



GUILFORD CENTER FOR CHILDREN
BEFORE & AFTER SCHOOL CARE PROGRAM
280 South Union Street • Guilford, CT 06437 • (203) 453-0045

<http://GuilfordCenterforChildren.com>

SUMMER 2024 APPLICATION FOR CHILD CARE

CHILD'S INFORMATION

Child's First and Last Name:			Date of Birth:		
Home Address:			Sex:	Age:	Grade: (Going into)
Town:	State:	Zip:	Home Phone:		

MEDICAL INFORMATION

Child's Physician:	Phone:
Child's Dentist:	Phone:
ALLERGIES or SPECIAL DIET:	SPECIAL ACTIVITY or HEALTH NEEDS:
REGULAR MEDICATIONS: Please contact the Director for the appropriate forms before your child begins. Regular medications (inhalers, epi-pens) need to be on site prior to your child's first day of attendance.	

*****PLEASE READ BEFORE SIGNING*****

I understand by registering for any or all weeks' camp will be provided and that by signing below, I am committed to paying for the weeks selected whether or not my child attends. Refunds will be given only if cancelled with sufficient notice before your child/children will be attending.

I understand there are limited spaces in camp and by signing this application, I have accepted my child's space in the weeks chosen by me.

* Registrations/spots will be accepted in the order applications are received, with priority given to those families looking for FT care five (5) days a week. *

CHILD CARE NEEDED: Please indicate if Full Time (FT) or Part Time (PT) care is needed for each day. For Part Time (five hours or less each day), specific time must be noted at time of enrollment.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	FT/PT PT please provide time of day
June 24 th – June 28 th						
July 1 st – July 5 th				Program Closed		
July 8 th – July 12 th						
July 15 th – July 19 th						
July 22 nd – July 26 th						
July 29 th – August 2 nd						
August 5 th – August 9 th						

I have read, and agree to the above terms and weeks of attendance chosen by me.

Parent or Guardian Signature

Date

PARENT/GUARDIAN INFORMATION

Name:	Name:
Home Address: (If different from child)	Home Address: (If different from child)
Home Phone:	Home Phone:
Cellular:	Cellular:
Email: (Please indicate primary) <input type="checkbox"/>	Email: (Please indicate primary) <input type="checkbox"/>
Employer:	Employer:
Physical Work Address (Street, Town, State, Zip code):	Physical Work Address (Street, Town, State, Zip code):
Work Phone:	Work Phone:

EMERGENCY CONTACTS/AUTHORIZED PICK UP LIST: List AT LEAST five (5) people to contact when you cannot be reached. All persons are also authorized to take your child from the program, including yourself and spouse, if applicable.

	<u>NAME</u>	<u>PHONE AND ADDRESS</u>	<u>RELATIONSHIP TO CHILD</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

PLEASE INITIAL AFTER THE FOLLOWING STATEMENTS INDICATING YOUR AGREEMENT:

- I understand that my child will be released **ONLY** to those individuals listed above and agree to amend my list as needed in writing. I also understand that when my child has been released to one of the above-named persons, his or her welfare is no longer the responsibility of the GCC Before and After School Care Program.
- I give permission for the GCC Before and After School Care Program to photograph my child while involved in child care activities. Photographs may be placed on our bulletin boards, Social Media and website for parent and child viewing. I understand that my child's identification (name and age) will not be disclosed.

- My child has permission to go on walking field trips while attending the GCC Before and After School Care Program. [REDACTED]
- I give my permission for the staff to access the health records that I have provided to the Program for my child. [REDACTED]
- The staff has permission to evaluate simple injuries and apply first aid if necessary. In the event of a serious injury or illness and if I cannot be reached, my child [REDACTED] has permission to be treated by his/her Physician [REDACTED], the Program's physician/dentist consultant, by the medical personnel if 911 is called or hospital emergency services. If 911 is called and transportation by ambulance is necessary, I give my permission for that transport. [REDACTED]

PARENT – PROVIDER CONTRACT

My child, [REDACTED], is enrolled in the GCC Before and After School Care 2023 Summer Program.

- I will provide a copy of my child's current physical exam **prior** to enrollment if a current one is not on file.
- **I understand that if my child has an allergy, they will be unable to attend the program until all appropriate paperwork and proper medication with labels are received by the Guilford Before & After School Care Program.**
 - **PLEASE NOTE: Authorization forms must state "Child Care Personnel" to be accepted by GCC BASC.**
- **I agree to pay the first week's fee with the submission of this application.**
 - **If you are enrolled with Tuition Express we can process payment through your current account**
- **I agree to pay ALL appropriate child care fees at the beginning of each week during which care is provided.**
- **I understand that fees are due for all days contracted for regardless of whether or not my child attends.**
- I agree to pay late pick up fees, if they are assessed, in accordance with the policy.
- In addition to any bank charges, I will be charged a \$25 fee for returned checks due to insufficient funds.

I have read, and agree to follow the policies and procedures as outlined in the Parent Handbook. In addition, at the time of enrollment the discipline policy, behavior management, health, medication administration and schedule changes have been explained and discussed by the Program Director.

Parent or Guardian Signature

Date

The GCC Before and After School Care Program agrees to provide written notification of all changes in policies and two weeks notice for any change in fees.

Program Director's Signature

Date