

**The
Phelps Ingersoll
Center for Children**



**2020-2021
Enrollment Application**

This enrollment packet applies to children ages 3-5 years only.

To Register:

- Complete registration packet in full.
- Provide a copy of proof of residence (Utility Bill)
- Provide a copy of your child's birth certificate.
- Provide a copy of your child's medical insurance card.
- Provide income information to establish fee.
- Provide the Early Childhood Health Assessment Form (yellow physical examination form) signed by your child's doctor.
- Provide a copy of your child's up to date immunizations.
- To apply for a School Readiness slot, in addition to this packet, applicant must supply the following:
 - ✓ Verification of family income (2-4 current pay stubs from each parent/guardian, regardless of marital status if living together.
 - ✓ If receiving state or city subsidy, submit your budget sheet.
 - ✓ Completed Care-4-Kids application.

Tuition:

- ★ For School Readiness: Proof of income is required for all families, however, families claiming to fall over 75% of the state median income may provide an estimate without documentation but must agree to pay the cost of care
- ★ Unsubsidized cost of care is \$175.00 per week.
- ★ The weekly fee for School Readiness subsidized care varies based upon income and family size.
- ★ All families meeting eligibility for Care-4-Kids will be required to apply.
- ★ Fees will be determined using a Fee Schedule established by the State of Connecticut, Office of Early Childhood. Fees cannot be calculated without complete documentation. Staff will contact you when your weekly fee has been set.



Phelps Ingersoll Center for Children

99 Union Street Middletown Connecticut 06457
860-343-6227

Date: _____

Childcare Enrollment Form

1. Phelps Ingersoll Center for Children

Located at 99 Union Street. Hours are 7:15am-5:15pm, year round. Lunch is included.

2. Phelps Ingersoll Center for Children at MacDonough

Located at 66 Spring St. Hours are 8:50am-3:35pm, school year schedule.

Which Site are you interested in? _____

Child's Full Name: _____ Gender _____

Home Address: _____

Date of Birth: _____ Current Age: _____ Child Soc. Sec. # _____
(Copy of birth certificate required)

Parent's name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____ Number Hours Working p/week _____

Employer: _____ Work Phone _____ ext _____

Address of Employer: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____ Number Hours Working p/week _____

Employer: _____ Work Phone: _____ ext _____

Address of Employer: _____

My child is: completely potty trained _____ working on training _____ not trained at all _____.

Parent's Marital Status: _____ Married, _____ Separated, _____ Divorced, _____ Widowed, _____ Single.

If Siblings, names and ages: _____

Is your child on any medication? __Yes__No Name of Medication(s) _____

Does your child have any medical problems (i.e.: Asthma, allergies)? _____Yes_____No

Please describe: _____

Does your child have any allergies? _____Yes_____No Please list: _____

Has your child participated in any Birth to Three services? _____Yes _____No

How does your child adjust to changes in routine or environment? _____

How does your child interact with other children and adults? _____

Have there been any recent events that have contributed to sudden changes in behavior? If so, please explain. _____



CHILD CARE AGREEMENT

Child _____

Parent/Guardian _____

- My child has permission to participate in the programs and activities of the center including use of all equipment.
- My child has permission to accompany an authorized staff person off the center premises for such events as neighborhood walks.
- The staff at the center have permission to conduct observations and assessments on my child for the purpose of building a portfolio, individualizing curriculum and parent/teacher conferences.
- I authorize the childcare center to allow professionals in the childcare field to view my child's personal and health record file for the purpose of fulfilling collaborating services when needed. Any information seen will be used solely for reporting purposes. A release of information form will be filled out first by the parent/guardian.
- I understand that all information gathered at enrollment and throughout the year on children is confidential and will only be used to administer the program and for gathering children's developmental and statistical information.
- I agree to sign my child in/out of the center every day and notify the center if my child will be absent or his/her schedule will vary more than one hour from what is customary.
- I agree to read the parent handbook, parent handouts, and bulletin boards on a regular basis and am responsible for the information provided. I agree to participate in parent teacher conferences, family events, and parent nights.
- I agree to share all relevant information about my child with staff and inform them of any situation that may cause a change in my child's behavior.
- I agree to pay for any damages to property or equipment that may result from my child's misbehavior.

