September 2018-June 2019

2018-19 Enrollment Application Information Form

Children's Center of Weston

For office use:
Adm. Date_____
Age at Adm._____

Child's Name (last)_____ (first)_____ (nickname)_____

Child's Date of Birth_____Grade in September_____ School_____
(if known)

Child's Address_____

Child's Home Phone Number_____

Parent or Guardian Name _____ Relationship to child_____

Work Name and Address_____

Work Phone Number(s)_____Hours at work _____

Cell Phone/Pager #, etc._____

email address_____

Parent or Guardian Name_____ Relationship to child_____

Work Name and Address_____

Work Phone Number(s)_____ Hours at work _____

Cell Phone/Pager #, etc._____

email address_____

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Please check off applicable days and pick-up times in the chart below. (Refer to "Enrollment Agreement" for minimum requirements and specific enrollment policies).

	MON	TUES	WED	THU	FRI
Kindergartner until 4:30					
Kindergartner until 6:00					
1st - 5th Gr. until 4:30					
1st - 5th Gr. until 6:00					

Please complete Enrollment Application Information Form part II.

September 2018-June 2019

Enrollment Application Information Form: Part II

All information contained herein will be treated as confidential by the Children's Center of Weston, Inc. and used solely in connection with its operation.

1. Will your child's school have on file in September documentation of a physical exam, up-to-date immunizations, and lead screening? Yes_____ No___

2. Does your child have any allergies or other chronic health condition? Please describe any reaction we should be aware of.

_____

_____

3. Is your child receiving any special services? Please describe.

_____

_____

4. Does your child have any special limitations regarding activity, diet, or health?

_____

_____

5. Other children in the family and ages:

_____

6. Is there any other information about your child's development, adjustment to new social situations, or current family situation which you feel the teacher should know?

_____

_____

_____

7. May we print your home address and phone number in a CCW family directory? The family directory is only to be used to contact other families. The family directory is not to be used for group mailings for personal or business reasons at any time.

Yes _____ No_____

8. Please indicate if you would like to be on an e-mail share list with other C.C.W. parents, or if you want your e-mail address to be used for in-house administrative purposes only:

_____okay to share with other parents _____in-house use only

9. Child's identifying information--required by our state licensing agency. (A current photograph may be substituted if available):

Eye color_____ Hair color_____ Sex_____
Height_____ Weight_____ Skin color_____
Identifying Marks_____

Parent/Guardian signature_____Date_____
_____for school year: September 2018 – June 2019

FIRST AID AND EMERGENCY AID MEDICAL CARE CONSENT FORM

Child's Name_____ Date of Birth_____

I authorize staff at the Children's Center of Weston who are trained in the basics of first aid to give my child first aid 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 treatment for my child.

Child's Physician Name_____
Address_____
Phone Number_____

Child's allergies_____
Chronic health conditions_____
_____

EMERGENCY CONTACTS OTHER THAN PARENTS:
(please list in the order that they should be contacted)

Name:_____ Address: _____
Relationship
to child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes _____No _____

Name:_____ Address: _____
Relationship
to child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes _____No _____

Name:_____ Address: _____
Relationship
to child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes _____No _____

Health Ins. Coverage _____**Policy #** _____
Parent/guardian signature _____Date_____
_____for school year: September 2018 – June 2019_____

September 2018-June 2019

CHILDREN'S CENTER OF WESTON TRANSPORTATION PLAN

Child's Name_____

My child will arrive at the program by:

_____ C.C.W. Staff Supervised Walk. (All Woodland School children will be met by a CCW teacher and walked to our rooms. All Country School children will be met by a CCW teacher and walked to our rooms.)

_____ School Bus Drop-Off. All Country School children in grades Kindergarten-2nd grade will ride the bus from Country School to Woodland School and be met by a CCW teacher and walked to our rooms. All Woodland School children in 3rd grade will ride the bus from Woodland School to Country School and be met by a CCW teacher and walked to our rooms. (All children are the responsibility of the Public Schools until they are met at their respective CCW site locations and met by a CCW teacher.

_____ School Bus Drop off. All Field School children in grades 4 and 5 will ride the bus to Country School. (4th and 5th Graders are the responsibility of the Public Schools until they are met at Country School by a CCW staff member).

_____ Other (please describe_____

My child will depart from the program by:

_____Parent pick-up

_____Other (please describe_____

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one other than parents are authorized, please indicate below by writing "NO ONE".)**

1. Name _____Relationship to child _____

   Address _____ Phone _____

2. Name _____Relationship to child _____

   Address _____ Phone _____

3. Name _____Relationship to child _____

   Address _____ Phone _____

Any other transportation requests must be stated in writing and maintained in the child's file **or the above plan must be implemented.**

Parent/Guardian Signature _____

Date_____ for school year: September 2018 – June 2019

CHILDREN'S CENTER OF WESTON

Please note: a separate form must be completed for each child.

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Field Trip Release Form

I hereby give permission for my child_____ to leave the Children's Center of Weston's premises to participate in teacher-supervised, brief walking trips to the other C.C.W. site (Field or Woodland School) public library, Land's Sake Farm, the Case Estates, etc., during the school year 2018 - 2019.

