|                      | WESTON COMMILE |
|----------------------|----------------|
| 2023-2024 Enrollment |                |
| Child's Name:        |                |
| Grade:               | CENTER         |
|                      |                |

| For Office Use:<br>Received By: |
|---------------------------------|
| Date:                           |
| Time:                           |

### ECC Before & After School Childcare (Re)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 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   |
| Forms MUST BE Emailed to <a href="mailto:lnfo@EastonCC.com">lnfo@EastonCC.com</a> with the Subject Line as follows: Last Name, First Name, Grade, School, A.M. P.M. or FULL Failure to Follow the E-mail Format will result in processing delays. Any questions, please contact us at: (203)-459-9700 or Info@EastonCC.com |
| Please indicate which school your child/children attend:   |

### **Holland Hill Program Hours**

**Before Care:** 7:00A.M-8:00 A.M. **After Care:** 2:45-6:00 P.M.

\*Children must be in our program by 7:45 A.M or they will have to wait with an adult until

Holland Hill School (HH) North Stratfield School

Stratfield School
Osborn Hill School

school door open

### **OHS/NSS/SCC Program Hours**

**Before Care:** 7:00A.M-9:00 A.M. **After Care:** 3:15-6:00P.M.

\*Children must be in our program by 8:45 A.M or they will have to wait with an adult until

school door open

### **Enrollment Package:**

### **Registration Information:**

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.

#### 2023-2024 Tuition Fees

| PROGRAM                        | 5 Day<br>Cost Per<br>Month |
|--------------------------------|----------------------------|
| BEFORE SCHOOL Grades K-5       | \$250                      |
| AFTER SCHOOL Grades K-5        | \$360                      |
| FULL TIME (AM & PM) Grades K-5 | \$475                      |

**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:** 1st time no charge, 2nd time \$15 fee, 3rd 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. <u>This charge will be invoiced immediately.</u> 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: |
|----------------------------|-------|
|                            |       |

## Enrollment Fee Agreement 2023-2024 school year

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.

| Parent/Guardian N  | ame(s):          |                         |  |
|--|------------------|-------------------------|--|
| Child's Nam  | ie:              |                         |  |
| Date of Birt   | h:               |                         |  |
| Level of Service:  | (circle) AM 5 Da | PM 5                    | Day FULL (AM&PM)                             |
| School   | НН               | NSS                     | SCC OHS                                      |
| Grade During 202<br>School Yea                                 |                  | Grade _                 |  |
| Gender:  | Male             |                         | Female<br>e Specify)                         |
| Monthly Tuition:   | ` ,              |                         | \$360 \$475                                  |
| Registration I   | Fee:             |                         | child - paid yearly                          |
| Deposit: (Does not re-enrollmen                                |                  | •                       | per child plied to the last monthly payment  |
| Start Date   |                  | Tuesday, Auç            | gust 29th, 2023                              |
| I have a second child I am enro                                | _                | Please circle one:Date: | Yes or No                                    |
| Parent's Address:  |                  |                         |  |
| Parent's City, State, Zip:                                     | _                |                         |  |
| Parent's Phone: (Home):  | (Wo              | rk) <u>:</u>            | (Cell)                                       |
| E-mail Address:  |                  |                         |  |
| Parent 1 Employer Name   |                  | _ Parent 2 Employer     | Name   |
| Employer Address   |                  | Employer Address        | S  |
| Employer Phone Number  | _                | Employer Phone I        | Number                                       |
| I am aware that if my tuition is automatically charged in orde |                  |                         | credit card information kept on file will be |
| Parent / Guardian Signature                                    |                  |                         |  |

