

## **Check List for Parents:**

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

- Fee Agreement Form
  - Payments
    - \$100 Annual Registration Fee
    - \$100 Deposit (New Participants Only)
  - State of CT Health Assessment Record with Immunization Record (New Participants Only)
  - Parental Consent Form
  - Emergency Contacts & Authorization for Pick-up/Medical Treatment for a Minor Form
  - Automatic Payment Request Form
- 

These forms are required ***IF*** your child has a medical condition such as asthma/allergies or requires medication(s) during childcare hours:

- Action Plan for Allergies if Anaphylactic/Care Plan Form – This form is required when a medical condition is present, even if no medication is needed during childcare hours.
- Authorization for the Administration of Medication/Authorization for Medical Treatment of a Minor – A parent’s and a doctor’s signature are required.
- Medications - If needed during childcare hours submitted in original containers, properly labeled, and not past the expiration date.

If these medical requirements are not met, the ECC has the right to refuse medication and childcare services until they are met.

Keep the next three pages for your records.

**Enrollment Package 2017-2018**  
**Easton Community Center Before and After School Program**  
**190 Putting Green Road**  
**Fairfield, CT 06825**

**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.

**First-Time Enrollments:**

With enrollment, the Program requires deposits to be held on account.

- **Requirement is \$100 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 to the program.

- **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.**

Any questions, please contact:

**Bianca Richards, Head Teacher (203)414-6816** [bianca.richards@eastoncc.com](mailto:bianca.richards@eastoncc.com)

Joel Silkoff, Easton Community Center Facility Director (203)459-9700 [joel.silkoff@eastoncc.com](mailto:joel.silkoff@eastoncc.com)

**2017-2018 Tuition Fees**

\*\* Part time 3-Day Schedule will be selected by parent/guardian at time of registration

PROGRAM	5-DAY	3-DAY
BEFORE SCHOOL Grades K-5	\$145.00	\$115.00
AFTER SCHOOL –Kindergarten	\$250.00	\$200.00
AFTER SCHOOL Grades 1-5	\$230.00	\$180.00
FULL TIME (AM & PM) Grades K-5	\$330.00	

**Payments: Monthly tuition is due by the 1<sup>st</sup> of each month. There will be ten 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. Costs are incurred even in your child's absence.**

**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 NSS staff or mailed to ECC, 364 Sport Hill Road, Easton, CT 06612.

**Returned Check Fee: \$25.00      All fees are not refundable.**

**Late Pick-up Fees:** Beginning at 6 pm, the parent/guardian will be charged a \$10.00 late fee, and an additional \$10.00 for every 15 minute period that follows. This charge will be invoiced on the next billing period. Please read Parent Handbook for additional policies and procedures.

**Please keep this 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 teacher, 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 yourselves. 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 allowed.**

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. Such correction may include an apology to the other child(ren) or staff member in question. 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 – Calling Parents**

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. Sometimes a child may want to "test the system", not quite believing that the staff and parents communicate about unacceptable behavior. By contacting you, a child may realize that inappropriate behavior at the ECC program carries consequences. Therefore, 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.

### **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 that 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: 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 Program 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 is 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.

\*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.

#### **By being a participant in the childcare program, you receive the following benefits:**

- Priority enrollment for next year's childcare program
- Member rate on Vacation Day Camps
- Member rate on Parents Night Outs, which are held monthly during the school year
- Special Summer Camp discounts during the month of March

Easton Community Center Before & After School Program

**Enrollment Fee Agreement**

**2017/2018 school year**

Early Bird Special Discount Incentive Program:

If all 10 installment payments are paid in full by June 1, 2017, 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 would apply monthly to the youngest child fees.

<b>Parent/Guardian Name(s):</b>						
<b>Child's Name:</b>						
<b>Date of Birth:</b>						
<b>Program (hours/day):</b>		<b>am</b>		<b>pm</b>		
<b>Days of the week: (circle)</b>	<b>AM</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
	<b>PM</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Grade Entering During 2016-2017 School Year:</b>	<b>Grade _____</b>					
<b>Gender: (circle)</b>	<b>Male</b>	<b>or</b>	<b>Female</b>			
<b>Monthly Tuition:</b>						
<b>Registration Fee:</b>	<b>\$100.00 / 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 2 weeks of enrollment					
<b>Start Date</b>	<b>Thursday, September 1, 2017 or other date _____</b>					

I have a sibling entering in the Fall of 2016: 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: \_\_\_\_\_

Mother's Employer Name \_\_\_\_\_ Father's 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 \_\_\_\_\_

# Easton Community Center Before & After School Program

190 Putting Green Road

Fairfield, CT 06825

## Parental Consent Form

\_\_\_\_\_ I have read and discussed the ECC Before and After School Discipline Policy for the 2016-2017 school  
(Initial) year.

