



2019-2020 Before and After Preschool Program will be held at Edna C. Stevens School. We will follow the Cromwell Public Schools calendar. The program runs Monday through Friday from 7:00 a.m. to the start of the school day (AM Session) and from the time of school dismissal to 6:00 p.m. (PM Session). On scheduled early dismissal days the program will start from the time of early dismissal (12:10 p.m.) and run until 6:00 p.m.

Inclement Weather Policy:

For delayed openings due to inclement weather, the program will start at 7:30 a.m. Only children registered for the AM program will be accepted for school delays.

For early dismissals due to inclement weather, the program will open when school closes and will remain open until 5:00 p.m. Only children registered for the PM program will be accepted for early closings.

In the event that school is cancelled due to inclement weather, or for any other unforeseen reason, there will be **no** before or after preschool program held.

How to register:

1. Complete Registration Form and the Child & Family Profile and return to the Cromwell Recreation Department. Payment is accepted by cash, check or credit card.
2. Complete Authorization for the Administration of Medication, if needed, and return with the Registration Form to the Cromwell Recreation Department.
3. First month's payment is required at time of registration. Monthly payments must be made by the first of each month. Non-payment will result in the child not being allowed to attend the program.
4. Credit card information can be kept on file. Please complete the Recurring Credit Card Payment Authorization Form and include with your registration packet. Credit cards will automatically be charged on the first of the month for that month's payment.
5. This program is run on a monthly basis. Any changes to the schedule must be done by the 15th of the month for the following month for scheduling purposes. Change requests must be made in writing to the Cromwell Recreation Department.
6. Absolutely no refunds will be given for any unused portion of a month.
7. Any cancellation is subject to a \$10 per month processing fee.

Registration is on a first come, first serve basis. If the program is filled, children will be placed on a wait list.



**Cromwell Recreation Department
Before and After Preschool Program
2019-2020 SCHOOL YEAR
REGISTRATION FORM**

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____ GENDER _____

HOME PHONE _____ HOME ADDRESS _____

PARENT/GUARDIAN 1 _____ OCCUPATION _____

PLACE OF BUSINESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ EXT _____ CELL PHONE _____

PARENT/GUARDIAN 2 _____ OCCUPATION _____

PLACE OF BUSINESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ EXT _____ CELL PHONE _____

EMAIL ADDRESS (1) _____ EMAIL ADDRESS (2) _____

MARITAL STATUS: ___ SINGLE ___ MARRIED ___ SEPARATED ___ DIVORCED ___ WIDOWED

SIBLINGS (NAME/AGE) _____

PARENT'S ADDRESS (if different than above): _____

EMERGENCY / PICK UP NUMBERS: Adults that have permission to pick up your child and/or be called during an emergency to pick up your child. Positive I.D. must be shown. ***Each child must have at least two non-parental adults listed as emergency contacts.*** A parent can change this list at any time. Additions to the list must be made in advance. A child can not be released to any adult other than parent/guardian if the adult is not included on this list.

Name	Relationship to child	Phone Numbers
1. _____	_____ (Work/Cell) _____	(Home) _____
2. _____	_____ (Work/Cell) _____	(Home) _____
3. _____	_____ (Work/Cell) _____	(Home) _____
4. _____	_____ (Work/Cell) _____	(Home) _____

MONTHLY SESSIONS

Please check each session that you are registering for below:

MONTH	BOTH AM & PM	AM ONLY	PM ONLY
August/September	\$644	\$310.50	\$402.50
October	\$636	\$297.00	\$405.00
November	\$564	\$243.00	\$375.00
December	\$440	\$202.50	\$282.50
January	\$608	\$283.50	\$387.50
February	\$476	\$229.50	\$297.50
March	\$636	\$297.00	\$405.00
April	\$448	\$216.00	\$280.00
May	\$580	\$270.00	\$370.00
June	\$272	\$121.50	\$177.50

TRANSPORTATION:

I give permission for my child to be transported on scheduled field trips, and in the case of an emergency evacuation, by school bus. I understand I will be provided a separate permission slip in advance of all field trips away from the site.

