

**2026-2027 Enrollment**

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

Grade: \_\_\_\_\_



**For Office Use:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Original Deposit Date: \_\_\_\_\_

**ECC Before & After School Childcare Enrollment Package Checklist:**

Please review all forms prior to submitting to ensure they are completed, dated, and signed.

- Fee Agreement Form
- Payments
  - \$100 Annual Registration Fee (Per Child) \*Fee Automatically Charged
  - \$100 Deposit (New Participants Only)
- State of CT Health Assessment Record with Immunization Record (New Participants or if medical status has changed)
- Parental Consent Form
- Emergency Contacts & Authorization for Pick-up Form
- Automatic Payment Request Form
- Additional Forms Required if your child requires Medication/ Action Plan
- Forms MUST BE Emailed to [Info@EastonCC.com](mailto:Info@EastonCC.com) with the Subject Line as follows: Last Name, First Name, Grade, Site, A.M. P.M. or FULL**

Failure to Follow the required format will result in processing delays.

Any questions, please contact us at: (203)-459-9700 or [Info@EastonCC.com](mailto:Info@EastonCC.com)

**Please indicate which school your child/children attend:**

Holland Hill School (HHES)	
North Stratfield School (NSS)	
Stratfield School (SCC)	
Osborn Hill School (OHES)	

**Holland Hill Program Hours**

**Before Care:** 7:00am-8:00 am

**After Care:** 2:45-6:00pm

\*Children must be in our program by 7:45 or they will have to wait with an adult until school door open

**OHS/NSS/SCC Program Hours**

**Before Care:** 7:00am-9:00 am

**After Care:** 3:15-6:00pm

\*Children must be in our program by 8:45 or they will have to wait with an adult until school door open

## Enrollment Package:

**Registration Information:** BASP is staffed and priced based on a 180 days of service provided over 10 months from September through June. As such, tuition is based on equal monthly payments per the schedule below. Rather than require commitment to a full 10-month program, we offer the ability to manage your needs on a monthly basis. In order to enable this flexibility, we have the following requirements:

- A \$100.00 non-refundable annual registration fee per child is required to process enrollment.
- A \$100.00 non-refundable deposit is required at enrollment to reserve a spot in the program.
- For adequate staff planning and payment receipt, tuition is due 30 days prior to service, with the first payment due in June for September, and the last payment paid in May.
- Withdrawal from the program requires 30-day notice. Refunds will not be given if withdrawal notifications are received in less than 30 days.
- **For your convenience, if you do not submit a check for the registration fee and deposit along with your enrollment forms, we will automatically charge your credit card on file.**

### 2026-2027 Tuition Fees

PROGRAM	5 Day Cost Per Month
BEFORE SCHOOL Grades K-5	\$300
AFTER SCHOOL Grades K-5	\$400
FULL TIME (AM & PM) Grades K-5	\$550

**Payments:** Monthly tuition is due by the 1<sup>st</sup> of each month, starting June 1 for September services. All tuition fees are due regardless of a child's absence for any reason.

**Tuition is payable by credit card, cash (receipt given) or by check payable to:** Easton Community Center. If you wish to have your credit card billed automatically on the first of each month, please indicate that on the Automatic Credit Card form. Otherwise, we will **only** automatically charge your card if we do not receive payment by the 7<sup>th</sup> of the month. We will invoice and send receipts monthly via email so it is very important that we have your correct email address. Checks may be given to ECC staff at the site, or mailed to ECC, 364 Sport Hill Road, Easton, CT 06612.

**Returned Check Fee:** \$25.00

**Declined Credit Card Fee:** 1<sup>st</sup> time no charge, 2<sup>nd</sup> time \$15 fee, 3<sup>rd</sup> time \$25 fee

**Late Pick-up Fees:** Beginning at 6 pm, the parent/guardian will be charged a \$15.00 late fee and an additional \$15.00 for every 15-minute period that follows. This charge will be invoiced immediately. Please read the Parent Handbook for additional policies and procedures.

**Late-payment:** If habitual late payments are made or a payment is 1 month late, the ECC reserves the right to remove a child from the program. ***I have read and agree to the returned check, declined credit card, late payment and late pick-up fee policies.***

***By Typing your name in the signature field, you are authorizing an electronic signature***

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

Date: \_\_\_\_\_

# Enrollment Fee Agreement

2026-2027 school year

**Family Discounts**

Families with more than one child enrolled in the program are eligible for a monthly sibling discount. A \$20 discount will be applied for each additional child enrolled full-time, and a \$10 discount will be applied for each additional child enrolled part-time. This discount is applied to the youngest child's fees each month.