### Parental Consent Form

| (Initial)       | I have read and di<br>school year. | scussed the ECC Childcare  | Program Discipline Po    | licy for the 2023-2024      |
|-----------------|------------------------------------|--|--------------------------|-----------------------------|
|                 | I have read and d                  | scussed the ECC Before and                                       | l After School Progran   | ns Parent Handbook          |
| (Initial)       | for the 2023-2024                  |  | 3                        |                             |
| (Initial)       | I give permission                  | for my child(Please print chi                                    | to partio                | cipate in the program at    |
| (IIIIIai)       | the following locat                | ions at the Fairfield School c                                   |                          |                             |
|                 | R/Cafeteria                        | ✓ Front Playgrou   | nd 🗸                     | Library / Media Center      |
| ✓ Gym<br>✓ Play | n<br>grounds                       | <ul><li>✓ Blacktop Area</li><li>✓ Fields</li></ul>               | ✓                        | Classrooms                  |
|                 |                                    | to the ECC for photographs to                                    | o be taken during child  | dcare to be used in         |
| (Initial)       | promotional mater                  | rials.   |                          |                             |
|                 | <del>_</del> • ·                   | or the ECC staff and Fairfield                                   |                          |                             |
| (Initial)       |                                    | liscuss all pertinent information year. This includes, but is no |                          |                             |
|                 | and speech/langua                  |  | ,                        | '                           |
|                 | If the ECC is cand                 | celled due to an early closing/                                  | cancelled after school   | activities in the afternoor |
| (Initial)       | the alternate plan                 | for my child will be:  |                          |                             |
| Please circle   |                                    |  |                          |                             |
| E               | Bus                                | Walker picked up by  |                          |                             |
|                 | I understand that                  | if I need to change my child's                                   | level of care or withdo  | raw completely from the     |
| (Initial)       |                                    | omplete a Withdraw/Change  |                          |                             |
|                 | _I understand that u               | unproductive parent/staff mee                                    | tings, failure to report | or share pertinent          |
| (Initial)       |                                    | ay interfere with the program<br>ly child may result in dismissa |                          |                             |
|                 |                                    | director's discretion.   | arnom the program at     | the chilideare              |
|                 |                                    |  | Obildo None              | O Consider (Driver)         |
| ŀ               | Parent/Guardian Sigi               | ialure   | Crilia s Name            | & Grade (Print)             |
|                 | Print Name                         |  | Dat                      | e:                          |

### **Easton Community Center Emergency Contacts & Authorization for Pick-Up**

Holland Hill School DCCC.70170

Office Use Only:

Date of Enrollment\_\_\_\_\_

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

| Child's Name:  | Date of Birth  | n:  |
|--|--|---|
| Parent/Guardian Name:  |  | ne:   |
| Cell:Work:   |  |   |
|  |  |   |
| E-mail:  |  |   |
| Employer:  |  |   |
| Employer Address:  Password for Unusual Pickup Author  |  | (optional)  |
| This password should be kept confidential. Only the par<br>if they call the center to authorize an unusual pick-up. T<br>the password. They will need to show a photo ID.<br>Emergency Contacts & Authorized f   | This password may also be used for the curbside sign   |   |
| Name   | Relationship   | Phone Number  |
| Name   | Relationship   | Phone Number  |
|  |  |   |
| Name  Check here if a court order exists limiting who is a picture if available. Otherwise   |  |   |
| Check here if a court order exists limiting who a picture if available. Otherwis   | may pick up your child/children from childcare, se, we will assume that either parent can pick   | please bring in a copy of the court order, an up your child or children.  |
| Check here if a court order exists limiting who a picture if available. Otherwis  Doctor Information   | may pick up your child/children from childcare, se, we will assume that either parent can pick  Ph   | please bring in a copy of the court order, an up your child or children.  |
| Check here if a court order exists limiting who a picture if available. Otherwis   Doctor Information  Name:   | may pick up your child/children from childcare, se, we will assume that either parent can pick  Pr   | please bring in a copy of the court order, an<br>up your child or children.<br>none:Zip:  |
| Check here if a court order exists limiting who a picture if available. Otherwis  Doctor Information  Name:  Address:  | may pick up your child/children from childcare, se, we will assume that either parent can pick PrTown:Town:  | please bring in a copy of the court order, an up your child or children.  none:Zip:   |
| Check here if a court order exists limiting who a picture if available. Otherwise Doctor Information  Name:Address:  | may pick up your child/children from childcare, se, we will assume that either parent can pick PrTown:Town:  | please bring in a copy of the court order, an up your child or children.  Topic State of the court order, and up your child or children.  Zip:  Tamily physician?  Yes No                     |
| Check here if a court order exists limiting who a picture if available. Otherwise  Doctor Information  Name:  Address:  Preferred Hospital:  In the event of an emergency requiring a physical p | may pick up your child/children from childcare, se, we will assume that either parent can pick  Promote Town:  Town:  ysician's care, do you wish us to call your  I FOR MEDICAL TREATMEN  sent for the First Aid and CPR certified sta  | please bring in a copy of the court order, an up your child or children.  Topic State of the Easton Community Center to   |
| Check here if a court order exists limiting who a picture if available. Otherwise  Doctor Information  Name:   | may pick up your child/children from childcare, se, we will assume that either parent can pick  Prom:  Town:  ysician's care, do you wish us to call your  I FOR MEDICAL TREATMEN  sent for the First Aid and CPR certified state.  In the event of  | please bring in a copy of the court order, an up your child or children.  Topic State of the Easton Community Center to f a medical emergency I,  |
| Check here if a court order exists limiting who a picture if available. Otherwise  Doctor Information  Name:  Address:  Preferred Hospital:  In the event of an emergency requiring a physical picture of the control of | may pick up your child/children from childcare, se, we will assume that either parent can pick  Prom:  Town:  ysician's care, do you wish us to call your  I FOR MEDICAL TREATMEN  asent for the First Aid and CPR certified state  In the event of the cent to have my child,   | please bring in a copy of the court order, an up your child or children.  Topic State of the Easton Community Center to f a medical emergency I,  |
| Check here if a court order exists limiting who a picture if available. Otherwise  Doctor Information  Name:   | may pick up your child/children from childcare, se, we will assume that either parent can pick  Prom:  Town:  Town:  ysician's care, do you wish us to call your  I FOR MEDICAL TREATMEN asent for the First Aid and CPR certified states and the company of the comp | please bring in a copy of the court order, are up your child or children.  Topic State of the Easton Community Center to f a medical emergency I,   |
| Check here if a court order exists limiting who a picture if available. Otherwise  Doctor Information  Name:   | may pick up your child/children from childcare, se, we will assume that either parent can pick  Prom:  Town:  ysician's care, do you wish us to call your  I FOR MEDICAL TREATMEN asent for the First Aid and CPR certified states and the second control of the process.  In the event of the second care.  | please bring in a copy of the court order, an up your child or children.  Topic State of the Easton Community Center to f a medical emergency I,  transported to the nearest                  |
| Check here if a court order exists limiting who a picture if available. Otherwise  Doctor Information  Name:   | may pick up your child/children from childcare, se, we will assume that either parent can pick  Prom:  Town:  ysician's care, do you wish us to call your  I FOR MEDICAL TREATMEN  asent for the First Aid and CPR certified state  In the event of the certified state  ent to have my child,  ees.   | please bring in a copy of the court order, an up your child or children.  Top a Minor  Top a Minor  aff of the Easton Community Center to f a medical emergency I, transported to the nearest |

