



# Children's Learning Center at Mitchell College

## REGISTRATION & ENROLLMENT FORM

### 2017-2018 School Year

Current Date: \_\_\_\_\_ Anticipated Enrollment Date: \_\_\_\_\_

Child's Name: (First, Middle, Last) \_\_\_\_\_

Name to be called at school: \_\_\_\_\_ Gender: M/F Date of Birth: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Information to be completed by parent/guardian. ANY revisions or a change of information requires a revised form. Preschool staff is only responsible for providing information noted on this form to emergency personnel. PARENTS: This form requires both parents' information unless child is in the custody of only one parent; copy of custody papers is required to be on file at the Children's Learning Center.

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Local Emergency Contact: (First, Last) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

ADDITIONAL PEOPLE AUTHORIZED TO PICK UP CHILD FROM CENTER: (Photo I.D. Required)

Name: (First/Last) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: (First/Last) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Persons UNAUTHORIZED to pick up Child:

Name: (First, Last) \_\_\_\_\_

Brief Description: \_\_\_\_\_

Cultural Demographics:

Is your child Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Race (check all that apply): American Indian or Alaskan Native \_\_\_\_\_ Asian American \_\_\_\_\_

Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Additional Information:

Has the child attended preschool before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name of school and at what age the child attended:

\_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have any special medical condition, allergies, or needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Does the child have any identified special educational needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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Are there other children in the household? (Include names and birth dates)

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What language did the child learn to speak first? \_\_\_\_\_

What is the primary language spoken in the child's home? \_\_\_\_\_

What other information regarding your child's life experiences can you share that will allow us to meet your child's needs? Is there anything else you think we should know about the child? (Special interests, experiences, home life, etc.)

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#### PAYMENT

I understand it is my responsibility to pay for services rendered. Payment is due by check or credit card, online, by close of business Friday for the week ahead. Accounts are considered delinquent when overdue by one week. A late fee of \$25 will be assessed by close of business Friday to all accounts overdue. Initial \_\_\_\_\_ Failure to pay will result in this account being turn over to collections and the child being dismissed from care. All legal expenses incurred in an attempt to collect payments for this account will also be my responsibility. Initial \_\_\_\_\_

#### PHOTO/MEDIA RELEASE

I give approval to use the pictures/video taken of my child for the bulletin boards, special projects, publicity or advertisements including internet based products and promotions. Initial \_\_\_\_\_

#### PARENT HANDBOOK & BEHAVIOR/DISCIPLINE POLICY

Prior to their child attending, parents are required to sign that they have received and agree to abide by Children's Learning Center handbook policies including the Center's behavior and discipline policy.

#### WALKING PERMISSION SLIP

I give permission for my child to participate in "walking" field trips around the area of Mitchell College Children's Learning Center. Initial \_\_\_\_\_

May we add your contact information to our class list to be shared with other families in your child's class?  
Y / N

How did you hear of us?

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**Note: A \$35.00 non-refundable registration fee must accompany this form.** An Early Childhood Health Assessment Record including immunizations, must be completed by a healthcare professional with a complete physical exam prior to the child’s anticipated enrollment date. You may download the Connecticut state form at [http://www.ct.gov/oec/lib/oec/licensing/childcare/cdc\\_childhlthassessrcd.pdf](http://www.ct.gov/oec/lib/oec/licensing/childcare/cdc_childhlthassessrcd.pdf).

**DAYS AND TIMES MY CHILD WILL ATTEND**

The Children’s Learning Center at Mitchell College will be open Monday through Friday from 6:00am until 6:00pm with Full Day Preschool hours from 8:00am until 4:00pm, Half Day Preschool hours from 8:00am until 1:00pm, Before Care from 6am-8am and After Care from 4pm-6pm. You may choose either M-F Full Day Schedule or M-F Half Day Schedule. Scheduled school closures and events are posted on our website at <http://mitchell.edu/clc-calendar>. The 2017/2018 school year begins August 28, 2017 and our 2018 summer program begins June 18, 2018.

- My child will be attending Full-Day, Monday through Friday, from 8am-4pm
- My child will be attending Half Day, Monday through Friday, from 8am-1pm

My child will need Before Care (6-8am) Y / N

My child will need After Care (4-6pm) Y / N

If you are requesting Before and/or After Care, please fill in the days/times your child will attend the Children’s Learning Center including the before and after care times requested.

| Days | Monday          | Tuesday         | Wednesday       | Thursday        | Friday          |
|------|-----------------|-----------------|-----------------|-----------------|-----------------|
| From | _____ a.m./p.m. | _____ a.m./p.m. | _____ a.m./p.m. | _____ a.m./p.m. | _____ a.m./p.m. |
| To   | _____ a.m./p.m. | _____ a.m./p.m. | _____ a.m./p.m. | _____ a.m./p.m. | _____ a.m./p.m. |

**RATES**

- \$205 per week per child for Full Day (8am-4pm, M-F)
- \$145 per week per child for Half Day (8am-1pm, M-F)
- \$10 per hour per child for before care and/or after care (6-8am and/or 4-6pm, M-F)
- \$10 per week fee for a child who is not fully potty-trained
- 10% discount for more than one child; discount applied to higher priced tuition

**Complete and submit all forms with non-refundable \$35 registration fee:**

- Online at <https://mitchell.diamondmindinc.com/> (note in the Comment box: “CLC Registration Fee”)

**OR**

- Check made payable to:  
 “Mitchell College” with “CLC” in the memo  
 Children’s Learning Center at Mitchell College  
 437 Pequot Avenue  
 New London, CT 0632



## Children's Learning Center at Mitchell College EMERGENCY MEDICAL INFORMATION & CONSENT

MEDICAL INFORMATION (Parent is responsible for providing an updated form when information changes)  
Note any allergies or pertinent health conditions that emergency personnel should know. (Bee Stings, allergies, asthma, medications s/he is taking, diabetes, etc.) I understand that if my child is allergic to anything requiring the use of an Epi-Pen, I must bring an Epi-Pen to the Children's Learning Center to keep onsite.

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### PHYSICIAN INFORMATION

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Name: \_\_\_\_\_ Name Insured Under: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

### PERMISSION TO SEEK CARE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention. I understand the teachers in the childcare center are trained in the basics of First Aid and I authorize them to give my child First Aid.

I also hereby authorize the Children's Learning Center at Mitchell College personnel to call an emergency ambulance (at the parent/guardian(s) expense) in event of accident or acute illness, and to arrange for necessary and emergency care such as x-ray, examinations, anesthetic, medical, or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general statute of special supervision, and on the advice of any physician or surgical licensed to practice in the State of Connecticut when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. It is understood that conscientious effort will be made to notify me (us) before such action will be taken.

I hereby absolve the Children's Learning Center at Mitchell College and Mitchell College of any and all liability claims, courses of action, or expenses, including any attorney fees, and any and all medical expenses. I understand that I am responsible for providing revisions to the information provided on the emergency information form as needed. Initial \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_