



| | |
|------------------|-----------|
| Office Use Only: | |
| New | Re-enroll |
| Procure | ___ |
| Roster | ___ |
| Contacts | ___ |

OLD LYME CHILDREN'S LEARNING CENTER, INC
57 Lyme Street, Old Lyme, CT 06371
Fall Registration: Infants, Transition and Toddlers
ENROLLMENT APPLICATION

Child's Name/Address: _____

Program:(Circle one) Infants (6 wks-12 mos.) Transition (12 mos.-2 yrs.) Toddlers (2yrs-4yrs)

Enrollment Date: _____

Birth Date: _____

OLCLC Director Initials/Date: _____

Full Time Care: Mondays-Fridays

Part Time Care: (Circles all days that you need) Monday Tuesday Wednesday Thursday Friday

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

| | | | |
|--|--|----------------------------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Home Phone: | | Home Phone: | |
| Cell Phone: | | Cell Phone: | |
| Work Phone: | | Work Phone: | |
| Employed at/occupation: | | Employed at/occupation: | |
| Address: | | Address: | |
| Hours: | | Hours: | |
| Parent /Guardian 1 Email Address: | | Parent/Guardian 2 Email Address: | |
| Driver's License Number: | | Driver's License Number: | |
| Custody Status (if divorced) Mother/Father/Joint | | Last Tetanus Shot: | |
| Allergies: | | | |
| Medications taken regularly: | | | |

| | |
|--|---------------|
| Which parent should be called first: Mother Yes No | Father Yes No |
| Physician's Name/Address/Phone Number: | |

PLEASE LIST EMERGENCY CONTACTS WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM THE CENTER IN CASE OF AN EMERGENCY:

| | NAME & ADDRESS | RELATIONSHIP TO CHILD | PHONE: (HOME & WORK) |
|----|----------------|-----------------------|----------------------|
| 1. | _____ | | |
| 2. | _____ | | |
| 3. | _____ | | |

ARE THERE ANY MEDICAL CONDITIONS OR MEDICATIONS WE SHOULD BE AWARE OF? If so, please provide written orders from your child's physician, so we may develop an individualized care plan.

PEANUTS/TREE NUTS _____ BEE STINGS _____ ASTHMA _____ LACTOSE INTOLERANCE
 _____ OTHER _____

I GIVE PERMISSION FOR:

1. My child to receive first aid treatment administered by the staff of OLCLC: yes ____ no ____
2. My child to receive emergency medical treatment in the event of an emergency: yes ____ no ____
3. Any pictures of my child to be used in newspapers, displays, bulletin boards, and other forms of publicity, including social media outlets: Yes ____ No ____

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS CORRECT. IF THIS INFORMATION CHANGES, I AM OBLIGATED TO IMMEDIATELY NOTIFY IN WRITING THE OLD LYME CHILDREN'S LEARNING CENTER ADMINISTRATIVE STAFF.

Enrolling Parent/Guardian Signature: _____
 Date: _____

The individual establishing this account by signing above, accepts financial responsibility for the account and accepts all terms set forth by the OLCLC Board of Directors and administrative staff.

OLD LYME CHILDREN'S LEARNING CENTER, INC
Parent Provider Contract
INFANT/TRANSITION/TODDLER

I/We, _____ are enrolling our child _____

Program Start Date: _____

For these services, I/we agree to pay the monthly tuition rate as set by the Board of Directors to Old Lyme Children's Learning Center, Inc. for day care services provided.

- I/We understand that tuition rates are set annually by the Board of Directors for the academic year and that the Board of Directors reserves the right to increase tuition in the event of unforeseeable or extenuating budgetary restraints, with 30 days' notice to parents.
- I/We further understand that a \$35.00 fee will be charged for all returned checks and that the balance of the account will then be due in the form of a bank check or money order.
- I/We understand that a two-week notice is required for termination of enrollment to the OLCLC administrative staff. If less than two weeks' notice is given, full tuition will be charged for two weeks from date of notification.
- I/We have read and understand the policies outlined in the parent handbook and agree to follow them.
- I/We are aware that there is a fee for late pick up (charge is up to the discretion of the OLCLC Board of Directors). There is a late fee of \$25 for every 10 minutes. If parent(s)/guardian is late three times within a calendar year, the OLCLC Director reserves the right to discuss alternate pick up arrangements with the parent(s) per the request of the OLCLC Board of Directors. OLCLC closes promptly at 5:30pm based on State of CT DPH regulations, and all children must be off the premise at this time. Parents must pick up by 5:30 pm in order to ensure everyone is off the premise by 5:30 pm.
- I/We understand that monthly tuition is due five days prior to the first of every month; and if tuition is not paid when due you will incur a \$25 late fee, if lateness continues OLCLC reserves the right to terminate enrollment until full payment is made. Tuition bills are sent out through our online ProCare system and can be paid online through Paypal payment may be placed in the tuition boxes located in each program or sent in the mail to the Center at 57 Lyme Street. Fees for tuition will be handled on a consistent schedule. If your family is unable to commit to this monthly billing plan, please contact our bookkeeper, Kathy Harrison to arrange for another option.
- A non-refundable registration fee of \$125 is due at the time of enrollment. Please return your first week's tuition along with the registration fee and with appropriate paperwork. For re-enrolling students there is a \$75 fee.
- Tuition is based on fifty-one (51) weeks during the September to August enrollment. Therefore, a one-week vacation is already calculated into the tuition payment schedule.
- OLCLC Behavior Policy reviewed each year with families, a copy is provided for you to sign.
- **A current Health Record must be submitted for your child so our nurse has ample time to review them.**