Parent/Guardian Signature

Date

ADMINISTRATION OF MEDICATION:

All medication administered to children by staff must be accompanied by:

1. A completed Administration of Medication form signed by both the child's physician and parent/guardian.
2. Medication must be given to staff in the original labeled container.
3. A locked box to hold the medication in if the site does not have one available. Parents must personally deliver medications to the Site Director. The program can only administer medication if staff are trained and meet the licensing requirements. The program reserves the right to refuse responsibility for administering medication.

Does your child have any special medical or behavioral concerns that will need to be addressed during care?

_____ Yes _____ No

In an effort to help us better serve your child, please describe the above mentioned needs in the space below.

Will your child require any medications to be administered by staff during our program? _____ Yes _____ No

Please describe medications to be given to staff in space below.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize staff to obtain emergency medical treatment, including transportation via ambulance to the closest emergency room for my child when in attendance at the Preschool Program. I also authorize any treatment deemed necessary by the attending physician. I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that if staff cannot reach me they will notify the designated emergency contact person and then if necessary, the family physician. I will be notified at the earliest possible time should prior notice prove impossible. I agree to assume all financial responsibility incurred for medical treatment.

Parent/Guardian Signature

Date

Physician _____

Dentist _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Insurance Information _____

Parents are required to notify the staff when their child is ill with a communicable disease

In registering your child to participate in the Preschool Program you agree to and understand the following parent/guardian responsibilities:

1. To pay the monthly tuition bill by the first day of each month.
2. To provide a two-week written notice of withdrawal and/or change of attendance schedule or forfeit security deposit.
3. To notify program staff when your child will be absent from the program.
4. To allow your child to participate in occasional field trips or to make additional arrangements for care on those days.
5. To sign your child in each am and sign out each pm respecting the program hours of 7 am opening and 6 pm closing.
6. To pay for any medical expenses including transportation as a result of emergency medical care.
7. To inform the staff of situations in the child's life that may contribute to changes in behavior or special needs.
8. To meet with and address any concerns program staff may have with your child's behavior, safety, and participation.
9. To pay for damages your child may incur to School property, equipment, or another participants belongings if the damage is the result of inappropriate behavior.

Parent/Guardian Signature

Date

**Cromwell Recreation Department
Before and After Preschool Program
Child & Family Profile**

Please Complete

In an effort to provide the highest quality care and individualized programming to the children enrolled in our programs we maintain a child and family profile. The information requested below is considered confidential and will be used to help us meet the individual needs of each child as well as to assist us as we develop a working partnership with each family.

1. Please describe your family's cultural background and share any special customs, traditions, and holidays that you celebrate.

2. Do you have any special talents, cultural perspectives, interest, or skills that you would be willing to share with the children at least once during the school year?

3. Please describe how your child socializes with other children. For example, is your child shy, outgoing, funny, timid, shares well, has difficulty making friends, etc.

4. What activities does your child enjoy? Does your child have special skills or talents?

5. Please describe any traumatic or stressful events in the child's life that may contribute to sudden changes in behavior, mood swings, poor choices, and/or a need for special attention and support.

6. Does your child have any learning disabilities or special needs? If yes, please describe. Explain how these needs are addressed in school and at home. What, if any, special training and/or equipment will be needed to support your child's needs while enrolled in the program.



Cromwell Recreation Department
41 West Street, Cromwell, CT 06416
860-632-3467

Recurring Credit Card Payment Authorization
Credit Card Payment Plan for Before and After School Preschool Program

Child's Name: _____

I authorize the Cromwell Recreation Department to charge my:

Visa Account # _____ Exp. Date: _____
CVV: _____
(on back)

MasterCard Account # _____ Exp. Date: _____
CVV: _____
(on back)

Discover Account # _____ Exp. Date: _____
CVV: _____
(on back)

Printed Name: _____

Billing Address: _____

Email (for receipt): _____ Phone #: _____

Date: _____ Effective start date: _____

Credit cards will automatically be charged on the first of the month for that month's payment. A receipt for each monthly payment will be emailed to the above email address. No prior notification will be given unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. This authorization will remain in effect until it is cancelled in writing. Please notify the Cromwell Recreation Department in writing of any changes in the account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms and amounts contained on the registration form.

Signature of cardholder: _____