

Early Start	St. Paul's Child Development Center, Inc. REGISTRATION FORM Office Use Only Fall 2026_____ Spring 2027_____	\$25 non-refundable registration fee paid on: _____
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CHILD'S NAME_____ **TODAY'S DATE**_____ **START DATE**_____

CHILD'S DOB_____ **SASID#** _____ Male / Female

RACE (Circle) ASIAN BLACK HIS/ LATINO WHITE OTHER **HEALTH INS.** (Circle) Public Private None

Primary care PHYSICIAN (Circle) YES NO **IEP** (INDIVIDUAL EDUCATION PLAN) (Circle) YES NO

Birth to 3 Services (Circle) YES NO **CARE 4 KIDS** (Circle) YES NO APPLYING

SCHEDULE (Circle) M T W T F **HOURS**_____ to _____ **Key fob #1** _____ **#2**_____

FAMILY MEMBERS (Living with enrolled child) **Total family Size** _____

Mother's name_____ **Father's name**_____

Sibling's name_____ **Sibling's name** _____ **Sibling's name**_____

Sibling's name_____ **Other name** _____ **Other name**_____

FAMILY EARNINGS

Mom's wages: (Circle) weekly bi monthly \$_____ yearly \$_____ **GAI** \$_____

Dad's wages: (Circle) weekly bi monthly \$_____ yearly \$_____ **GAI** \$_____

Other income (not child support): \$_____ \$_____

TOTAL GROSS

ANNUAL INCOME

\$_____

ACTUAL COST OF CARE

Weekly: (\$6.50 x hours of care) \$_____ **Monthly:** (Weekly x 4.3) \$_____

Tuition Fees are payable monthly which holds your child's spot. For your convenience, you may choose to pay weekly.

Early Start TUITION CALCULATION OF FAMILY SHARE

ES FAMILY SHARE per Week \$_____ per Month \$_____ (Week X 4.3) (Early Start GUIDELINES)

ES Family share fees are computed on a monthly basis and hold your child's spot on the grant for the current year.

Tuition Fees are payable monthly which holds your child's spot. For your convenience, you may choose to pay weekly.

C4K DETERMINED WEEKLY SHARE \$_____ **MONTHLY SHARE** \$_____

VERIFICATIONS

Original Birth Certificate with raised seal or **Passport:** _____ **Recent Pay Stubs** _____

2026 Federal 1040 Form page 1 claiming child (W2's) _____ **Other income** _____

2 Proofs of Residency (check which applies): **Bridgeport** _____ **Out of Town** _____

St. Paul's Child Development Center, Inc.

Early Start GRANT PROGRAM

REDETERMINATION PAYMENT WORK SHEET Office Use Only

Date: _____

Child's name: _____

Comments: _____

FAMILY MEMBERS (Living with enrolled child)

Total family Size _____

Mother's name _____ Father's name _____

Sibling's name _____ Sibling's name _____ Sibling's name _____

Sibling's name _____ Other name _____ Other name _____

FAMILY EARNINGS

Mom's wages: (Circle) weekly bi monthly \$ _____ yearly \$ _____ GAI \$ _____

Dad's wages: (Circle) weekly bi monthly \$ _____ yearly \$ _____ GAI \$ _____

Other income (not child support): \$ _____ \$ _____

**TOTAL GROSS
ANNUAL
INCOME**

\$ _____

ACTUAL COST OF CARE

Weekly : (\$6.50 x hours of care) \$ _____ Monthly: (Weekly x 4.3) \$ _____

Early Start TUITION CALCULATION OF FAMILY SHARE

ES FAMILY SHARE per Week \$ _____ per Month \$ _____ (Week X 4.3) (Early Start GUIDELINES)

C4K DETERMINED WEEKLY SHARE \$ _____ MONTHLY SHARE \$ _____

Redetermination Forms Submitted:

Recent Pay Stubs _____ Notarized Letter _____

(Check all that apply) ___unemployed ___ new employment ___ lost wages (Ft to Pt)

Initial: _____ Redetermination: _____	St. Paul's Child Development Center, Inc. FAMILY TUITION FEE	Date: _____
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Child's name: _____

Early Start FAMILY FEE: \$ _____ WEEKLY (due every Monday) or \$ _____ MONTHLY (weekly amount X 4.3 due every 1 st of the Month)	Office Use Only
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Payment Options (please check one): Tuition Express _____ Credit card _____ Money Order _____

*Tuition fees are payable monthly which holds your child's spot. For your convenience, you may choose to pay weekly.

