later than one week before your child's start date.**
- **Tuition payments for each week are due on the Friday before the week of service.**
- **Tuition payments are to be made weekly.**

The WFC offers a sliding scale for fees based on family's gross weekly income. Copies of 3 current pay stubs are required to determine 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. The security deposit is applied to the last week of service.**

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 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 until recertification is received. After receiving a certificate, parents/guardians are responsible for paying their parent share payments according to the above stated policy.

Families applying for Care 4 Kids (CCAP) must deliver their application and required documents to our Child Care Accounting Assistant within two (2) 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, but may have to pay more than the family share listed on their certificate. 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 Coordinator are available to explain our policies and these procedures;

- Provide you a copy of your fee determination and explain how your family's 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.

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

Signature

Date

Witness

Date



WOMEN & FAMILIES CENTER
Serving Connecticut families for over 100 years

Dear Parent/Guardian:

If you do not want to provide proof of income, please read and sign below.

As part of the enrollment process, we require parents/guardians to provide us with proof of income. Failure to provide proof of income places you over income and you will be charged the level III fee (highest tuition level).

WFC receives grant funds that require us to do statistical reports. Income information is used for this purpose as well as determining your weekly tuition rate.

Name of child: _____

Program: _____

Parent/Guardian's Signature: _____

Date: _____

Main Office: 169 Colony Street Meriden Connecticut 06451-3283 Phone: 203.235.9297 Fax: 203.237.7571





WOMEN & FAMILIES CENTER
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**BEFORE & AFTER SCHOOL PROGRAM
DROP IN POLICY**

- Any child from the BOE School Site may participate.
- All child participants must have an application on file in the main office and on site, complete with updated physical.
- All applications must be complete with a \$30.00 non-refundable registration fee. Processing could take up to a week.
- Drop In is conditional with space availability, does not exceed teacher: child ratios at the site and “first come, first serve” policy.
- Parent must call ahead of time. Parent must call site’s telephone number for a reservation.
- **Cost is a per day rate of \$25.00 (attendance for AM and PM), due when entering the day of attendance (paid in advance). *Half days will be \$35 per day. AM only is \$10 a day. PM only and BOE early closings are \$15 a day.***

I have read and understand the above in regards to WFC Before & After School Program Drop-In Policy.

Parent/Guardian Signature

Date

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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 5:30pm

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

Signature

Date



WOMEN & FAMILIES CENTER

Serving Connecticut families for over 100 years

Photograph Permission Form

I do give permission for 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.

OR

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 _____

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WOMEN AND FAMILIES CENTER

**MERIDEN PUBLIC SCHOOL
STORM CLOSINGS AND DELAYS
2010-2011**

**PLEASE FOLLOW THE MERIDEN PUBLIC SCHOOL
ANNOUNCEMENTS MADE ON:**

RADIO STATIONS:

WTIC-1080 AM and 96.5 FM
WELI 960 AM
WMMW 1470 AM (Spanish)
WKCI 101.3 FM
WKSS 95.7 FM
WWYZ 92.5 FM
WDRC 102.9 FM and 1360 AM

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, 3/29/07, 5/14/08, 3/12/09, 1/26/10

WOMEN AND FAMILIES CENTER

Before & After School Program Closings 2010-2011

Sept. 6 - Labor Day
Oct. 8 – Professional Development
Oct. 11 - Columbus Day
Nov. 2 – Election Day
Nov. 11 – Veterans Day
Nov. 25-26 Thanksgiving Holiday
Dec. 24-Dec.31 Holiday Recess
Jan. 18 – Martin Luther King, Jr. Day
Feb. 21-25 Winter Vacation
Apr. 18-22 Spring Vacation
May 30 – Memorial Day