Any information gathered is kept confidential and can only be accessed by Parents, Staff, or Regulatory Authorities.

The Center for Children is authorized to obtain emergency medical treatment and transportation by medical personnel to Middlesex Hospital for my child should the need arise. A Center staff member will accompany any child transported to Middlesex Hospital. I (we) agree to assume all financial responsibility that may arise

from such treatment.

Insurance Company _____ Policy Number _____
(A copy of child's health insurance card must accompany this application.)

I have received a parent Handbook _____.

I have reviewed the following policies with _____.

I understand and agree to abide by these policies:

_____ Behavior/Discipline Mgmt. Techniques	_____ Arrival, Departure Sign in/out
_____ Termination of Services	_____ Hours of Operation
_____ Administration of Medication	_____ Children who remain @ Center after Closing
_____ Care of a Sick Child	_____ Parent Survey
_____ Parent Involvement	_____ Holidays & Emergency Closings
_____ Emergency Medical Plans	_____ Enrollment Process
_____ Complaints	_____ Field Trips

Enrollment may be terminated if staff is not informed in writing of changes of information gathered at enrollment.

I (We) are legally responsible for the care of the above named child.

I (We) have shared the information necessary to determine my fee for child care and I understand I am responsible for this fee whether my child attends the center or not. Tuition is not charged for the week between Christmas and New Year's, as the Center is closed. Tuition payments will be made to the Northern Middlesex YMCA. Tuition is due by the Friday before the week of service.

Signature _____ Date _____
Parent or Guardian

Signature _____ Date _____
Parent or Guardian

Signature _____ Date _____
YMCA Staff



EMERGENCY/RELEASE FORM

Child _____ Date of Birth _____

Address _____ Home Phone _____

Parent/Guardian Name _____

Cell Phone _____ Work Phone _____

I give permission for YMCA Phelps Ingersoll Center for Children childcare staff to release my child to those indicated below. If I cannot be reached in the event of an emergency, childcare staff may contact those listed below. _____ Initial

Name	Phone Number
1.	
2.	
3.	

I understand that whenever possible, I will be notified prior to medical treatment of my child.

Doctor	Dentist
Name	Name
Phone Number	Phone Number
Address	Address
Insurance Carrier and Policy Number	

I give permission to the staff at the Phelps Ingersoll Center for Children to take whatever steps may be necessary to obtain emergency medical care if warranted which includes: administering basic first aid, calling the child's physician and/or calling 911 and have the child transported to the Middlesex Memorial Hospital emergency room by the local emergency unit (ambulance, police, fire). Additionally, I authorize the staff to obtain medical treatment if I cannot be present.

I also give permission to the staff at the Phelps Ingersoll Center for Children to take whatever emergency measures (e.g. disaster evacuation to another site) are necessary for the care and protection of my child.

Lastly I give permission for the following individuals to have access to health information about my child.

Parent/Guardian Signature _____ Date _____



FEE SCHEDULE 2019-2020

The Phelps Ingersoll Center for Children provides full day (7:15am-5:15pm), year round care for children. Children can be enrolled a maximum of 10 hours per day.

The Phelps Ingersoll Center for Children @ MacDonough provides a school day (8:50-3:35pm), school year (see Middletown Public Schools calendar) care for children.

Please enroll my child in the _____

with a planned arrival time of _____ and planned departure time of _____.

The regular fee for families not receiving subsidy from any source (School Readiness or DSS) is \$175.00 per week. Financial subsidies can be applied for based upon financial need and availability of slots.

Payment of Fees:

A **DEPOSIT** is due prior to child/children start date, equal to one week of care per family. Regular weekly fees are due on the Friday before the next week of care. Payments can be made at the front desk of the YMCA via cash, check, or credit/debit card, or by calling the front desk to pay with credit/debit card, or by automatic payments using a credit/debit card.

The following information is needed for government reporting based upon our acceptance of grants. It will remain confidential and will not be used for any other purposes.