Parent/Guardian Signature: _____

Date: _____

For Office Use Only:

\$125 Registration fee (per child) received: Yes _____ No _____ Date Received: _____ Check#: _____

\$75 Re-enrollment fee (per child) received: Yes _____ No _____ Date Received: _____ Check#: _____

Health & Immunization records received: Yes _____ No _____ Date Received: _____

OLCLC Director Initials/Date: _____ _____

Old Lyme Children's Learning Center Contingency Plan Form

In case of a serious emergency, or a serious weather-related incident, the Center may be forced to evacuate within a thirty-minute window to ensure the safety of our staff and student population. In most cases, it will be due to weather-related circumstances; however, there could be times when it is a more serious incident that might require the immediate evacuation of the Center and/or School Age Program. If and when we need to activate contingency plans, we need this information up-to-date and on file, but most importantly, we need to know that you have a plan to pick up your child before this thirty-minute window expires. If you personally cannot get to your child within this time frame, we require that you have a family member or friend take on this responsibility. Please take some time to think about your contingency plan carefully before filling out this form. As much as we hate to think about things such as these-it is always important to be prepared at all costs. This form is a required part of the registration process of our Center.

Thank you for your support and understanding,

-The Old Lyme Children's Learning Center Board of Directors

Child's Name: _____

Program: _____

Emergency phone number that we can reach you IN PERSON: _____

Name of emergency pick up contact if you cannot get to our Center in under 30 minutes:

Relationship to Child: _____

Phone Number: _____

Please note: emergency contact person must bring a valid form of ID with them and present it to our staff prior to releasing the child

Please understand, it is your responsibility to contact your Emergency pick up contact to let them know that you need them to pick up your child. We are taking the phone number, merely as a back up.

A copy will be provided for your personal records

2024-2025

Old Lyme Children’s Learning Center, Inc. Health Care Policy Acknowledgement Form

If your child has any of the following conditions or symptoms, we will contact you to pick up your child from the Center (**within 30 minutes**) in order to prevent contagion as well as to ensure the proper care for your child:

- Contagious childhood disease (chicken pox, measles, mumps, impetigo)
- Conjunctivitis, pink eye (bacterial and/or viral)
- Mouth sores that are open
- Scabies, head lice, pinworms or other infestations
- Strep throat
- Colds accompanied by colored nasal discharge, or uncontrollable, productive cough
- Fever at or greater than **100.0 degrees**
- Symptoms of COVID-19:** cough, fever, shortness of breath, rash, etc.
- One episode of vomiting and/or diarrhea
- Any illness disabling child from participating fully in the program

In order to return to the program, your child must:

- Take any prescribed antibiotic for its full course
- Be free from fever, vomiting, diarrhea for a full **24 hours** without aid of any over the counter medications
- Be free from open, oozing skin conditions unless,
 - 1.) a health care provider signs a note stating that the condition is not contagious
 - 2.) the involved area(s) can be covered by a bandage in a way that prevents contagion.
- Be free of infestations
- Be able to participate comfortably in all usual program activities

If there is any doubt of the above symptoms mentioned, OLCLC will require a detailed physician’s note (for example, the physician cannot just write “_____ was seen and may return to program on _____.”). This note must be an original, physical copy to allow OLCLC staff the opportunity to trace possible diagnoses and outbreaks throughout the center.

Parent/Guardian Signature

Date

Director’s Signature

Potassium Iodide (KI) Child Medication Authorization Form

Please complete a separate form for each child enrolled. It is suggested that you consult with your child's primary care physician before completing this form.

Name of Child: _____

Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Home Telephone: (____) _____ Work Telephone: (____) _____ (or Cell Phone)

Child's Primary Care Physician: _____ Telephone: (____) _____

Please indicate **authorization** or **refusal** by checking the appropriate box(es) below:

_____ YES, I want my above names child to be administered KI by my provider when:

- The Governor declares a nuclear emergency, AND
- Individuals in a specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (EAS) to take the Potassium Iodide (KI) tablets, AND
- I understand that the ingestion of Potassium Iodide (KI) under these circumstances is voluntary.

_____ NO, I do NOT want my above child to be given KI by my provider in the event of a nuclear emergency.

I have been advised in writing by the facility about the contraindications and the potential effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.