<b>Parent/Guardian Name(s):</b>	
<b>Child's Name:</b>	
<b>Date of Birth:</b>	
<b>Level of Service: (circle)</b>	<input type="checkbox"/> <b>AM 5 Day</b> <input type="checkbox"/> <b>PM 5 Day</b> <input type="checkbox"/> <b>FULL (AM&amp;PM)</b>
<b>School</b>	<b>HH</b> <input type="checkbox"/> <b>NSS</b> <input type="checkbox"/> <b>SCC</b> <input type="checkbox"/> <b>OHS</b> <input type="checkbox"/>
<b>Grade During 2026-2027 School Year:</b>	Grade _____
<b>Gender:</b>	<b>Male</b> _____ <b>Female</b> _____ <b>Other (Please Specify)</b> _____
<b>Monthly Tuition: (circle)</b>	<input type="checkbox"/> \$300 <input type="checkbox"/> \$400 <input type="checkbox"/> \$550
<b>Registration Fee:</b>	<b>\$100.00 / per child - paid yearly</b>
<b>Deposit: (Does not apply to re-enrollments)</b>	<b>\$100 per child</b> Will remain on account and applied to the last monthly payment
<b>Start Date:</b>	<b>First Day of School or</b> ____/____/____

I have a second child I am enrolling in the Fall of 2026:    Please circle one:     Yes    or     No

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Address:** \_\_\_\_\_

**Parent's City, State, Zip:** \_\_\_\_\_

**Parent's Phone: (Home):** \_\_\_\_\_ **(Work):** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Parent 1 Employer Name** \_\_\_\_\_ **Parent 2 Employer Name** \_\_\_\_\_

**Employer Address** \_\_\_\_\_ **Employer Address** \_\_\_\_\_

**Employer Phone Number** \_\_\_\_\_ **Employer Phone Number** \_\_\_\_\_

I am aware that if my tuition is not received by the 7<sup>th</sup> of any given month, my credit card information kept on file will be automatically charged in order for my child(ren) to remain in this program.

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

# Parental Consent Form

\_\_\_\_\_ I have read and discussed the ECC Childcare Program Discipline Policy for the 2026-2027 school year.  
(Initial)

\_\_\_\_\_ I have read and discussed the ECC Before and After School Programs Parent Handbook for the 2026-2027 school year.  
(Initial)

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to participate in the program at the following locations at the Fairfield School campus:  
(Initial) (Please print child's name)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> APR/Cafeteria | <input checked="" type="checkbox"/> Front Playground | <input checked="" type="checkbox"/> Library / Media Center |
| <input checked="" type="checkbox"/> Gym           | <input checked="" type="checkbox"/> Blacktop Area    | <input checked="" type="checkbox"/> Classrooms             |
| <input checked="" type="checkbox"/> Playgrounds   | <input checked="" type="checkbox"/> Fields           |  |

\_\_\_\_\_ I give permission to the ECC for photographs to be taken during childcare to be used in promotional materials.  
(Initial)

\_\_\_\_\_ I give permission for the ECC staff and Fairfield Public Schools teachers and administration to release, share or discuss all pertinent information and documentation regarding my child for the 2026-2027 school year. This includes, but is not limited to I.E.P, 504 plans, behavior plans, and speech/language issues.  
(Initial)

\_\_\_\_\_ If the ECC is cancelled due to an early closing/cancelled after school activities in the afternoon, the alternate plan for my child will be:  
(Initial)

Please Check One:

**Bus**                       **Walker** picked up by \_\_\_\_\_

\_\_\_\_\_ I understand that if I need to change my child's level of care or withdraw completely from the program, I must complete a Withdraw/Change Form and give 2 weeks' notice.  
(Initial)

\_\_\_\_\_ I understand that unproductive parent/staff meetings, failure to report or share pertinent information that may interfere with the program's ability to provide an effective and positive environment for my child may result in dismissal from the program at the childcare coordinator/facility director's discretion.  
(Initial)

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

\_\_\_\_\_  
Child's Name & Grade (Print)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date:

# Easton Community Center

## Emergency Contacts & Authorization for Pick-Up

Holland Hill School DCCC.70170	North Stratfield School DCCC.16645	Stratfield School DCCC.70475	PlayTots Preschool DCCC.16494	ECC Camps YCYC.00647	Osborn Hill School DCCC.70622
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The names of at least one or two individuals, in addition to parents, who are authorized to pick up your child, must be on file with the program. If anyone else will be picking up your child, it is imperative that you notify the ECC. The ECC staff shall not release a child to anyone who is not authorized in writing for pick-up.

