OLD GREENWICH / RIVERSIDE COMMUNITY CENTER
90 HARDING ROAD
OLD GREENWICH, CT 06870

Old Greenwich School Childcare .... ☐
International School @ Dundee Child Care................ ☐

Please check the box of the child care your child will be attending.

Please complete a separate form for each child.

Reservation / Enrollment Agreement for 2009/2010 School Year:
I hereby reserve a place at OGRCC Child Care for:
Date of Enrollment___________________________
Name of Child_______________________________
Address____________________________________
School / Grade_____________________________

In the OGRCC Child Care Program for the school half years beginning September 2nd, 2009 and ending June 29th 2010. Except for weather related cancellations and holidays as designated on the school calendar.

Enrollment is for _____ days a week. The day(s) they will be attending are as follows:
Monday____, Tuesday____, Wednesday____, Thursday____, Friday____
AM program only____, PM program only____, AM and PM program_____
There is NO morning program at Old Greenwich Child Care

Fees and Payments
In consideration of the acceptance of this enrollment by Old Greenwich / Riverside Community Center, the undersigned agrees to pay the fees specified below. **OGRCC Membership is $100.00 per family**. ***The registration fee for the 2009/2010 school year is $35.00***. The undersigned agrees to pay membership, registration and tuition fee(s) as indicated below by August 15th with the fees for the second half year due December 1st.

Fee Schedule and Due Dates

	Morning Program Half yearly	Afternoon Program half yearly
5 days/week	$590.00	$1,160.00
4 days/week	$470.00	$1,030.00
3 days/week	$390.00	$850.00
2 days/week	$260.00	$630.00
Drop-ins	$14.00	$24.00

(complete applications must be on file for all drop-in applicants, **there is no sibling discounts**.)

Note: Please speak to our Director if you have a special need not covered by our fee schedule.

The discipline and behavior policy is attached to the back of this registration packet. Please read and check the box stating that you have received and read our policy. ☐ ***Thank You.***

I agree that my child may participate in all the OGRCC Child Care activities, including athletics and any OGRCC Child Care sponsored trips away from the school, unless the school receives prior written notice to the contrary. I hereby assume all risks and hazards incidental to such participation including, but not limited to, the risk of serious harm or injury as a consequence of undetected physical conditions on any playing field or surface, negligence of any instructor, or intentional conduct of any other participant. I understand that any sports activity possesses inherent risks to healthy individuals and further certify that my son/daughter is in good physical condition with no known factors which would preclude him/her from participating in vigorous physical activity and hereby consent to his/her participation. On behalf of my child/ward and family, I freely and voluntarily agree to release, indemnify and hold harmless the OGRCC, its Board of Directors, employees, volunteers and any other persons involved in administering or supervising the OGRCC Child Care program, the Greenwich Board of Education, the Old Greenwich School/ International School and its administrators and employees from any and all liabilities arising from and incident to my child's involvement and participation in the OGRCC sponsored Child Care Program.

I agree that the OGRCC Child Care may publish photographs of my child that are connected with the Child Care Center's programs.

Medical Permission

Permission is hereby granted to the OGRCC Child Care and its staff to produce medical treatment for my child/ward in case of an injury or accident or otherwise, by a doctor or hospital or clinic chosen by the school at the expense of the undersigned. My child's/ward's doctor is ________________________located at ___________________________. The phone number is _______________. Permission is also hereby granted to the OGRCC Child Care to utilize said doctor's services for my child at my expense.

It is understood that the OGRCC Child Care and hospital authorities will make every effort to contact parents before acting on this authorization. An emergency Information Form must be completed before your child will be permitted to attend the program. The OGRCC Child Care will adhere to the most recent completed Emergency Information Form on file.

