ENROLLMENT FORM LIST

Today Date:_______

PRE SCHOOL (August -June)	BEFORE SCHOOL (August -June)	AFTER SCHOOL (August- June)	SUMMER ENRICHMENT (June-August)

Child Name: ____

Parent Name: ____

FORMS	COMMENTS
1. DILC ENROLLMENT APPLICATION	
2. REGISTRATION FEE $50.00 (per program i.e. Before/After care, Summer Enrichment & Preschool)	
3. Care4Kids Application (if applicable) https://portal.ct.gov/oec/care4kids?language=en_US	
4. Care4Kids Parent Provider (if applicable) and Child and Adult Care Food Program (CACFP) mandatory	
5. Current Pay Stubs (current for one month), Tax Return, Proof of Resident (electric, phone bill or etc.)	
6. Student Health Assessment • Parent/Caregiver Form • Birth Certificate	
7. Doctor Office • Immunization Record • Physical Form • Medication Medication Form with Action Plan (If applicable)	
• 8. Potassium Iodide Authorization Form	
9. Permission/Release Form	
10. Things to Know about Before/After School	
11. Things to know about Summer Enrichment	
12. Home Language Survey (Pre-School)	
13. Developmental History (Pre School)	
14. Things to know about (Pre-School)	
15. IEP / Additional Instructions	

Revised 3/27/2026

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

Enrollment Application

Application fees: $50 (non-refundable)

(1) Program Selection

☐ Before Care Program (7:00AM-9:00AM)
☐ Summer Enrichment (8:00AM-4:00PM) school-age
☐ After School Program school-age (2:30-5:30PM)
☐ Early Childhood Education Program 2.9-5yrs (8:30AM-3:30PM)

(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"	Hispanic or Latino		Ethnicity/Country of Origin
☐ White	☐ NO	☐ YES-	__________
☐ Black /African American	☐ NO	☐ YES-	__________
☐ Asian	☐ NO	☐ YES-	__________
☐ American Indian/Alaskan Native	☐ NO	☐ YES-	__________
☐ Native Hawaiian/ Other Pacific Islander	☐ NO	☐ YES-	__________
☐ Asian & White	☐ NO	☐ YES-	__________
☐ Black/African American & White	☐ NO	☐ YES-	__________
☐ American Indian/Alaskan Native & White	☐ NO	☐ YES-	__________
☐ American Indian/Alaskan Native & Black African American	☐ NO	☐ YES-	__________
☐ Other Multi Racial: __________	☐ NO	☐ YES-	__________

(3) Child's Medical History

Does your child have any of the following medical conditions or concerns? Please check all boxes that apply.
(This information is used to ensure your child's well-being and <u>will not</u> 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 ☐ SNAP ☐ General Assistance ☐ Social Security Disability ☐ Social Security Income
☐ Veterans Compensation ☐ Care 4 Kids ☐ Alimony

Please write your income and family size below and submit one month of current payroll checks stubs with your application.

Family Size	Weekly Income	Bi-Weekly Income	Annual Income

(7) General Release

Child First Name: ___________________________Child Last 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 themselves. If the child becomes out of control and/or poses a danger to him/herself 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 an emergency arise.

Guardian's Signature____ Date: _________

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

Supplemental Information Checklist

	Date Received	Staff Initials	Comments
☐ **$50 Application Fee**			
☐ **Nutrition Form**			
☐ **Care 4 Kids Application/Parent Provider**			
☐ **Current Paychecks/Tax Return**			
☐ **Student Health Records/Shot Records**			
☐ **Birth Certificate**			
☐ **Potassium Iodide Authorization Form**			
☐ **Release Forms**			

Annual Review of Application

Date that the application was reviewed: _______________. Guardian's Signature____________________

Date that the application was reviewed: _______________. Guardian's Signature____________________

Child and Adult Care Food Program (CACFP)

Income Eligibility Application for CACFP Child Care Centers and Head Start

Instructions: Refer to *Instructions for Income Eligibility Application for CACFP Child Care Centers and Head Start.*

Part 1 — Child's information

Child's name: ____ Age:_______ Birth date (*month, day, year*):____________

Child's normal child care schedule (*Check all days that apply):*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Child's normal hours of care *(include time and circle AM or PM):*

