

CCSU Drop-In Childcare Center
PRE-KINDERGARTEN REGISTRATION FORM

Date of Application: _____ Date of Enrollment: _____

Child's Name: _____ Child's Date of Birth: _____ Age: _____

Child's Address: _____ City: _____ Zip Code: _____

Parent/Guardian: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Place of Employment: _____ Work Address: _____

Blue Card ID: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Parent/Guardian: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Place of Employment: _____ Work Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Medical Information

Allergies: _____

Date of last Tetanus: _____

Other important medical information: _____

Insurance Carrier: _____

Insurance ID: _____

Child's Physician:

Name: _____ Address: _____ City: _____

Phone #: _____

Child's Dentist:

Name: _____ Address: _____ City: _____

Phone #: _____

Authorized Permission for Emergency Pick Up

(Adults who may be contacted if parent/guardian cannot be reached and to whom the child may be released. Listing at least one adult who is not the child's parent/guardian is required)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

3. Name: _____ Phone #: _____ Relationship: _____

Authorized Permission for Alternate Pick Up

(Adults who are authorized to pick up child)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

3. Name: _____ Phone #: _____ Relationship: _____

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Emergency Authorization

Name of child: _____

I give my consent for the First Aid and CPR certified staff of the CCSU Drop-In Childcare Center to administer First Aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical/dental emergency. I give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Preferred Medical Facility: _____

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Parent Information Packet & Behavior Management Policy Agreement

Name of child: _____

I acknowledge that I have read the Parent Information Packet and agree to abide by the policies and procedures contained in it. I acknowledge that I have read the Behavior Management Policy and techniques used to manage child behaviors at the facility. I have had the opportunity to discuss or clarify any questions I might have related to the Parent Information Packet and Behavior Management Policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

CCSU Drop-In Childcare Center

Permission for Activities Away From the Premises (optional)

Name of child: _____

I give my consent for my child to attend scheduled activities/programs that occur on the CCSU campus.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PHOTOGRAPHIC CONSENT AND RELEASE PREFERENCE FORM

Name: _____

Name of Minor Child: _____

Address: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

PLEASE CHECK YOUR PREFERENCE, DATE, AND SIGN

I hereby authorize Central Connecticut State University and those acting on its behalf (collectively, "CCSU") to:

- (a) Record and transmit my image, likeness, voice, presentation and/or the image likeness, voice, presentation of my minor child on and/or in a photographic, video, audio, digital, electronic, or any other medium;
- (b) Use, reproduce, modify, exhibit, and/or distribute any such recording, in whole or in part, in any medium now known or hereafter developed (including without limitation print publications, video tapes, CD/DVD, web sites, webcasts, streaming, and other Internet media), and for any purpose that CCSU may deem appropriate, including without limitation promotional or advertising efforts; and
- (c) Use my, or my minor child's name in connection with any such recordings or uses.

I understand that I shall have no right to inspect or approve any such recordings and uses and that all such recordings and uses, in whatever medium, shall remain the property of CCSU. I release CCSU and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand the terms of this release.

Signature: _____

Date: _____

I do not authorize:

- (a) Record and transmit my image, likeness, voice, presentation and/or the image likeness, voice, presentation of my minor child on and/or in a photographic, video, audio, digital, electronic, or any other medium;
- (b) Use, reproduce, modify, exhibit, and/or distribute any such recording, in whole or in part, in any medium now known or hereafter developed (including without limitation print publications, video tapes, CD/DVD, web sites, webcasts, streaming, and other Internet media), and for any purpose that CCSU may deem appropriate, including without limitation promotional or advertising efforts; and
- (c) Use my, or my minor child's name in connection with any such recordings or uses.

Signature of Parent/Guardian: _____ Date: _____

PLEASE RETURN THIS FORM TO THE CCSU DROP IN CENTER

CCSU Drop-In Child Care Center
Pre-Kindergarten Schedule Request

Child's Name: _____ Child's Date of Birth: _____ Age: _____

Child's Address: _____ City: _____ Zip Code: _____

Parent/Guardian: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Blue Card ID: _____

Place of Employment: _____ Work Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Please check off your schedule preference below:

Pre-K schedule options:

Monday, Wednesday, Friday 9:00 am to 12:00 pm _____

Tuesday, Thursday 9:00 am to 12:00 pm _____

Monday through Friday 9:00 am to 12:00 pm _____

Lunch Buddies Semester Reservations 12-1 pm _____

Lunch Buddies is a program that extends any day until 1:00 pm. Students will bring a nut free lunch and snack and eat lunch at the Center. After lunch, students will participate in Center or Outdoor exploration activities. Lunch buddies is available Monday through Friday with a reservation and additional fee. The Lunch Buddy program is \$5/day when reservations are made for the whole semester and \$10/day for individual reservations. The Center does not provide lunch. Parents/Guardians provide a nut-free healthy lunch for Lunch Buddies. The Lunch Buddy fee will be added to your monthly invoice. Lunch Buddy semester reservation fees are not refundable due to student absences.

Pre-Kindergarten Fees, Invoices, Payments:

Pre-Kindergarten spots are reserved with a non-refundable \$50.00 deposit. Spaces are reserved by semester. Payment invoices are sent via email and payments are made through a payment link.

Fees:

Pre-K non-refundable deposit	\$50.00
Monday, Wednesday, Friday 9:00 am to 12:00 pm	\$75.00/week
Tuesday, Thursday 9:00 am to 12:00 pm	\$50.00/week
Monday through Friday 9:00 am to 12:00 pm	\$125.00/week

PLEASE RETURN THIS FORM TO THE CCSU DROP IN CENTER: kellymccarthy@ccsu.edu