



<b>2021-2022 Enrollment</b>
Child's Name: _____
Grade: _____

<b>For Office Use:</b>
Received By: _____
Date: _____
Time: _____

**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)
  - \$100 Deposit (New Participants Only)
- State of CT Health Assessment Record with Immunization Record (New Participants Only)
- Parental Consent Form
- COVID Waiver
- Emergency Contacts & Authorization for Pick-up/Medical Treatment for a Minor Form
- Automatic Payment Request Form
- Additional Forms Required if your child requires Medication/ Action Plan

Please check which school your child/children attend:

Holland Hill School (HH)

North Stratfield School

Stratfield School

**Holland Hill Program Hours**

<p><b>Before Care:</b> 7:00am-8:00 am  <b>After Care:</b> 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</p>
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**NSS/SCC Program Hours**

<p><b>Before Care:</b> 7:00am-9:00 am  <b>After Care:</b> 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</p>
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<p>Please see our website for all the programs we offer, especially our Vacation Camps to fulfill all your childcare needs.  <a href="https://eastoncommunitycenter.com/">https://eastoncommunitycenter.com/</a></p>
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## Enrollment Package 2021-2022

### Registration:

A \$100.00 non-refundable annual registration fee per child is required to reserve your child's space in the program each school year.

- **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.**

### First-Time Enrollments:

With enrollment, the ECC requires **deposits** to be held on account. **Requirement is \$100** deposit per child. The deposit will be held and rolled over year to year. The deposit will be applied towards the last installment payment of the last year of your child's enrollment in the program.

Any questions, please contact: Emily Regan, Easton Community Center, Program Director  
(203) 459-9700 [Emily.Regan@eastoncc.com](mailto:Emily.Regan@eastoncc.com)

### **2021-2022 Tuition Fees**

PROGRAM	5 Day
BEFORE SCHOOL Grades K-5	\$200
AFTER SCHOOL Grades K-5	\$300
FULL TIME (AM & PM) Grades K-5	\$400

**Payments:** Monthly tuition is due by the 1<sup>st</sup> of each month. There will be ten equal payments starting with June for September. There are no payments for July and August. All tuition/fees are due even if the child is absent for any reason, as you are paying for a spot filled by your child.

**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

**All fees are non-refundable.**

**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.**

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

**\*\*Please keep this discipline policy for your records.  
Please do not submit this with your forms. \*\***

## **DISCIPLINE POLICY**

### **Implementation of Discipline Policy**

The goal of discipline is to help the child develop inner controls so that he/she may move toward appropriate social behavior. Methods for resolving conflicts are:

- Positive guidance
- Setting clear limits
- Redirection

When disputes arise among children or between a child and staff member, the teacher will encourage a talking out process among those involved. The goal of this talking out process will be to acknowledge feelings and find solutions using children's ideas whenever possible.

A child who may be overly aggressive or repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking things through has not resulted in better self-control.

Staff will continuously supervise children during disciplinary actions.

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult.

### **Basic Ground Rules for Participants**

1. Always stay within the specified areas of the ECC Program with a staff member. Never wander off on your own.
2. Always listen to the directions of the staff members'/playground assistants. If you don't understand or agree, listen first and discuss with the staff member later.
3. Keep your body to yourself. No hitting, kicking, spitting or fighting is allowed.
4. If someone hurts you, tell him or her to stop and tell a staff member right away. Don't hurt them back.
5. Leave other people's belongings alone. Do not take other people's things without permission.
6. Be respectful of the property (games, toys, etc.) of the ECC program and school – treat it like your own.
7. Think about the words you speak. Words can help and words can hurt. Using inappropriate or nasty words, teasing and making fun of others is not tolerated.

In the event that a child fails to follow these basic rules, or other directions given by the staff, a sequence of corrective techniques will be employed by the staff to help the child and to avoid any possible disruption.

### **Step 1 – Reminder of Rule(s)**

In the case of a minor behavioral situation, the child will be reminded of the rule he or she is forgetting or breaking and be asked to correct the behavior accordingly. Most issues are addressed at this level with the staff member in order to correct small lapses in judgment.

### **Step 2 – Time Out**

If a child seems to be having difficulty with correcting inappropriate behavior, by either repeating behaviors already identified as unacceptable or refusing to acknowledge the seriousness of an infraction, staff members may utilize a "time-out". This calls for a staff member to separate the child from the group's activity and discuss more in depth the reason for the "time-out". The duration of the "time-out" depends on the age of the child, nature of the presenting problem and the judgment of the staff member in charge. The child will remain under constant supervision during the "time-out" period. At the conclusion of the "time-out", the child will be reunited back with the group and rejoin the activity. The parent will be notified of the situation by the staff member in charge. All incidents describing the situation which led to the "time-out" will be documented in the child's file.

**Step 3 – Early Pick-Up**

If it becomes clear that a child in the program is not responding to the staff's attempts to help correct an unacceptable behavior, you will be contacted about the current situation and may be asked to pick-up your child immediately. If an immediate pick-up is not possible, we may contact you in their presence and ask you to reinforce our efforts over the phone with your child so that they understand that both the staff and parents take the Program Rules seriously. The child may be asked to sit out of activities for the rest of the program that day if they cannot regain composure.

**Step 4 – Suspension from the Program**

In the rare event that a child fails to respond with a change in behavior after experiencing the 3 steps outlined above, or in the event that the problem is serious enough to skip directly to this point, the Program Director/Head Teacher will contact you and tell you your child must be picked up from the program immediately and a one-day\* suspension will be required to take place the next day the child is scheduled to attend. At this time, the circumstances surrounding the problem will be explained fully and we may suggest a meaningful duration of suspension from our program.

