



**169 Colony Street**  
**Meriden, CT 06451**  
**Phone # (203) 235.9297 (ext. 130) | FAX # (203) 237.7571**  
**Website: www.womenfamilies.org**

# STAR Enrollment Application

## Before and After School Program

# 2017 – 2018

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:

**WFC Childcare Approved Rates per Week**  
**Effective 2017 – 2018**

Program	Level 1		Level 2		Level 3	
	*Auto EFT	Non-Autopay	*Auto EFT	Non-Autopay	*Auto EFT	Non-Autopay
Before School ( <i>open at 6:45am</i> )	\$41.00	\$43.00	\$47.00	\$49.00	\$57.00	\$59.00
After School ( <i>close at 5:30pm</i> )	\$53.00	\$57.00	\$59.00	\$63.00	\$69.00	\$73.00
Before & After School	\$84.00	\$90.00	\$95.00	\$101.00	\$110.00	\$116.00
<b>*Tuition Express</b>	Automatic payment processing system allowing on time tuition and fee payments through a bank account or credit card authorization. <b>Enrollment in Tuition Express is required for Auto EFT weekly rates.</b>					
*Nathan Hale & Pulaski Sites (21 <sup>st</sup> Century Community Learning Centers)	Level I tuition rates may be waived at 21 <sup>st</sup> CCLC sites for families who qualify. Proof of income must be provided with application. Limited spaces available (first come, first served).					
After School Extended Hours at 21 <sup>st</sup> CCLC Sites <b>(Nathan Hale &amp; Pulaski Only)</b>	<i>Extended closing time is 6pm, Monday-Thursday. 5:30pm closing time on Fridays.</i>					
<b>Late Fee</b>	<b>\$15.00 every 15 minutes, or part there of that a parent/guardian is late picking up a child</b>					
<b>Non – Refundable Application Fee</b>	<b>\$30.00 annually, per child</b>					
<b>Deposit</b>	<b>Equal to 1 week of Child’s weekly fee</b>					

- 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 (per child) 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 1<sup>st</sup> 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  
 \_\_\_\_\_ 1 parent  
 \_\_\_\_\_ Working  
 \_\_\_\_\_ Foster Parent  
 \_\_\_\_\_ 2 parent’s  
 \_\_\_\_\_ Other

**Federal Programs Participation**

\_\_\_\_\_ TFA  
 \_\_\_\_\_ CCAP  
 \_\_\_\_\_ Jobs First  
 \_\_\_\_\_ Other

**The following are all required. Return completed form with documents to the Program Manager. Incomplete applications will not be processed.**

For office use only	For office use only	For office use only
_____ \$30 Non-Refundable application fee		
_____ Proof of income: copy of three (3) most recent pay stubs, Employer Letter, State Budget Letter, or signed income waiver		
_____ Current Care 4 Kids certificate/application for program (parent’s initials if N/A _____)		
_____ Complete Enrollment Information		
_____ Current Emergency Information (3)		
_____ Signed Payment Policy Agreement		
_____ Signed Policy for Picking up a Child		
_____ Current Physical and Immunization Record (After age 5 or every 5 years)		
_____ Allergy/Asthma Care Plan & Administration of Medication Forms (If applicable)		
<b>Enrollment date</b> _____	<b>Approved Start Date:</b> _____	
Tuition Type _____ Rate: _____ Single child _____ Additional Child _____ 2 <sup>nd</sup> Child Discount _____		
Non-Refundable Application Fee _____ 1 Week Deposit _____		
<b>Reviewed by:</b> _____	_____	_____
	Name	Date
<b>Revised: 5/1/17</b>		

**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 #

**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 18 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 \_\_\_\_\_

# STAR Program

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

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

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

**WFC**  
**BEFORE AND AFTER SCHOOL PROGRAM PAYMENT POLICY**  
**2017-2018 SCHOOL YEAR**

**Tuition payments for each week are due on the Friday before the week of service. An automatic \$5 late fee will be charged to your account each week the tuition is not paid in full by the due date.**

- At the time of registration, parents are responsible to pay a **Non-refundable \$30 Application Fee for each enrolled child.**
- 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 1<sup>st</sup> 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.
- Written notice must be given at least one week prior to withdrawal in order to discontinue auto billing.
- 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.
- There will be a \$30.00 late payment fee charged for all checks/ACH payments returned to us unpaid from the bank. Credit Card/Debit Card declines through Tuition Express will also be subject to a \$30.00 return fee.

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.**

After missing a payment, a parent will receive notification that their child cannot attend the program until payment is received for the week of service. After two missed payments parents/guardians will receive a notice stating that their child can not return until the balance is paid and tuition fees are current. 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 the Program Manager within two (2) weeks of enrollment. If you need assistance in filling out the application the Program Manager 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 notify the Program Manager 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 Director of Education is 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



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





## 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 \$27.00 (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 \$12 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

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



# 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 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.
- Person picking up must be at least 18 years of age, and have a valid ID.
- 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 at Nathan Hale and Pulaski is 6:00 pm Monday-Thursday  
& 5:30pm on Fridays**

**Closing time at Hanover is 5:30pm Monday-Friday**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Photograph Permission Form

I do give permission for my child (print name), \_\_\_\_\_  
to be photographed by the staff of the WFC. 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 WFC. 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 \_\_\_\_\_



**MERIDEN PUBLIC SCHOOL  
STORM CLOSINGS AND DELAYS  
2016-2017**

**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](http://www.wtnh.com)  
[www.wfsb.com](http://www.wfsb.com)  
[www.wtic.com](http://www.wtic.com)  
[www.nbc30.com](http://www.nbc30.com)

Adopted: 1/7/2005

Revised: 1/28/2005, 3/29/07, 5/14/08, 3/12/09, 1/26/10, 4/15/11, 3/16/12, 4/25/14,  
4/14/15, 5/26/16, 5/1/17

## **STAR Program Closings 2017-2018**

Sept. 4 – Labor Day  
Oct. 6 – Professional Development Day  
Oct. 9 – Columbus Day  
Nov. 7 – Election Day  
Nov. 10 – Veterans Day Observed  
Nov. 23-24 – Thanksgiving Holiday  
Dec. 25-Jan. 1– Holiday Recess  
Jan. 15 – Martin Luther King, Jr. Day  
Feb. 19-20 – Winter Vacation  
Mar. 30 – Good Friday  
Apr. 16-20 – Spring Vacation  
May 28 – Memorial Day