Signed_____

Date_____for school year: September 2018 – June 2019

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Emergency Evacuation Transportation Release Form

I hereby give permission for my child_____ permission to board and ride a bus to a new safe location as/if necessary if transport is necessary in an emergency evacuation. Transportation would be contacted and directed by CCW/school/emergency personnel.

Signed_____

Date_____for school year: September 2018 – June 2019

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Permission to be Photographed

I hereby give my permission for the Children's Center to photograph and/or use photographs of my child _____in conjunction with its programming including being posted on the CCW website and private CCW invite only social media.

Signed_____

Date_____for school year: September 2018 – June 2019

September 2018-June 2019

ENROLLMENT & FINANCIAL AGREEMENT BETWEEN THE PARENTS & PARENT BOARD OF THE CHILDREN'S CENTER OF WESTON

The enrollment and financial policies established by the Parent Board of CCW are enumerated below. The Children's Center is a nonprofit, tightly budgeted organization dependent upon prompt tuition payment to cover salary commitments to the staff, rent for space, and supplies to maintain our programs. We ask for your cooperation in keeping our Center viable by abiding by the terms of this agreement and not asking for exceptions to be made.

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1. Enrollment is for the school year. A deposit of $200.00 for the first child plus $100.00 for each additional child, to be credited to the last tuition payment, guarantees your child(ren)'s space in the Center for the year. If you voluntarily withdraw your child before the end of the school year for any reason, the deposit will be forfeited.

2. The minimum enrollment is 4 days per week for all grades, except that children currently enrolled for 3 days may retain this schedule.

3. Once agreement is reached between the parent and staff about the days and times a child is to be enrolled, changes are not permitted which would result in a net loss to the Center (except in cases of change in life circumstances) during the school year.

4. If space permits, a child occasionally may attend the Center on days which s/he is not enrolled for an additional fee. Arrangements must be made in advance with the staff. Substitution of days is not permitted.

5. Tuition may be paid either quarterly or monthly. If you elect a monthly payment schedule, ten equal tuition payments will be due the first day of each month (September through June). You will not be billed. If you elect a quarterly payment schedule, a bill will be sent home at least ten days before payment is due. All late payments, after the 10th of the month will be subject to a $10.00 penalty.

6. The rate of tuition is subject to increase at the discretion of the Parent Board.

7. No refund of tuition will be made if a parent voluntarily withdraws a child before the end of the enrollment period. In cases of prolonged illness or disability which renders the child incapable of attending the Center, the Parent Board may decide that a refund is appropriate.

8. The parent may be requested to withdraw a child from the Center at the discretion of the director if, after a meeting with the parent, such an action is deemed in the child's and/or Center's best interests (subject to the grievance procedure detailed in the *Parent Handbook*). In such a case, tuition for remaining days will be refunded.

ENROLLMENT & FINANCIAL AGREEMENT BETWEEN THE PARENTS & PARENT BOARD OF THE CHILDREN'S CENTER OF WESTON

9. An enrollment between a family and the Center may be terminated by the Children's Center of Weston at any time due to a breach of any policy in the Parent Handbook, for any reason that the Director and the Parent Board, in their sole discretion, determine to be a threat to the health, safety or welfare of any child, parent or staff member, or as a result of conduct by the child or any of the child's family members, which the Director and the Parent Board, in their sole discretion, determine to be against the best interests of a child, the Children's Center of Weston, or the Children's Center of Weston's community (subject to the grievance procedure detailed in the Parent Handbook). In such a case, tuition that has already been paid by the family for remaining days in the applicable year will be refunded.

10. Tuition fees will not otherwise be refunded or abated on account of the child's absence, delayed attendance, early departure, or withdrawal from the Center.

11. A snack fee of $100.00 per child will be due with the first tuition payment of the year. A second snack fee of $100.00 per child will be due with January tuition. A Wednesday fee is charged per month for children enrolled on Wednesdays. The fee is different for Kindergartners as for a Wednesday they would be enrolled to come early every Wednesday.

12. Pick-up times are 4:30 or 6:00. Please refer to the *Parent Handbook* for details of the late pick-up fine policy.

13. There are several "No School" and "No Kindergarten" days in the Weston Public School calendar. The Center is open from 8:00 until 6:00 on these days. A fee for any extra hours the child spends at the Center on these days will be charged.

14. School vacation weeks (December, February, and April) are not prepaid by parents. If the Center remains open any of these weeks, parents wishing care for their child must make advance arrangements with the staff.

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I, _____, as parent or guardian of the child(ren)_____,do hereby agree to enroll such child(ren) in the Children's Center of Weston, Inc. in accordance with the terms of agreement above, as well as the policies set forth in the *Children's Center Parent Handbook,* and any other policy which might be established by the Parent Board of the Children's Center of Weston.

_____ _____

Signature of Parent or Guardian Date for School year Sept. 2018-June 2019

The foregoing application is hereby accepted by and on behalf of the Children's Center of Weston, Inc.

_____ _____

for the Children's Center of Weston Date for School year Sept. 2018-June 2019