Please check all that apply:

____ African American ____ Spanish Descent ____ White ____ Asian
____ Native American ____ Pacific Islander ____ Other

Annual State Median Income 50% Guidelines:

Family Size	1	2	3	4	5	6	7	8
Income	\$26,553	\$34,723	\$42,893	\$51,063	\$59,234	\$67,403	\$68,936	\$70,468

____ My Family is above the stated level ____ My family is below the stated level



PROGRAM INTAKE FORM

Parent Name: _____

Date: _____

Student Name: _____

Phone: _____

HEALTH

1. Is everyone in the family covered by medical insurance? Yes / No
Type of insurance: ____Public ____Private _____ Health Carrier ____No insurance
2. Is everyone in the family covered by dental insurance? Yes / No
Type of insurance: ____Public ____Private _____ Health Carrier ____No insurance
3. Are there any medical or dental concerns in the home? Yes / No
4. Does your family access WIC? Yes / No
5. Does your family access food stamps? Yes / No
6. Does your family need assistance obtaining additional food? Yes / No

EMPLOYMENT

1. Is **Parent 1** employed? Yes / No Type of work _____
Want job training? Yes / No Type of training _____
Want a job or a new job? Yes / No Type of job _____
2. Is **Parent 2** employed? Yes / No Type of work _____
Want job training? Yes / No Type of training _____
Want a job or a new job? Yes / No Type of job _____

EDUCATION

1. Does **Parent 1** have high school diploma or GED? Yes / No
Want high school diploma or GED? Yes / No
Want to go to college? Yes / No
2. Does **Parent 2** have high school diploma or GED? Yes / No
Want high school diploma or GED? Yes / No
Want to go to college? Yes / No

FAMILY RESOURCES

1. Does the family have a car or access? Yes / No Type of transportation _____
2. Does the family own or rent housing? _____

Is rent based on income?	Yes / No	Section 8?	Yes / No
Live with relatives?			Yes / No
Are there problems with the house or apartment?			Yes / No
<u>Explain</u>			
Are there neighborhood/community concerns?			Yes / No
<u>Explain</u>			

3. Does the family have close friends or family close by? Yes / No
4. Is any family member living outside the home? Yes / No
Explain

5. Is the family involved in any community, social, or religious organizations? Yes / No
6. Are adults registered to vote? Yes / No
7. Does the family receive Care4kids subsidy? Yes / No
8. Does your family need assistance with heating bills? Yes / No
9. Does your family need assistance with completing tax forms? Yes / No
10. Please note any other family needs: _____

LANGUAGE/CULTURAL INFORMATION

1. Do you or any other member of your family speak another language besides English? Yes / No
2. What other languages are spoken? _____
3. Would you like an interpreter if one can be provided? Yes / No
4. How does your family define your cultural identity? _____
5. Are there any cultural holiday, religious beliefs, foods, traditions, or other information that are an integral aspect of your family structure? _____
6. Are there any dietary or celebratory restrictions for your child? _____

PARENT INVOLVEMENT

1. Would you be willing to act as an interpreter for the program and/or another family in our program? Yes / No / NA
2. Would you be willing to translate preschool notices and/or documents? Yes / No / NA
3. Would you be willing to share information about your culture with your child's class and/or Pre-K classes? Yes / No
4. Would you be willing to participate on our Parent Advisory Committee? Yes / No
5. Would you be interested in participating in parent workshops/training? Yes / No
If so, what topics would you like training in? _____
6. Would you be willing to volunteer in your child's classroom and/or preschool program? Yes / No
If so, what times/days are you available? _____



SPECIAL INFORMATION ABOUT _____

Name of Person filling out this form _____ Date _____

What name would you like us to call your child? _____

What bodily function words does your child use? (pee, poop, etc) _____

How often does your child have bathroom accidents? _____

Does your child nap? If so, how long and how often? _____

Does your child have tantrums? Yes No Please describe _____

Does your child suck his/her thumb, use a pacifier, or have a special security blanket or toy? _____

What is your child afraid of? _____

What foods does your child dislike? _____

What activities does your child enjoy at home? (reading, coloring, building, bike riding, cooking, etc.)

Are there any areas in which you think your child may have trouble? (sharing, following directions, etc)

When your child is upset, does he/she become physical? (biting, hitting, etc) If yes, please explain.

