

Enrollment Information Form
 Children's Center of Weston

For office use:
 Adm. Date _____
 Age at Adm. _____

Child's Name (last) _____ (first) _____ (nickname) _____

Child's Date of Birth _____ Grade in September _____ School _____
 (if known)

Child's Address _____

Child's Home Phone Number _____

Parent or Guardian Name _____ Relationship to child _____

Work Name and Address _____

Work Phone Number(s) _____ Hours at work _____

Cell Phone/Pager #, etc. _____

email address _____

Parent or Guardian Name _____ Relationship to child _____

Work Name and Address _____

Work Phone Number(s) _____ Hours at work _____

Cell Phone/Pager #, etc. _____

email address _____

Please check off applicable days and pick-up times in the chart below. (Refer to "Enrollment Agreement" for minimum requirements and specific enrollment policies).

	MON	TUES	WED	THU	FRI
Kindergartner until 4:30					
Kindergartner until 6:00					
1 st - 5 th Gr. until 4:30					
1 st - 5 th Gr. until 6:00					

Please complete other side.

Enrollment Information Form: Part II

All information contained herein will be treated as confidential by the Children's Center of Weston, Inc. and used solely in connection with its operation.

1. Will your child's school have on file in September documentation of a physical exam, up-to-date immunizations, and lead screening? Yes _____ No _____

2. Does your child have any allergies or other chronic health condition? Please describe any reaction we should be aware of.

3. Is your child receiving any special services? Please describe.

4. Does your child have any special limitations regarding activity, diet, or health?

5. Other children in the family and ages:

6. Is there any other information about your child's development, adjustment to new social situations, or current family situation which you feel the teacher should know?

7. May we print your home address and phone number in a CCW family directory?

Yes _____ No _____

8. Please indicate if you would like to be on an e-mail share list with other C.C.W. parents, or if you want your e-mail address to be used for in-house administrative purposes only:

_____ okay to share with other parents _____ in-house use only

9. Child's identifying information--required by our state licensing agency. (A current photograph may be substituted if available):

Eye color _____ Hair color _____ Sex _____
Height _____ Weight _____ Skin color _____
Identifying Marks _____

Parent/Guardian signature _____

Date: _____ School year dates: _____

**FIRST AID AND EMERGENCY AID MEDICAL CARE
CONSENT FORM**

Child's Name _____ Date of Birth _____

I authorize staff at the Children's Center of Weston who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary treatment for my child.

Child's Physician Name _____
Address _____
Phone Number _____

Child's allergies _____
Chronic health conditions _____

EMERGENCY CONTACTS OTHER THAN PARENTS:
(please list in the order that they should be contacted)

Name: _____ Address: _____
Relationship _____
to child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____
Relationship _____
to child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____
Relationship _____
to child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Ins. Coverage _____ **Policy #** _____

Parent/guardian signature: _____ Date: _____ School year dates: _____

CHILDREN'S CENTER OF WESTON TRANSPORTATION PLAN

Child's Name _____

My child will arrive at the program by:

_____ C.C.W. Staff Supervised Walk. (All Woodland School children will be met by a CCW teacher and walked to our rooms.)

_____ School Bus Drop-Off. (All children who take the school bus to the Woodland School are the responsibility of the Public Schools until they are met at the bus by a CCW staff member.)

_____ Supervised Walk. (4th and 5th Graders are the responsibility of the Public Schools until they are met at Field School by a CCW staff member. At regular dismissal 4th and 5th graders will have a supervised walk to Country School by CCW staff)

_____ Other (please describe _____)

My child will depart from the program by:

_____ Parent pick-up

_____ Other (please describe _____)

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one other than parents is authorized, please indicate below by writing "NO ONE".)**

1. Name _____ Relationship to child _____

Address _____ Phone _____

2. Name _____ Relationship to child _____

Address _____ Phone _____

3. Name _____ Relationship to child _____

Address _____ Phone _____

Any other transportation requests must be stated in writing and maintained in the child's file **or the above plan must be implemented.**

Parent/Guardian Signature: _____ Date: _____ School year dates: _____

CHILDREN'S CENTER OF WESTON

Please note: a separate form must be completed for each child.

Field Trip Release Form

I hereby give permission for my child _____ to leave the Children's Center of Weston's premises to participate in teacher-supervised, brief walking trips to the other C.C.W. site (Field or Woodland School) public library, Land's Sake Farm, the Case Estates, etc., during the school year 2016 - 2017.

Signed _____

Date: _____ School year dates: _____

Emergency Evacuation Transportation Release Form

I hereby give permission for my child _____ permission to board and ride a bus to a new safe location as/if necessary if transport is necessary in an emergency evacuation. Transportation would be contacted and directed by CCW/school/emergency personnel.

Signed _____

Date: _____ School year dates: _____

Permission to be Photographed

I hereby give my permission for the Children's Center to photograph and/or use photographs of my child _____ in conjunction with its programming including being posted on the CCW website and private CCW invite only social media.

Signed _____

Date: _____ School year dates: _____

**ENROLLMENT & FINANCIAL AGREEMENT BETWEEN THE PARENTS
& PARENT BOARD OF THE CHILDREN'S CENTER OF WESTON**

The enrollment and financial policies established by the Parent Board are enumerated below. The Children's Center is a nonprofit, tightly budgeted organization dependent upon prompt tuition payment to cover salary commitments to the staff, rent for space, and supplies to maintain our programs. We ask for your cooperation in keeping our Center viable by abiding by the terms of this agreement and not asking for exceptions to be made.

The Parent Board of C.C.W.

1. Enrollment is for the school year. A deposit of \$200.00 for the first child plus \$100.00 for each additional child, to be credited to the last tuition payment, guarantees your child(ren)'s space in the Center for the year. If you voluntarily withdraw your child before the end of the school year for any reason, the deposit will be forfeited.
2. The minimum enrollment is 4 days per week for all grades, except that children currently enrolled for 3 days may retain this schedule.
3. Once agreement is reached between the parent and staff about the days and times a child is to be enrolled, changes are not permitted which would result in a net loss to the Center (except in cases of change in life circumstances) during the school year.
4. If space permits, a child occasionally may attend the Center on days which s/he is not enrolled for an additional fee. Arrangements must be made in advance with the staff. Substitution of days is not permitted.
5. Tuition may be paid either quarterly or monthly. If you elect a monthly payment schedule, ten equal tuition payments will be due the first day of each month (September through June). You will not be billed. If you elect a quarterly payment schedule, a bill will be sent home at least ten days before payment is due. All late payments will be subject to a \$10.00 penalty.
6. The rate of tuition is subject to increase at the discretion of the Parent Board.