Please be advised that the school nurse is on duty from 8:45 am to 3:15 pm only. Her hours do not cover the times when Child Care is being held. It is the responsibility of the Child Care staff to handle any medical emergency. A first aid kit is available for use by staff. **If you have a child with special medical needs (severe food allergies, asthma etc.) it is your responsibility to convey this information, in writing, to the OGRCC Child Care,** since this information is considered confidential and cannot be passed on by the school nurse or school staff.

Does your child have any allergies? Yes__________ No ________

Does your child take any medication? Yes__________ No ________
(daily or occasionally)

If you have answered yes to either of the above please explain
____

____

In addition, please complete the following:

Does your child require any accommodation to participate? Yes____ No____

If you have answered yes to the above, please contact the OGRCC Administrator immediately to discuss the nature of the accommodation you are requesting.

Pick – Up Time

It is understood that parent(s) are responsible to pick their children up at 6:00pm sharp. A late pickup fee will be charged for failure to pick up your child by 6:00pm. Three (3) violations of this requirement shall be the cause for dismissal from the program and forfeit the remainder of the half yearly fee.

Payment schedule

- 1st half year Payment due by August 15th 2009
- 2nd half year Payment due by December 1st 2009

I understand that in the event of a late payment, I may be assessed a $50 late fee.

Cancellations and Refunds

I understand I may cancel this agreement in writing, without penalty (except for forfeiture of the registration and membership fees) 30 days prior to the commencement of the half year.

The OGRCC Child Care reserves the right to cancel this agreement if fees are not paid on time and further reserves the right to fill any and all vacancies caused by such cancellation from any existing waiting list.

I understand that the overhead expenses of the OGRCC Child Care do not diminish with departure of a student during the course of a year and that my obligation to pay the fees for the full half year is unconditional after acceptance of this agreement by the OGRCC Child Care. I further understand that no portion of such fees paid or outstanding will be refunded or cancelled notwithstanding the absence, withdrawal, or dismissal of the above student. Furthermore, I accept the policy of the OGRCC Child Care that until all tuition is paid in full, no student will be permitted to participate in the program.

Health Forms

I understand that the student cannot, under the law of the State of Connecticut, legally attend the program unless the OGRCC receives a copy of a current physical (within the current year). This physical must be filled out by your child's physician by the beginning of the year covered by this agreement. This form must be given to us before your child can begin the program.

Parent(s) / Guardian(s) signature of understanding and acceptance of this agreement:

____________________________ Address_______________________
Father/Guardian _______________________
Date of Enrollment___________ _______________________

____________________________ Address_______________________
Mother/Guardian _______________________
Date of Enrollment ___________ _______________________

OGRCC Child Care

By________________________________ Title________________________
Date______________________________

Emergency Information Form

Child's Name______________________ Date of Birth_____________

Home Address_____________________ Home Phone_____________
____
____

Father's Name____________________________________

Place of Employment_______________________________

Work Address_____________________________________

Work Phone_______________________________________

Mother's Name____________________________________

Place of Employment_______________________________

Work Address_____________________________________

Work Phone_______________________________________

Child's Dentist_______________________________________
Dentist's address_____________________________________
____
Phone____

Child's Physician_____________________________________
Physician's address___________________________________
Phone____

Hospital Preferred____________________________________

Parent's Health Insurance Company and Policy
Number____
Allergies / Medications taken____

If unable to contact parent(s), who should be contacted:

____

Pick Up Authorization Card

I ________________________________ give permission for my son/daughter, _________________________________ to be picked up from **OGRCC** Child Care program by the following people if I am unable to do so.

NAME PHONE # RELATIONSHIP

1. ____
2. ____
3. ____
4. ____
5. ____

Should any questions arise, I can be reached at __________________________

Parent/Guardian signature ____

Date__________________

Parent Name_________________________

Relationship _________________________ Address______________

Phone ______________________________ ______________________

Permission Agreement

I/we grant permission for my child to use all the play equipment and participate in all of the activities of the center.

I/we grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I/we grant permission for my child to be included in evaluations and pictures connected with the Center's programs.