Tuition is due on Monday morning when you arrive. If tuition is more than two weeks overdue, your child will not be allowed to attend school until payment is received and may also lose his/ her Early Start grant space.

* Parents are responsible for paying the **ENTIRE** session tuition, even if their child is not present for all of the scheduled days due to illness, vacation, withdrawal, non-payment, etc. **WE ARE HOLDING YOUR CHILD'S SPACE IN THE PROGRAM, SO THIS POLICY IS STRICTLY ENFORCED.**

Tuition statements do not reflect charges for the days the CDC is closed for holidays; however, payments are computed and divided into equal monthly/weekly payments which mean that a shortened week or month will still have the same payment due.

Early Start

I/WE, THE UNDERSIGNED, UNDERSTAND THE CONTENTS OF THIS Early Start PROGRAM REGISTRATION FORM, AND WILL ABIDE BY THE POLICIES HEREIN CONTAINED.

* Latest arrival time at school is 9 a.m. each day. If a child is late and/or absent continuously, I understand that I will lose my Early Start grant space. My child's attendance will be documented daily and a record of absences will be reviewed regularly. I understand that the State of CT is supplementing my tuition and my child needs to be in attendance each day.

THE CENTER MUST BE NOTIFIED WITHIN TWO WEEKS OF CHANGE IN FAMILY SIZE, MARRIAGE, LOSS OF A JOB, STARTING A NEW JOB, GETTING A SECOND JOB OR INCOME INCREASE OR DECREASE BY SUPPLYING THE CENTER WITH NEW PAY STUBS. NOT DOING SO WILL RESULT IN IMMEDIATE VERBAL TERMINATION OF YOUR CHILD'S SLOT AND REGISTRATION FORM. I UNDERSTAND THAT I WILL BE ASKED TO VERIFY MY INCOME AT LEAST TWO TIMES DURING THE SCHOOL YEAR. I UNDERSTAND THAT MY CHILD NEEDS TO ATTEND SCHOOL IN A TIMELY AND CONSISTENT WAY. REPORTING AN IN-CORRECT FAMILY SIZE AND/OR REPORTING IN-CORRECT FAMILY INCOME IS FRAUDULENT MIS-REPRESENTATION, AND WILL RESULT IN IMMEDIATE VERBAL TERMINATION OF YOUR CHILD'S SLOT AND REGISTRATION FORM. THE INFORMATION CONTAINED IN THIS REGISTRATION FORM AND DOCUMENTATION SUBMITTED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/ Guardian _____	Date _____
Signature of Parent/ Guardian _____	Date _____
Signature of Director _____	Date _____

Give a signed copy to parents



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	
Address _____		City _____	State _____ Zip _____
Bank or Credit Union Name _____			
Bank or Credit Union Address _____		City _____	State _____ Zip _____
		☐ Checking	☐ Savings
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	
Signature _____		Date _____	
☐ Check if you wish to make online payments			

For Official Use Only

Date Received _____

Employee Signature _____

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: Attach Voided Check Here \$ _____		
Deposit slips not accepted _____ Dollars		
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of



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Early Start	St. Paul's Child Development Center, Inc.	Fall 2026_____
	CHILD INFORMATION FORM	Spring 2027_____

CHILD'S NAME _____ male/ female

ADDRESS_____ TOWN/ ZIPCODE _____

CHILD'S DATE OF BIRTH_____ SCHEDULE (Circle) M T W T F HOURS_____ to _____

MOTHER'S NAME_____	FATHER'S NAME_____
CELL #_____	CELL #_____
HOME #_____	HOME #_____
EMPLOYER_____	EMPLOYER_____
WORK Address_____	WORK Address_____
City/State_____	City/State_____
Email address_____	Email address_____

The following persons are authorized by me to drop off/ pick up my child on a permanent or as needed basis and case of emergency, if neither parent can be reached.