__________ AM/PM to __________ AM/PM and__________ AM/PM to __________AM/PM

Normal meal services provided to child *(Check all meals/snacks that apply):*

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

Part 2A — Participants categorically eligible as free for CACFP benefits

Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, and households with foster children. *Complete this part and part 3. Do not complete part 2B.*

SNAP case number:____________________TFA case number:______________________ Check if foster child: ☐

Part 2B — All other households *If you did not complete part 2A, complete this part and part 3.*

- **Names of all household members:** List **everyone** in the household, including the child listed in part 1 above.
- **Gross income and how often it was received:** List each person's **gross income and how often it was received:** Indicate if income was received monthly, two times a month, every two weeks, or weekly by placing the **amount of income** in the appropriate frequency box. You **must** place the income in the appropriate frequency box.

	Earnings from work (before deductions) – job 1				Public assistance/ alimony/child support				Pensions/retirement/social security/all other income			
Names	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												

Part 3 — Contact information, signature, and social security number

An adult household member must sign and date this form before it can be approved.

I certify (promise) that all information on this form is true, and that all income is reported. I understand that the center will receive federal funds based on the information I provide. I understand that CACFP officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Printed name of adult:________________________________ Signature:________________________________

Income Eligibility Application for CACFP Child Care Centers and Head Start

Date:____________ Last four digits of Social Security Number (SSN): XXX-XX-____________ ☐ I do not have a SSN

Home telephone: ______________________________ Work telephone: ______________________________

Home address: __________________________ City: ____________________ State:_____ Zip Code:________

Part 4 — Racial and ethnic identity (optional) *You are not required to complete this part.*

Ethnicity *(Check one):*
- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Race *(Check one or more):*
- ☐ Asian
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

For more information on the CACFP, visit the Connecticut State Department of Education's (CSDE) CACFP website or contact the CACFP staff at the CSDE, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.This document is available at https://portal.ct.gov/-/media/sde/nutrition/cacfp/forms/incelig//income_eligibility_application_cacfp_centers.pdf.

For sponsor use only – Do not write below this line

Annual income conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a month X 24 • Monthly X 12

Total family income: $________________ Family size:__________ **OR** ☐ SNAP/SSI/Medicaid household

☐ Eligible Free ☐ Eligible Reduced ☐ Over Income

Signature of sponsor eligibility official:____________________________________ Date: ____________________

Permission Release Form

Acknowledgement of:

First Aid / CPR • Behavior Management • Field Trips • Photos and Videos

Name of Child: ______________________________ Date: ____________

First Aid and CPR Permission

I acknowledge that I have read the Accident and Emergency policy in the parent handbook and I give the Drop staff permission to administer First Aid and/or CPR to my child.

____

Signature of Parent/Guardian

Discipline Policy and Behavioral Guidance

I acknowledge that I have read the Discipline Policy and Behavioral Guidance in the parent handbook and I give the Drop staff permission to use appropriate measures as stated in the handbook.

____

Signature of Parent/Guardian

I acknowledge that I have read the Field Trip Policy in the parent handbook and I will follow the stated procedures.

____

Signature of Parent/Guardian

Photo Release

I give consent to the use of photographs/videos taken during our programs for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use.

____ Yes, I give consent for The Drop-In Learning Center/Camp to photograph my child for program purposes and/or events.

_____No, I do not authorize to The Drop-In Learning Center/Camp to photograph for my child for any event.

____

Signature of Parent/Guardian

POTASSIUM IODIDE (KI) FACT SHEET AND PERMISSION FORM

The State of Connecticut is making Potassium Iodide tablets (KI) available to child care facilities and youth camps within the 10-mile emergency –planning zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance that you might be exposed to a harmful amount of radioactive iodine. In the rare event of a nuclear emergency, your child care provider will be directed when to administer KI through the Emergency Alert System (EAS). Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine. Your childcare program or youth camp must obtain your written consent in order to administer KI pills to your child/children. Please remember that the administration of KI to your child under these emergency conditions is voluntary.

Contraindications:

*Your child should not take Potassium Iodide if he/she is allergic to iodine.
*Your child should not take Potassium Iodide if he/she has chronic hives.
*Although a single tablet of KI should be tolerated by most people, some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:
*Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives,
*Autoimmune thyroid disease, such as Graves disease.