Parent/Guardian Signature Date

2024-2025 OLCLC School Year

OLCLC Child Behavior Policy

We believe strongly in positive methods of discipline. These methods encourage and promote self-control, self-esteem and cooperation. No physical means of discipline are used at any time. When possible, a child is re-directed to deal with unacceptable behavior. Every reasonable attempt is made to communicate to the child what they need to do, and what is acceptable. At times, a child may be removed from the area and asked to “take some space”. This allows the child to have a chance to re-group. Before rejoining the group, the teacher will discuss the unacceptable behavior with the child in order to make better choices in the future. All children have difficult times and should be allowed their own space if needed. At times, the Director may have them sit in the office (supervised) to reduce the outside stimulation. Many children can become aggressive or stressed out when over-stimulated and the office is a quiet space for them. Policies strictly forbid the use of abusive, neglectful, corporal, humiliating or frightening punishment. Any staff member suspecting abuse is required to report it immediately to the Director. If a staff member is suspected of abuse, s/he will be put on immediate suspension and the Board of Directors will be notified. Upon completion, a report will be made to the parties involved, and appropriate action will be taken. In cases where a child’s behavior becomes chronic or a danger to other children (i.e. physical behavior/chronic biting), the Director will be notified and a conference will take place between the Head Teacher, Director and parent to determine the best course of action for the child.

2024-2025 OLCLC Child Behavior Policy Parent Recognition Slip (please cut on line above)

Above is a copy of OLCLC’s Child Behavior Policy found in your parent handbook. Please review this policy and sign the bottom portion to identify that you have read the policy and hand in to your child’s teacher so that we make keep it on file. Since OLCLC is licensed through the State of Connecticut DPH, we are required to have all families review and discuss this policy each year and sign off that you have done so! We appreciate your cooperation in advance!

Parent(s): _____

Parent/Guardian Signature: _____

Date: _____

Please cut off the lower portion and keep the top portion for your records.

OLCLC Inclement Weather Policy (As voted on by the OLCLC Board of Directors)

OLCLC will follow the Region 18 (Lyme/Old Lyme School District) Inclement Weather Policy and will base all operating status decisions (during the winter months) on Region 18's decisions. In the rare instance that there is a hurricane, flooding, loss of electricity/heat; OLCLC will base its operating status decisions on the safety of the building as well as the ability to staff accordingly.

*Your child's Head Teacher will also email families to let them know of the operating status and you will receive a text message via Procure

*If, in the case of Region 18 closing due to other weather patterns (i.e. hurricane), OLCLC will determine operating status on a case by case basis.

*Extended Closing (Pandemic/Inclement Weather) Fee Adjustment: Your child's safety is our primary concern when making decisions regarding closings/delays, so we greatly appreciate your cooperation and understanding with this policy. If, in the rare occurrence, OLCLC should be closed for over five days (related to inclement weather/pandemic), **there will be no refunds for closures, as voted on by the OLCLC Board of Directors on June 22nd, 2020.**

Thank you!

OLCLC School Year 2024-2025

OLCLC Closures 2024-2025

*As voted on by the OLCLC Board of Directors

| | |
|--|---|
| Center Closed for 24-25 school year PD | August 23 and August 24 CLOSED for PD |
| Labor Day | September 2 CLOSED |
| Thanksgiving | November 27 (EARLY CLOSURE at 12pm) November 28- CLOSED November 29- CLOSED |
| Christmas/Winter Break/New Year's | December 23-January 1- CLOSED |
| MLK Day | January 20- CLOSED for PD |
| Presidents' Day | February 17- CLOSED for PD |
| Good Friday | April 18- CLOSED |
| Memorial Day | May 26- CLOSED |
| Juneteenth | June 16- CLOSED |
| Fourth of July | July 4- CLOSED |

**2024-2025 Tuition Schedule
OLCLC Infants, Transition and Toddlers**

The following fees are due at the time of registration (per child enrolled):

Registration Fee: \$125

Re-Enrollment Fee: \$75

*1st week of tuition due at registration along with Registration fees.

| 2023-2024 OLCLC Tuition | | | | | | |
|--------------------------------|---------------|---------------|---------------|---------------|----------------------|---------------------|
| Daycare | | | | | | |
| | 5 Days | 4 Days | 3 Days | 2 Days | Daily Drop In | 1/2 day rate |
| Monthly | \$1,330 | \$1,196 | \$932 | \$641 | | |
| Weekly | \$307 | \$276 | \$215 | \$148 | \$88 | \$68 |

- For full time enrollment only, there is a sibling discount of 3% on one of your children’s tuitions.
- There is a late pick-up fee charge of \$25 for every 10 minutes. If parent/guardian is late three times within the calendar year, the OLCLC Director reserves the right to discuss alternate pick-up arrangements with the parent(s) per request of the OLCLC Board of Directors.

PHOTO RELEASE FORM

I, _____, the parent of legal guardian of
_____ give permission to OLCLC to use photos of
my child for:

- Procure app purposes ONLY
- Website
- Facebook/Instagram
- Brochures or marketing

I understand that my child, whose name is listed above, may be photographed at the center during daycare hours, field trips or activities.

I agree that this form will remain in effect during the term of my child's enrollment. I understand it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.

Parent Signature _____

Parent Name (printed) _____

Child's name _____

Date _____