



Children's Learning Center at Mitchell College

REGISTRATION & ENROLLMENT FORM

2020/2021 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:

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

What language did the child learn to speak first? _____

What are the primary languages 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.)

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 turned 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 pictures/video taken of my child for the bulletin boards and special projects in the classroom. Initial _____

I give approval to use pictures/video taken of my child for publicity or advertisements including internet based products and promotions. Initial _____

PARENT HANDBOOK & BEHAVIOR/DISCIPLINE POLICY

I acknowledge receiving the parent handbook and will abide by the policies that are written to help maintain a quality childcare center for my child. Initial _____

I understand the Center's Behavior & Discipline Policy. Initial _____

WALKING PERMISSION SLIP

I give permission for my child to participate in walking field trips around Mitchell College campus, the local neighborhood, and Toby May Park. 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?

Note: A \$50.00 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.

DAYS AND TIMES MY CHILD WILL ATTEND

The Children's Learning Center at Mitchell College will be open Monday through Friday from 7:00am until 6:00pm. Full Day Preschool hours are 8:00am until 4:00pm; before care and after care for Full Day program is available and included in your tuition. Half Day Preschool hours are 8:00am until 1:00pm; limited before care and after care for Half Day program is available for \$10 per hour per child.

You may choose either M-F Full Day program or M-F Half Day program. Scheduled school closures and events are posted on our website at <https://mitchell.edu/clc-calendar-20-21>.

The 2020/2021 school year begins August 31, 2020 and our 2021 summer program begins June 21, 2021.

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

| 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/FEES

\$50 registration fee (non-refundable)

\$40 yearly per child materials fee

\$240 per week per child for Full Day (8am-4pm, M-F); before care (7-8am) & after care(4-6pm) is included

\$155 per week per child for Half Day (8am-1pm, M-F); limited before care & after care is \$10 per hour per child

\$10 per week additional fee for a child in diapers

10% discount for more than one child; discount applied to higher priced tuition

Complete and submit all forms with non-refundable \$50 registration fee:

- **Check made payable to:**
"Mitchell College" with "CLC" in the memo
Children's Learning Center at Mitchell College
437 Pequot Avenue
New London, CT 06320



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.

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: _____