What areas of development would you like us to work on with your child? (We will only work on areas within our curriculum guidelines) _____

What religion do you practice in your home, if any? _____

Please circle the holidays you celebrate in your home:

Christmas	Hanukah	Kwanzaa	New Year	Valentines Day
Passover	Easter	Mothers Day	Fathers Day	Rosh Hashanah
Yom Kippur	Halloween	Thanksgiving	Birthdays	

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



NUTRITION QUESTIONNAIRE

Child's Name: _____ D.O.B. _____

How is your child's appetite: _____

Does your child have trouble feeding themselves: Yes: _____ No: _____

What do you do when your child does not eat what you have prepared: _____

How would you describe your child's appetite: (Circle one)

GOOD *FAIR* *POOR* *PICKY*

How many meals a week does your family eat together: _____

How would you describe mealtimes with your child: (Circle one)

Always pleasant *Usually pleasant* *Sometimes pleasant* *Never pleasant*

How many meals does your child eat per day: _____

How many snacks does your child eat per day: _____

My child drinks how much juice per day: _____ Is it 100% juice Yes ____ No ____

My child drinks how much soda/sweetened beverages per day: _____

Does your child drink milk: Yes ____ No ____ What kind: _____

Does your child drink water: _____

Does your child have a TV in their room: Yes ____ No ____

Does your child have more than 2 hours of screen time daily: Yes ____ No ____

Are 5 or more servings of fruits and vegetables offered to your child on most days: Yes ____ No ____

Does your child eat take-out foods less than 2 times a week: Yes ____ No ____

Were there any days last month when your family did not have enough food to eat or enough money to buy food: Yes ____ No ____

Does your home have a working stove, oven and refrigerator: Yes ____ No ____

Do you have any concerns or questions about nutrition: _____

Which of these foods does your child like to eat? (Circle all that apply)

Grains

Bagels

Bread

Cereal

Oatmeal/grits

Crackers

Muffins

Noodles/Pasta

Rice

Rolls

Tortilla

Other grains:

Vegetables

Broccoli

Carrots

Corn

French Fries

Green Beans

Green Salad

Greens (collard, spinach)

Peas

Potatoes

Tomatoes

Other vegetables:

Fruits

Apples (sauce)

Bananas

Berries (blue, rasp. Black, straw)

Grapes

Melons (water, cantaloupe, honeydew)

Oranges (clementine, mandarin)

Peaches

Pears

Juices (apple, orange, grape, other)

Other:

Milk & Dairy

Whole milk
2% milk
1% milk
Skim milk
Chocolate milk
Soy milk
Lactaid milk
Cheese
Ice Cream
Yogurt
Cottage cheese
Other:

Meat & Meat Alternates

Beef
Chicken
Turkey
Pork (sausage, bacon)
Cold cuts
Eggs
Tofu
Fish (tuna, cod, haddock)
Peanut butter
(Center is peanut free)
Other:

Fats & Sweets

Cake/cupcakes
Candy
Chips
Pretzels
Popcorn
Pie
Fruit flavored drinks
Soft drinks
Raisins
Other:

****We are a nut free facility****

Due to choking guidelines the center will not serve hot dogs, meat with bones, nuts, seeds, peanut butter, popcorn, pretzel sticks, chips, raisins, raw celery or carrots, round or hard candy and whole grapes.

If you would like any information about nutrition please speak to the Director who will contact the Center Nutrition Consultant on your behalf.

Please describe in detail any dietary restrictions your child has, and to what degree:



CONSENT TO PHOTOGRAPH

I HEREBY GRANT the Northern Middlesex YMCA permission to use my photo image or my child's photo image for public relations and advertising purposes.

I understand that these photo images may be used on brochures, posters, and in the newspaper to show the positive impact of the YMCA in our community.

I hereby waive any right that I may have to inspect or approve the finished product or products, the advertising copy, or print matter that may be used in connection with the photographs.

I grant this permission voluntarily.

Name of Child _____

Name of Adult _____

Adult's Signature _____

Address _____

Date _____



ATTENDANCE POLICY 2020-2021

Phelps Ingersoll Center for Children has three program type spaces for children: School Readiness Full-Day program, School Readiness School-Day program, and Full Pay Full-Day program. All children, regardless of space type, receive the same quality of care and the same curriculum and assessment.

The following information is from the Middletown School Readiness Policy Council Policies and Guidelines.