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to participate on field  
(Initial) (Please print child's name)

trips to the following locations at the North Stratfield School campus:

Upper Back Playground

Lower Playground

Front Playground

Back Black Top Area

Front Black Top

Soccer Field

Library

Media Center

Reading Room

Classrooms

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

\_\_\_\_\_ I give the ECC representative and school personnel permission to discuss my child if a behavior  
(Initial) problem arises.

\_\_\_\_\_ If the ECC is cancelled due to an early closing in the afternoon, the alternate plan for my  
(Initial) child is:  
Please circle one:

Bus

Walker

And picked up by \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

# Easton Community Center

## Emergency Contacts & Authorization for Pick-up

Holland Hill School  
DCCC.70170

North Stratfield School  
DCCC.16645

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.

<b>Child's Name:</b> _____	<b>D.O.B.:</b> _____
<b>Parents/Guardians Name:</b> _____	
<b>Cell Phone:</b> _____	<b>Home Phone:</b> _____
<b>Work Phone:</b> _____	<b>E-mail:</b> _____

### Password for Unusual Pickup Authorization

*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.*

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.

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

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

### Doctor Information

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

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

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

\_\_\_\_\_  
Signature (Parent or Legal Guardian)

\_\_\_\_\_  
Date

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, do you wish us to call your family physician?

Yes       No      (If yes, please provide the following.)

I (we), \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s) or legal guardian(s) of \_\_\_\_\_, who resides with me. I (we), \_\_\_\_\_ authorize for emergency purposes only, a designated employee of the Easton Community Center to transport the above minor by ambulance, and consent to any necessary examination, anesthetic, medical advice, and/or medical treatment from a physician or surgeon licensed to practice medicine in the State of Connecticut.

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

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

## ECC Before and After School Program Automatic Payment Request Form (Mandatory)

Please indicate your credit card information below that will be automatically charged by the first of each month if you check 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 \_\_\_\_\_

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

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### 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>		



Please complete if your health care provider does not provide an Action Plan for Allergies.

Easton Community Center

**Action Plan for Allergies if Anaphylactic**

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

Allergic to \_\_\_\_\_

Symptoms of Anaphylaxis:

- Mouth-itching, swelling of lips and/or tongue
- Throat-itching, tightness/closure, hoarseness\*
- Skin-itching, hives, redness, swelling
- Gut-vomiting, diarrhea, cramps
- Lung-shortness of breath, cough, wheeze\*
- Heart-weak pulse, dizziness, passing out\*

ONLY A FEW SYMPTOMS MAY BE PRESENT. SEVERITY OF SYMPTOMS CAN CHANGE QUICKLY.  
\*SOME SYMPTOMS MAY BE LIFE-THREATENING. ACT FAST!!!

If child ingests or thinks he/she ingested the above-named food but carries a disclaimer or stung by an insect (may contain, processed in, packaged in, etc) OBSERVE for onset of symptoms BEFORE initialing protocol sequence.

- 1-Administer Benadryl/Diphenhydramine
- 2-Observe child for symptoms of anaphylaxis
- 3-Administer epinephrine if symptoms occur
- 4-Call 911
- 5-Notify parent

\*\*\*\*\*If you notice symptoms of anaphylaxis first, skip step #1 and act on step #3.

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

ECC Staff Member Signature Certified to Administer \_\_\_\_\_

**Care Plan Form**

Please complete if your health care provider did not provide an Action Plan for Asthma or mild allergies.

Date \_\_\_\_\_

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

**Chronic Disease Assessment:** Results taken from medical form submitted.

Circle One: **Asthma:** Mild Moderate Severe Exercise Induced Unclassified

Please explain reaction:

\_\_\_\_\_

Diabetes: Type 1 Type 2

Anaphylactic Reaction: Insect Latex

**Please list and explain reaction**

\_\_\_\_\_

Other \_\_\_\_\_

**ECC Plan of Action**

\_\_\_\_\_

**Parent Signature**

**ECC Representative Signature** \_\_\_\_\_