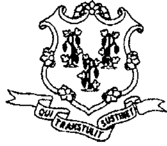
I/we grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid.
2. Attempt to contact parent or guardian.
3. Attempt to contact the child's physician.
4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the center. Note: it is the parent's responsibility to keep this card updated.
5. If we can't contact the parent or the child's physician, call an ambulance, or have the child taken to an emergency hospital in the company of a staff member in a staff or program vehicle.
6. Any expense incurred under #5 above will be born by the child's family.

The center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed_______________________________________ Date________

Parent or Legal Guardian



State of Connecticut

Early Childhood Health Assessment Record

To Parent or Guardian:

In order to provide the best experience, early childhood providers must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse, a physician assistant or the school medical advisor prior to entering an early childhood program in Connecticut.

Please print

Name of Child (Last, First, Middle)	Social Security Number	Birth Date	Sex

Address (Street)	Race/Ethnicity
(Town and ZIP code)	❑ American Indian ❑ White, not of Hispanic origin ❑ Asian ❑ Hispanic/Latino ❑ Black, not of Hispanic origin ❑ Other

Parent/Guardian (Last, First, Middle)	Home Phone Number	Work/Cell Phone Number

Early Childhood Program	Program Phone Number

Primary Health Care Provider	Preferred Hospital	Health Insurance Company/Number* or Medicaid/Number*

* If applicable

If your child does not have health insurance, call 1-877-CT-HUSKY

Part I — To be completed by parent

Important: Complete Part I before your child is examined.

Take this form with you to the health care provider's office.

Please check answers to the following questions in columns on the left.
(Explain all "yes" answers in the space provided below.)

	Yes	No	
1.	❑	❑	Do you have any concerns about your child's general health, development or behavior?
2.	❑	❑	Has your child been diagnosed with any chronic disease ❑ asthma ❑ diabetes ❑ seizure disorder ❑ other ________
3.	❑	❑	Does your child have any allergies (food, insects, medication, latex, etc.)? Please specify: ________
4.	❑	❑	Does your child take any medications (daily or occasionally)?
5.	❑	❑	Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6.	❑	❑	Has your child had any hospitalization, operation, major illness or injury, or significant accident?
7.	❑	❑	In the last 12 months, has your child experienced any difficulty with wheezing or excessive night coughing?
8.	❑	❑	In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination?
9.	❑	❑	Has your child had a dental examination in the last 12 months?
10.	❑	❑	Would you like to discuss anything about your child's health with the child care provider or health consultant/coordinator?

Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

____

____

____

____

____

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.

________________________ ________________

Signature of Parent/Guardian Date

ED191 REV. 8/2004 C.G.S. Section 10-16q, 10-206, 19a-79(a), 19a-87b(c);
P.H. Code Section 19a-79-5a(a)(2), 19a-87b-10b(2)

To be maintained in the child's Health Record

Part II — Health Evaluation

To the Health Care Provider: Please complete all sections and sign. Explain any screenings required by age but not conducted.

Child's Name ____________ Birth Date (mm/dd/yy) ____________ Date of History/Physical Exam (mm/dd/yy) ____________

LENGTH/HEIGHT	WEIGHT	WT FOR HT/BMI	HEAD CIRCUMFERENCE[1]	BLOOD PRESSURE[2]
IN/CM %ILE	LB/KG %ILE	%ILE	IN/CM %ILE	/

Screening/Test Results

Screening Test	Result	Date	Abnormal/Comments
Vision[2] Test type:			
Hearing[3] Test type:			
Lead[4] Risk: Yes/No			
TB[4] Risk: Yes/No			
Urinalysis (UA)[4]			
Anemia[5] (HGB/HCT) Risk: Yes/No			
Developmental Assessment[6] Test type:			

