

The Center: A Drop-In Community Learning and Resource Center, Inc.

Enrollment Application Revised 5.13.2024

Application fees: \$50 (non-refundable)

(1) Program Selection

- | | |
|---|--|
| <input type="checkbox"/> Before Care Program (7:00AM-9:00AM) | <input type="checkbox"/> Early Childhood Education Program (8:00AM-3:00PM) 4 & 5 years |
| <input type="checkbox"/> After School Enrichment Program (K-5 th grades) | <input type="checkbox"/> Summer Enrichment Program (K-5 th grades) |
| <input type="checkbox"/> After School Enrichment Program (Middle School) | <input type="checkbox"/> Summer Enrichment Program (Middle School grades) |

(2) Child Information

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: Male Female

Address: _____ Apt.# _____

City/State: _____ Zip: _____ Home Phone: () _____

Child's School Name: _____ Child's grade (current): _____

Please select a "Race" and answer yes or no under Hispanic/Latino and if you answer yes; please provide your child's Ethnicity/Country of Origin.

"Race Categories"

- White
- Black /African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/ Other Pacific Islander
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black African American
- Other Multi Racial: _____

Hispanic or Latino

- | | |
|-----------------------------|-------------------------------|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES- |

Ethnicity/Country of Origin

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

(3) Child's Medical History

Does your child have any of the following medical problems or concerns? Please check all boxes that apply.
(This information is used to ensure your child's well being and will not affect your child's acceptance)

- Asthma
- Glasses
- Hearing aid needed
- Frequent Bloody Nose
- Epi-Pen use
- ADD or ADHD (Hyperactivity)

Medication _____

- Allergic reactions to: _____

- Other serious medical conditions
Please explain: _____

- Learning Disabilities

Type _____

- Special education at school

Does your child have an I.E.P.? Yes No
(If you answered yes, please provide a copy of the plan to the Center.)

- 504 Plan

Physician Name _____ Physician Phone Number _____

Physician Address _____ City/State/Zip _____

Dentist Name _____ Dentist Phone Number _____

Dentist Address _____ City/State/Zip _____

(4) Guardian Information

Is this child a ward of the state? YES NO Social Worker's Name: _____ Phone Number: _____

Guardian Name: _____ Relationship to child: _____
Address (if different than child's): _____ City/State _____ Zip Code _____
Employer Name: _____
Home Phone: _____ Work Phone: _____ Work Extension: _____
Cell/Pager: _____ Email: _____

Guardian Name: _____ Relationship to child: _____
Address (if different than child's): _____ City/State _____ Zip Code _____
Employer Name: _____
Home Phone: _____ Work Phone: _____ Work Extension: _____
Cell/Pager: _____ Email: _____

(5) Emergency Contact Information

(Two contacts other than the legal guardians are required.)

(1) Primary emergency contact and pick-up name (cannot be guardian): _____
Relationship to child: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell/Pager: _____

(2) Secondary emergency contact and pick-up name (cannot be guardian): _____
Relationship to child: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell/Pager: _____

(6) Financial Statement

Financial Assistance Received (Check all that apply):

- TANF Food Stamps General Assistance Social Security Disability Social Security Income
 Veterans Compensation Care 4 Kids Alimony

Please write your income and family size below and submit three current payroll checks with your application.

Family Size	Weekly Income	Bi-Weekly Income	Annual Income

(7) General Release

Child First Name: _____ Child Last Name: _____

I, _____, the legal guardian of _____
(Print Legal Guardian's Name) (Print Child's Name)

Hereby release *The Center: A Drop-In Community Learning & Resource Center program*, and any organization with which it might contract for services, from any and all liability for any injury that might befall my child during *The Center: A Drop-In Community Learning & Resource Center* programs and activities. I understand that this program is educational and recreational and I hereby certify my child is in good health and may participate in all aspects of program activities except as stated in writing and included on this form.

I give permission for my child to participate in:

- The childcare provider, has my permission to transport my child, if necessary, when my child is in care.
- Field trips either walking, in the van or bus.
- Computer classes and I will review the Parent Handbook policies and procedures and discuss the policies and the acceptable use of the computer and internet with my child/children.

I authorize the New London Public School District to give any and all medical and/or educational records concerning my child to *The Center: A Drop-In Community Learning & Resource Center*. I understand that this information will be used to meet state health requirements and to evaluate the academic and fitness needs and performance of my child. I further give consent to *The Center: A Drop-In Community Learning Center* to assess the impact of programming on my child's academic progress and social development through research and use of evidence based practices.

I authorize *The Center: A Drop-In Community Learning & Resource Center* the right to use photographs and other records of my child's likeness, voice, and sounds during his/her participation, and to reuse or license the right to reuse such photographs and recordings of his/her name, likeness and biography, in all media and in all forms, including, but not limited to, his/her participation in programs and activities, without compensation to me or any limitation whatsoever.

Behavior Management- We promote a positive system of behavior management based on praise, humor, modeling, redirection, and choice. If a child does not respond to these strategies, the staff member will issue a verbal warning. If the behavior continues, issue a second warning and indicate the consequences if the behavior continues. After the second warning staff may:

- Initiate a time-out for a period of time that is age-appropriate (number of minutes not to exceed the age of the child)
- Limit participation in activities
- Revoke privileges
- Contact the parent

The following behaviors will not be tolerated: fighting, stealing, vandalism, intimidation, extortion, and defiance. Consequences for such behavior may include:

- Suspension from the program
- Reparation of damages
- Dismissal from the program
- Log any intervention in the participant's file.
- Following any disciplinary intervention, ask the child to identify the behavior that warranted the intervention as well as appropriate behaviors to use next time.

Methods of Discipline:

- Children will be encouraged to think of solutions or alternatives for their own misbehavior. This enables the child to accept responsibility for their own actions.
- Children will be redirected from aimless, inappropriate behavior to a more constructive, successful experience by using appropriate choices.
- Children will be removed from a provoking situation. This technique gives children the opportunity to gain control of him/her self. If the child becomes out of control and/or poses a danger to him/her self or other children, he will be sent to the Head Teacher or the Executive Director. The objective is to preserve the child's self-esteem, not to exploit or demean the child. The child decides how long he/she needs before returning to the group.

I authorize *The Center: A Drop-In Community Learning & Resource Center*, to have any and all necessary medical care provided to my child in case of an emergency. I understand that I will be contacted as soon as possible, should such emergency arise.

Guardian's Signature _____ Date: _____

Annual Review of Application

Date that the application was reviewed: _____ . Guardian's Signature _____

Date that the application was reviewed: _____ . Guardian's Signature _____

Date that the application was reviewed: _____ . Guardian's Signature _____

If you need to update any information on this application please request for a change of information form.

Do not write below * OFFICE USE ONLY * Do not write below

Supplemental Information Checklist

	Date Received	Staff Initials	Comments
<input type="checkbox"/> \$50 Application Fee			
<input type="checkbox"/> Nutrition Form			
<input type="checkbox"/> Care 4 Kids Application			
<input type="checkbox"/> Current Paychecks			
<input type="checkbox"/> Student Health Records			
<input type="checkbox"/> Birth Certificate (ECEP Only)			
<input type="checkbox"/> Potassium Iodide Authorization Form			
<input type="checkbox"/> Release Forms			