Child's Name: _____		Date of Birth: _____	
Parent/Guardian Name: _____		Parent/Guardian Name: _____	
Cell: _____ Work: _____		Cell: _____ Work: _____	
E-mail: _____		E-mail: _____	
Employer: _____		Employer: _____	
Employer Address: _____		Employer Address: _____	

### Password for Unusual Pickup Authorization \_\_\_\_\_ (optional)

*This password should be kept confidential. Only the parent and the ECC staff will know it. The password is used as a means of positively identifying a parent if they call the center to authorize an unusual pick-up. This password may also be used for the curbside sign-out. The pick-up person does not need to know the password. They will need to show a photo ID.*

### Emergency Contacts & Authorized for Pick-Up (Other than parents)

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Check here if a court order exists limiting who may pick up your child/children from childcare, please bring in a copy of the court order, and a picture if available. Otherwise, we will assume that either parent can pick up your child or children.

### Doctor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Town: \_\_\_\_\_

In the event of an emergency requiring a physician's care, do you wish us to call your family physician?  Yes  No

### **AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

I, \_\_\_\_\_ give my consent for the First Aid and CPR certified staff of the Easton Community Center to administer first aid and CPR to my child, \_\_\_\_\_. In the event of a medical emergency I, \_\_\_\_\_ give my consent to have my child, \_\_\_\_\_ transported to the nearest hospital. I will be responsible for all medical fees.

Preferred Hospital: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

\_\_\_\_\_

**Signature (Parent or Legal Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:** Date of Enrollment \_\_\_\_\_ Last Day of Enrollment: \_\_\_\_\_

# Easton Community Center

## Automatic Payment Request Form (Mandatory)

Please indicate if you would like your credit card information below to be automatically charged by the first of each month, by checking off “automatic payment.” This credit card information will be held on file at the Easton Community Center and will only be available to our employee that is responsible for receiving tuition payments for processing.

- Please check one:**  Automatic payment each month  
 Only charge my card if payment is not received by the 7<sup>th</sup> of any given month

Child’s Name(s): \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ 3-digit code on the back of your card or 4-digit CID for AmEx \_\_\_\_\_

Name on Card \_\_\_\_\_

Your Phone Number \_\_\_\_\_ Monthly Tuition Amount if Known \_\_\_\_\_

Billing Address including Zip Code \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ Date \_\_\_\_\_

\*Person Responsible for payment\*

**Once the charge has been processed, you will receive an email confirmation for your records.**

### For Office Use Only

	Date	Employee
<b>Add to member comments</b>		
<b>Level of service</b>		
<b>Grade</b>		
<b>CCARE added to HH?</b>		
<b>Add cc to household</b>		
<b>Link CC for autopay YES or NO</b>		

# Easton Community Center Before and After School Program

## Childcare Withdrawal or Request for Modification Form

Child/Children \_\_\_\_\_ | Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ | Program: NSS, HH, SCC, OHS  
(Please Circle One)

**\*Please Note: We require two weeks' notice to process changes in service**

### Request in Change / Addition of Care Level:

One Time Request. Date care is needed: \_\_\_\_\_ (A.M. P.M. FULL)

On-going Childcare need; Date care will begin \_\_\_\_\_ | Date Care will End \_\_\_\_\_

Change From:		Change To:	
Before School		Before School	
After School		After School	
Full Time (A.M. & P.M.)		Full Time (A.M. & P.M.)	

### Withdrawal:

Complete Program Withdrawal Effective Date: \_\_\_\_\_

**\*Please be advised that changes can result in a modified tuition amount\***

Signature of Parent: \_\_\_\_\_ | Date \_\_\_\_\_

Signature of Head Teacher: \_\_\_\_\_ | Date \_\_\_\_\_

Signature of Childcare Director: \_\_\_\_\_ | Date \_\_\_\_\_

Office Use Only:	
Date Received:	Received By:
Date Changed:	Changed By:
Date Comment Changed:	Comment Changed By:
Head Teacher Notified Change Complete:	CCARE Fee Code Removed in RecTrac:
Add to Change Book:	Cancel Future Bills