Has this child received dental care in the last 12 months?[7] ❑ Yes ❑ No ❑ N/A

*** Chronic Disease Assessment:**

Yes No — Date of onset

- ❑ ❑ Asthma: ❑ mild ❑ moderate ❑ severe ❑ exercise induced ❑ unclassified ______
- ❑ ❑ Diabetes: ❑ Type I ❑ Type II ______
- ❑ ❑ Anaphylaxis: ❑ med. ❑ food ❑ insect ❑ latex ______
- ❑ ❑ Seizures: Type ____________ ______
- ❑ ❑ Other: Please specify ____________ ______

Minimum requirements: [1]Up to 2 years; [2]annual at 3 years; [3]annual at 4 years; [4]as needed; [5]9–12 months; [6]each visit through 5 years; [7]annual at 2–3 years. Federal requirements (eg, Head Start, WIC) may vary. *Prior to Public School Entry: Same as above and Hgb/hct.

Immunization Record

Vaccine (Month/Day/Year)

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP						
DTP/Hib						
DTaP						
DT/Td						
OPV						
IPV						
MMR						
Measles						
Mumps						
Rubella						
HIB						
Hep B						
Varicella						
PCV					Pneumococcal conjugate vaccine	

Other Vaccines (Specify)

Disease Hx of above ____________ (Specify) ____________ (Date mm/yy) ____________ (Confirmed by)

Exemption

Religious _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____

Recertify Date ________ Recertify Date ________ Recertify Date ________

This child has the following problems which may adversely affect his or her educational experience:

❑ Vision ❑ Auditory ❑ Speech/Language ❑ Physical Dysfunction ❑ Emotional/Social ❑ Behavior

❑ The child has a health condition which may require intervention at the program, e.g., seizures, allergies, asthma, anaphylaxis, special diet, long-term medication. *Specify:* ____________

❑ Yes ❑ No This child has a medical or emotional illness/disorder that now poses a risk to other children or affects the child's ability to participate safely in the program.

❑ Yes ❑ No Based on this comprehensive history and physical examination, this child has maintained his/her level of wellness.

❑ The child may fully participate in the program.

❑ The child may fully participate in the program with the following restrictions/adaptation: (Specify reason and restriction.)

❑ I would like to discuss information in this report with the early childhood provider and/or health consultant/coordinator.

Signature of health care provider MD/DO NP PA	Name (Please type or print.)	Phone number

Address:

❑ Yes ❑ No Is this the child's Medical Home? | Next Appointment (mm/yy): | Next Immunization Appointment (mm/yy):

Old Greenwich Riverside Community Center
Child Care Program
Discipline and Behavior Policy

Discipline Policy

The OGRCC Child Care will provide guidance, re-direction, and set clear limits designed to help each child develop self-control, self-esteem, and respect others. These shall be fair, consistently applied, timely and appropriate to the age of the child.

The staff will use direct positive guidance to help or lead a child by showing or telling them what they can do. Affective guidance will be used to influence the child's behavior with smiles, hugs, and positive verbal interactions.

At NO time will punishment that is humiliation or frightening to a child be used. This would include, but is not limited to, hitting, slapping, shaking, and striking with an instrument, pinching or inflicting any other form of corporal discipline. Mental or emotional punishment, chemical or physical restraints are all prohibited.

Behavior and Expulsion Policy

Child care services may be discontinued if the Director determines that a child's behavior 1) poses a safety risk to the staff or other children and /or 2) repeatedly disrupts normal center activities despite efforts by the head teacher and teacher aids to correct the behavior. In discontinuing services, the center Director and head teacher will first attempt to meet with the child's parents or guardian to alert the parent to the problem, discuss possible methods of correcting the behavior, and notify the parents that the child care services will be discontinued if the behavior is not promptly corrected. If the disruptive or inappropriate behavior endangers the safety and well being of center children, staff or visitors, the Director may take all action necessary to immediately protect center children staff and visitors.

In the Director's absence the head teacher is the designated person authorized to act in accordance with the policy.