Full-Day/Full Year-Program (referred to as Full-Day program): Provides early care and education services for children 10 hours per day, five (5) days per week, for 50 weeks per year. Children eligible for these programs must be consistently in need of services for a minimum of six (6) hours per day, five (5) days per week for 50 weeks per year.

School-Day/School-Year Program (referred to as a School-Day program) provides early care and education services for six (6) hours per day, five (5) days per week for a minimum of 180 days. Children eligible for this type of space must be consistently in need of services for a minimum of five (5) hours per day, five (5) days per week for 180 days. School-Day programs operate within the public school calendar, typically September through June.

Children must arrive to participate in the program no later than 9:00 AM each day when enrolled in a Full-day or School Day School Readiness Space.

Non-working families will have access to programming between the hours of 9 am and 3 pm each day. Those families where the parent/guardian holds a part time job, or is going to school, or a spouse/partner is working will not fall under the definition of "non-working" family and will be able to access care as needed by the family.

Per this policy, if your child does not attend at least one day in a three week period, your spot will be classified as abandoned and your child will be withdrawn from the program.

Our work is to prepare children and their families for the rigors of elementary school. Attendance is part of that work. Children learn their attitudes towards being on time for school now, and therefore it is important to have high expectations in that regard. The Middletown School Readiness Policy Council also requires that we report all tardiness and unexcused absences. Therefore please call if your child needs to stay home. Regarding tardiness, all children must arrive by 9:00 am. If you will be arriving past 9:00 am, you must call the classroom to notify them that you will be arriving by 9:30 am. If you do not call, your child will not be able to attend for the day. If you arrive past 9:30, your child will not be able to attend for the day. When you are late, you will be asked to sign and date a record sheet. Your child may not come to school late more than three times within any two week period. On the fourth day within a two week period that you arrive late, your child will not be able to attend for the day.

I have read and will comply with the Attendance Policy as outlined above.

Parent's Name

Parent's Signature

Date

Rev.2/16



TUITION PAYMENT POLICY
2020-2021

Tuition at Phelps Ingersoll Center for Children is \$175 per week. Tuition for School Readiness subsidized slots is determined using the Office of Early Childhood's (OEC) Sliding Fee Scale. Proof of Middletown Residency and Proof of Income must be provided to determine if your family is qualified to participate in the School Readiness program. Redetermination is then required every year for continued participation. Middletown Residency and Proof of Income must be provided again at that time as part of the redetermination process.

Full weekly payments are required regardless of time missed due to sickness, vacation, holidays, holiday breaks, professional development days, or weather related closures. This includes the week of Christmas Break and April Break.

In order to enroll your child in the program, we require a one week security deposit, which is the same amount as your weekly tuition rate as determined by the OEC Sliding Fee Scale. This deposit will be applied to cover the tuition cost of the last week that your child is enrolled in the program.

Tuition may be paid at the Welcome Center at 99 Union Street by cash, check, or credit card. Only personal checks can be accepted at the MacDonough site. Credit card payments can also be made over the telephone. Automatic payments can be arranged to pay with your credit or debit card. There will be a \$10 fee for any payment that comes back unpaid due to insufficient funds. Tuition payments are due on Fridays before the week of care.

If tuition payments are behind by two weeks, you will receive a notice, and service will be suspended. If tuition payments are behind by three weeks, the child may be withdrawn from the program.

A two-week written notice is required to withdraw from the program and to stop tuition charges from accruing.

If you are withdrawn from our preschool program due to non-payment you will forfeit your child's spot in our program. The School Readiness Coordinator for the City of Middletown will be notified, and you will not be allowed to enroll in any other School Readiness Program in the City of Middletown. The YMCA will not accept your child's registration into any other YMCA program (swimming lessons, camps, vacation days, etc) until full payment has been made on your preschool balance. If full payment has been made and you wish to re-register, you may need to be placed on a wait list.

You will be responsible for payment of any collection fees incurred by the Middlesex YMCA should your account become delinquent.

The program director is available to answer any questions related to tuition, how rates are determined, payment arrangements, or required documentation. Please call 860-343-6227 to make an appointment.

I have read and will comply with the Tuition Payment Policy as outlined above.

Parent's Name

Parent's Signature

Date

