# 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 and Parent Provider (if applicable) https://portal.ct.gov/oec/care4kids?language=en_US | |
| 4. Child and Adult Care Food Program (CACFP) mandatory | |
| 5. Current Pay Stubs (current for one month) or Tax Return, and Proof of Resident (electric, phone bill or etc.) | |
| 6. Student Health Assessment<br>• Parent/Caregiver Form<br>• Birth Certificate | |
| 7. Doctor Office<br>• Immunization Record<br>• Physical Form<br>• Medication<br>Medication Form with Action Plan (If applicable) | |
| 8. Potassium Iodide Authorization Form | |
| 9. Permission/Release Form | |
| 10. Individualize Education Program (IEP)/ 504 Plan | |
| | |



Revised 8/11/2026

# 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

**C** ☐ **Femal**

**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) Ch

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_____

☐ **ecial education at school**
Does your child have an I.E.P.? ☐ Yes ☐ No
*(If you answe*
*of the plan to the Center.)*

☐ **4 Plan**

Physician Name _____ Physician Phone Number _____

Physician Address_____ City/State/Zip _____

Dentist Name _____ Dentist Phone Number _____

Dentist _____ 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): _____

Employer Name: _____

Home Phone: _____ Work Phone: _____ Work Extension: _____

Cell/Pager: _____

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 Information

(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

☐ TANF ☐ SNAP ☐ General Assistance ☐ Social Security Disability ☐ Social Security Income

☐ Veterans Compensation ☐ Child Support ☐ 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: _____**