Name_____ Relationship to child_____ Phone #_____

Name_____ Relationship to child_____ Phone #_____

Name_____ Relationship to child_____ Phone #_____

Name_____ Relationship to child_____ Phone #_____

Does your child have health insurance? Yes___ No___ Does your child have dental insurance? Yes___ NO___

Does your child have HUSKY insurance? Yes___ No___ *If your child does not have health insurance, call 1-877-CT-HUSKY

Child's Physician_____ Phone #_____ Child's Dentist _____ Phone #_____

CHILD'S ALLERGIES OR MEDICAL CONDITIONS _____

Other significant information_____

Is there any food that your child is not allowed to eat? _____

Is your child on any medication? Describe_____

Child's prior experiences (nursery school, daycare etc.) _____

Has your child been a part of the State of CT Birth to three or other early intervention Programs? Yes / No

In accordance with Connecticut General Statutes, children are required to show proof of immunity to DTAP Hepatitis B, Hepatitis A, HIB, MMR, Varicella, PCV, IPV, and Influenza before attending a licensed day care.

As a non-sectarian program, St. Paul's CDC admits students/ staff of any race, color, national or ethnic origin to all rights, programs and activities accorded or made available to students/ staff at the school.

Please list any additional information you would like the teaching staff to know concerning your child (special habits, fears, needs, interests, family information): _____

Please let us know if you need information regarding: health/ Husky insurance ____ family counseling____ medical/dental ____ food assistance ____ basic literacy/English as a second language____ job training ____ adult education ____

Primary language(s) spoken at home? _____

St. Paul's CDC is interested in family's culture, family structure and practices, home language, customs and traditions. Please let us know how we can incorporate these areas into your child's preschool experience.

SPCDC, Inc. maintains strict confidentiality of all provided / needed information.

Please read the following information and sign below:

I understand that I must notify St. Paul's Child Development Center in advance if any person not listed on the authorized for pick up list will be picking up my child. I also understand that the staff of SPCDC, Inc. needs to be notified immediately if the status of pick up person(s) changes. A picture ID of the pick up person will be required by our staff as confirmation of identity.

I give permission to SPCDC, Inc. staff to make whatever emergency (medical, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the school.

In case of **medical emergency**, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary (Your child will be transported to the closest hospital which is **Bridgeport Hospital**). It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician and/or other adult acting in the parent's behalf. I give permission for SPCDC, Inc. to speak with my child's physician in case of emergency and if the need arises in the best interest of my child. I give permission for the medical staff assisting in any emergency to have information on my child's health records as noted in his/her file.

I also give permission for the teaching staff at SPCDC, Inc. to have access to my child's health and all records in his/her file they deem necessary to best know and help my child.

I understand all my child's records will be kept securely and confidentially in the school office. During our inspection visit by the Office of Early Childhood (formally known as State of CT DPH) authorized personnel may gain access to my child's file.

Parents/guardians may always have access to these files.

I agree to provide SPCDC, Inc. with a current health record for my child, documenting that my child is current for all routine screenings and immunizations. I also agree to let SPCDC, Inc. contact my child's primary care physician in the event of an emergency. (SPCDC, Inc. will keep these contacts in strict confidence).

I give my permission for SPCDC, Inc. to obtain pertinent information and release records regarding my child from previous schools or facilities he/she has attended. I give permission for SPCDC, Inc. to release information to other schools. I give SPCDC, Inc. permission to vision and hearing screen my child.

I give permission for SPCDC, Inc. to share the developmental profile on my child with a kindergarten teacher. Profiles are based on the Preschool Curriculum Framework/Benchmarks for Preschool Programs.

I give my permission for my child to be photographed, video taped, tape recorded at SPCDC, Inc. in the event we are working on a special advertisement, teacher workshop, promotional taping, school bulletin board or for purposes of assessment.

I give my permission for my child to accompany SPCDC, Inc. on field trips that will take place during the school year. We will be transported by rented school bus. Specific information regarding trips will be communicated by letter to parents.

I understand that SPCDC, Inc. does not apply sunscreen or insect repellent to the children, and any prescription or over the counter medication needs to be accompanied by a doctor's permission authorization sheet (available in the office).

Signature of Parent/ Guardian: _____

Date: _____

St. Paul's Child Development Center, Inc.