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 <u>only</u> be available to our employee that is responsible for receiving tuition payments for processing.

| payments for processing.        | <u>-</u>                           |   |  |
|---------------------------------|------------------------------------|---|--|
| Please check one:               | Automatic payment each mon         | nth   |  |
|                                 | Only charge my card if payme month | ent is not received by the 7 <sup>th</sup> of any given |  |
| Child's Name(s):                |                                    |   |  |
| Card Number                     |                                    |   |  |
| Expiration Date/                | 3-digit code on the back of yo     | our card or 4-digit CID for AmEx                        |  |
| Name on Card                    |                                    |   |  |
| Your Phone Number               | Mon                                | nthly Tuition Amount if Known                           |  |
| Billing Address including Zip   | Code                               |   |  |
| Parent Signature                |                                    | Date  |  |
| *Person Responsible for p       | ayment*                            |   |  |
| Once the cha                    | confirmation for yo                |   |  |
|                                 | For Office Use                     | se Only   |  |
|                                 | Date                               | Employee  |  |
| Add to member comm              | nents                              |   |  |
| Level of service                |                                    |   |  |
| Grade                           |                                    |   |  |
| CCARE                           |                                    |   |  |
| Add cc to househo               | ld                                 |   |  |
| Link CC for autopa<br>YES or NO | ıy                                 |   |  |

### **Easton Community Center Before and After School Program**

### Childcare Withdrawal or Request for Modification Form

| Child/Children        |  |               | _   Date:                                     |                 |
|-----------------------|--|---------------|---|-----------------|
| Parent/Guardian       | Name   |               | Program: N<br>(Please Ci                      |                 |
| *Please Note:         | We require two weeks'                            | notice to pro | cess change                                   | es in service   |
| Request in Char       | nge / Addition of Care L                         | <u>-evel:</u> |   |                 |
| One Time Request. De  | ate care is needed:                              |               | (A.M. P.M. FULL                               | _)              |
| On-going Childcare ne | eed; Date care will begin                        | Da            | ate Care will End                             |                 |
|                       | Change From:                                     | Cha           | nge To:                                       |                 |
|                       | Before School                                    | Before Sch    | ool   |                 |
|                       | After School                                     | After School  | ol  |                 |
|                       | Full Time (A.M. & Full Time P.M.)                |               |   |                 |
| Withdrawal:           |  | ,             | <u>,                                     </u> |                 |
|                       | m Withdrawal Effective [se be advised that chang |               |   | tuition amount* |
| Signature o           | f Parent:  |               | l Date  |                 |
| Signature o           | f Head Teacher:                                  |               | Date  |                 |
|                       | f Childcare Director:                            |               |   |                 |

| Office Use Only:                       |                             |  |
|--|-----------------------------|--|
| Date Received:                         | Received By:                |  |
| Date Changed:                          | Changed By:                 |  |
| Date Comment Changed:                  | Comment Changed By:         |  |
| Head Teacher Notified Change Complete: | CCARE Removed from RecTrac: |  |
| Add to Change Book:                    | Cancel Future Bills         |  |

## \*\*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/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.