Potential side Effects:
Please consult with your pediatrician if your child experiences any of these side effects:
*Minor upset stomach
*Rash

Name of Child:______________________________ Date of Birth:________________

Street____

City:______________________________ State:______ Zip:____________________

Please indicate your **authorization** or **refusal** by marking the appropriate line below:

_______**YES,** I want my above named child to be administered KI by my provider when: The Governor declares a nuclear emergency, **AND** individuals in specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets **AND** I understand that the ingestion of Potassium Iodide (KI) under these circumstances is **voluntary**.

_______**NO,** I do **NOT** want my above named child to be given Potassium Iodide (KI) by my provider in the event of a nuclear emergency. I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.

______________________________________ ____________________
(Parent/Guardian Signature) (Date)

Family Fee Calculator - https://ece-reporter.oec.ct.gov/#InstructionTab

Documentation

- The most recent state or federal tax return to determine gross annual income.
- Recent pay stubs corresponding to one month.
- Weekly pay = 4 pay stubs
- Biweekly pay = 2 pay stubs
- Others: Notarized letter from the employer or employment contract.
- Individuals who are self-employed must submit their individual or state income tax return, or their current business records.
- Families that report having zero (0) income may be required to complete a program form to certify the absence of income.

This is based on income and the number of people in your household.

Child and Adult Care Food Program (CACFP)

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

July 1, 2025, through June 30, 2026

Dear Parent or Guardian:

The Drop-In Learning Center is planning to seek assistance for nutritious meals served under the Child and Adult Care Food Program (CACFP). The CACFP is funded by the U.S. Department of Agriculture (USDA) and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced-price meals. We must document the eligibility of these children by obtaining family size and income data. Households with incomes at or below the level in “Gross Income Guidelines for Reduced-price Meals” (see page 2) are eligible for free meals. Please complete, sign, date, and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

Participants categorically eligible as free for CACFP benefits: Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, and households with foster children are eligible for free CACFP meals.

- **SNAP or TFA:** If you currently receive SNAP or TFA benefits for your child, you only need to list your child’s name, SNAP or TFA case number, and **sign and date** the application.

- **Foster children:** If your household includes a foster child, you only need to list your child’s name, check the foster child box, and **sign and date** the application. In accordance with the Healthy, Hunger-Free Kids Act of 2010, foster children who are the responsibility of the state or are formally placed by a state child welfare agency or court are categorically eligible for free CACFP benefits. *This provision does not apply to informal arrangements or placements that may exist outside of state or court-based systems.* Eligibility for formally placed foster children is no longer determined based on their personal use income and a family size of one. The child care institution must obtain documentation from an appropriate state or local agency documenting the child’s foster status. Households with both foster and non-foster children may choose to include all

children on the same application. However, the presence of a foster child in the household does not convey eligibility for free meals to all children in the household.

All other households: If your household income is at or below the level shown in the chart on page 3, "Gross Income Guidelines for Reduced-price Meals," you must provide the following information for your application to be processed.

- **Household members:** List the names of everyone who lives in your household. Include parents, grandparents, **all** children, other relatives, and unrelated people who live in your household.
- **Social Security number:** List the last four digits of the social security number of the adult household member who signs the application. If the adult does not have a social security number, check (☑) the box next to the statement, "I do not have a SSN."
- **Current income:** List the amount of income each person earned **last** month (*before* deductions for taxes, social security, etc.), and where it is from, such as wages, retirement, or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

Signature and date: An adult household member must **sign and date** the application.

Reporting changes: In accordance with the Child Nutrition and WIC Reauthorization Act of 2004, households are no longer required to report changes in circumstances, e.g., increase in income, decrease in household size, or when the household is no longer certified eligible for SNAP or TFA benefits. Once properly approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

Reapplication: If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

Gross Income Guidelines for Reduced-Price Meals
Effective from July 1, 2024, through June 30, 2025

Number in family	Annual (yearly)	Monthly	Twice per month	Every two weeks (biweekly)	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional family member	9,953	830	415	383	192

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR)

about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Retain for your record 4 of 4