First Offense: Early pick-up and one-day suspension

If a child continues to display disruptive behavior or has any other difficulties adjusting to the program, the situation will be discussed with the Program Director/Head Teacher and the parent(s) in order to provide recommendations for developing a plan toward resolution.

Second Offense:

If another offense should occur that results in suspension, the Program Director/Head Teacher will enforce a suspension up to one week.

In the event that suspension from the program is ineffective or deemed insufficient to address the problem behavior, we may exercise our right to terminate a child's enrollment for the remainder of the school term. The Head Teacher will contact the program's consultants for advice before step 5 is implemented.

Third Offense: Consideration for Step #5

Situations that could possibly lead to this step may include serious, willful injury to another child or staff member; blatant disregard for the safety of other children and/or staff; serious, willful destruction of another person's belongings or ECC/School property; and/or a child's clear statement of intent to disregard the program rules and/or staff's directions.

**Step 5 – Dismissal from the Program**

If a child continues to display disruptive behavior or has any other difficulties adjusting to the program, the situation will be discussed with the Childcare Director Director/Head Teacher and the parent(s) in order to provide recommendations for developing a plan toward resolution.

Dismissal from the program is seriously considered when the health, safety and welfare of the child(ren) are of concern, other children or staff are at risk, or when it affects the productive operation of the program

The Program Director/Head Teacher reserves the right to permanently remove any child(ren) from the program based on, but not limited to:

- Violations of the pick-up policy
- Persistent disciplinary problems with the child
- Demonstrates aggressive or threatening behavior towards staff or children such as hitting, kicking, biting, etc.
- Unproductive interactions on the part of the parents/ guardians and any other situations that interfere with the ability of the program to provide an effective and positive environment for the children.
- Failure to provide/discuss all pertinent information and documentation related to a child's IEP, behavioral reports and past or present diagnoses pertinent to the child's success in the program.

\*If any child destroys school property during our program hours, his or her parent will be responsible for any expenses deemed necessary by the school.

## Enrollment Fee Agreement

2021-2022 school year

**Early Bird Special Discount Incentive Program:**

If all 10 installment payments are paid in full by June 1, 2021, you will receive a 5% discount. Or if you pay your yearly tuition in one installment at time of enrollment, you will receive a 5% discount.

**Family Discounts (families with more than 1 child enrolled):**

A \$20.00 discount per additional child for full-time participants and \$10 discount per additional child for part-time participants will be applied if there is more than one (1) child from the same family enrolled in the program. This discount will apply monthly to the youngest child's fees.

<b>Parent/Guardian Name(s):</b>			
<b>Child's Name:</b>			
<b>Date of Birth:</b>			
<b>Level of Service: (circle)</b>	<b>AM 5 Day</b>	<b>PM 5 Day</b>	<b>FULL (AM&amp;PM)</b>
<b>School</b>	<b>HH</b>	<b>NSS</b>	<b>SCC</b>
<b>Grade During 2021-2022 School Year:</b>	Grade _____		
<b>Gender: (circle)</b>	<b>Male</b>	<b>or</b>	<b>Female</b>
<b>Monthly Tuition: (circle)</b>	<b>\$200</b>	<b>\$300</b>	<b>\$400</b>
<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 Will remain on account and applied to the last monthly payment</b>		
<b>Start Date:</b>	<b>Monday, August 30th, 2021</b>		

I have a second child I am enrolling in the fall of 2021:      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 \_\_\_\_\_



**ECC Before/After School Programs  
Covid-19 Parent Consent Form**

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

\_\_\_\_\_  
(initial) I am aware of the following Covid-19 symptoms listed below:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Chills
- Muscle pain
- New loss of taste or smell

\_\_\_\_\_  
(initial) I will perform a daily health screening, including a temperature check, of my children by checking for Covid-19 symptoms as outlined by the CDC and addressed in the ECC Covid-19 Guidelines.

\_\_\_\_\_  
(initial) I will keep my child home if they, or anyone in our house, has a fever above 99.9, are ill and/or show any Covid-19 symptoms.

\_\_\_\_\_  
(initial) I will alert the ECC immediately if my child, or someone in our house, is sick and/or has been positively diagnosed with Covid-19.

\_\_\_\_\_  
(initial) I will discuss Covid-19 preventive measures with my child to better prepare them to follow these guidelines while in our care. (Information provided)

\_\_\_\_\_  
(initial) I will be prepared with an alternative pick-up plan/person in the event that an immediate pick-up is necessary.

\_\_\_\_\_  
(initial) I will be prepared with a back-up childcare plan in the event that my child has symptoms and is not allowed to attend the program.  
(Call 211 if unable to secure a back-up care plan)

\_\_\_\_\_  
(initial) I will not pick-up, drop-off, and/or enter the program if myself or someone in my household has tested positive or is showing symptoms of Covid-19.

\_\_\_\_\_  
(initial) I hereby attest that I have been informed of the following pertaining to the coronavirus/Covid-19:

- People who are 65 years and older, and people of any age who have serious underlying medical conditions, or who are at higher risk for severe illness from Covid-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from Covid-19 can be found in the CDC's guidance. Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at increased medical risk.
- Staff and children living in households with individuals who are 65 years and older OR who have a higher risk for severe illness from Covid-19 are recommended to stay home.

\_\_\_\_\_  
(initial) I understand that if my child is absent from the program for any amount of time due to circumstances related to Covid-19 that no refunds will be given.

I have reviewed and agree to follow the above guidelines.

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

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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</b>		
<b>Add cc to household</b>		
<b>Link CC for autopay YES or NO</b>		