NUTRITION INFORMATION

Child's name: _____

How would you describe your child's appetite? (Circle) Good Fair Poor Picky

Does your child like fruits and vegetables? (Circle) Yes No

Does your child have any known food allergies? (Circle) Yes No

If yes, please describe allergy and medical treatment: _____

What is one thing that frustrates or concerns you about your child's eating? _____

How often does your family sit down at the same time to eat dinner together? (Circle)

Most nights

Several times a week

Hardly ever

All food and beverages brought from home need to be labeled in a lunch bag or lunch box.

If you would like to share a birthday treat or traditional snack with the other children at school, please bring in whole fruits or commercially prepared foods in factory sealed containers. This way we will have a list of ingredients available to be sure no one will have an allergic reaction to the food.

We do not serve hot dogs (whole or sliced), whole grapes, nuts, popcorn, raw peas or carrots, hard pretzels, or large pieces of meat.

We are a peanut butter and nut free school and we are a junk food free school.

Please keep this in mind as you prepare your child's lunches and snacks.

Please cut or prepare your child's food in a way they are accustomed to eating it. Provide forks, spoons, napkins in your child's lunch box.

Each classroom has a schedule of times when snacks and lunches are served. If we serve a birthday treat, have a cooking or baking activity, share a traditional food with parents, we post this information so that parents will know what their child sampled on that particular day. We also share this activity on your Child's Daily Report Card. You will find this information in your child's cubby.

We have a water fountain in our Main Room that is available to the children throughout the day.

We have a Nutritional Consultant who visits our school and works with the staff to insure we follow food safety precautions in the use of all foods.

If you have any questions or concerns regarding nutritional needs or if you would like information regarding food stamps, food pantries in the City of Bridgeport or about any eating concerns for your child or family, please let us know.

Mealtime at SPCDC, Inc. is an important part of our curriculum. We believe mealtime can support each child's physical, social, emotional and cognitive development. We also use mealtime to help each child build important eating skills and life skills. Please feel free to join your child for lunch.

I have completed and read the above information regarding nutrition at my child's school.

Signature of Parent/ Guardian _____ Date _____

St. Paul's Child Development Center, Inc.

Bulk Texting Authorization Form

If you'd like to sign up to receive texts from SPCDC, Inc. as an additional means of notifying you of school updates, please fill out form below.

Thank you,

Child's name	
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Contact's name and relationship to child		
Cell phone #		
Carrier, i.e. T- Mobile, Verizon		

Contact's name and relationship to child		
Cell phone #		
Carrier, i.e. T- Mobile, Verizon		

Early Start	St. Paul's Child Development Center, Inc. GENERAL PROGRAM INFORMATION - Parent's Copy
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FAMILY SIZE: Parent(s), guardian, parent's spouse, a parent's significant other and their minor children who reside together in the same household (residing together is taking meals together and sleeping in the same household).

ANNUAL FAMILY INCOME: includes but is not limited to:

INCOME FROM EMPLOYMENT: from parent(s), guardian, parent's spouse and a parent's significant other. Total gross earnings from salaries, wages, tips, commissions, overtime and bonuses.

INCOME FROM SELF-EMPLOYMENT: from parent(s), guardian, parent's spouse and a parent's significant other. Private #1099 contracting incomes and any self-employed business income.

INCOME FROM OTHER SOURCES: from parent(s), guardian, parent's spouse and a parent's significant other. Gross income from whatever source derived such as : unemployment compensation, worker's compensation, alimony, disability compensation, social security or supplemental security income, pensions, annuities, dividends and interest greater than \$50 per calendar year, rental income, income from boarders, estate or trust income, royalties, veteran's benefits, foster care payments, cash gifts from friends & relatives, lottery winnings and cash assistance from federal , state and municipally funded assistance programs.

COMPLICATED FAMILY SIZES AND COMPLICATED INCOME: Circumstances will be reviewed. Income excluded: TFA cash assistance benefits from DSS, child support payment, value of food stamp benefits and grants, loans & scholarships paid to students.

FAMILY SHARE/ CONTRIBUTION: is based on family size and annual family income and is the state's estimation of how much a family can reasonably afford to pay for all its child care costs, and ranges between 2% and 10% of the family's annual income.

THE CARE 4 KIDS PROGRAM (C4K): the family kindly agrees to submit an application and all supporting documentation to the C4K program. If the family is currently enrolled in the C4K program, the family agrees to submit a re-determination application and all supporting documentation to C4K. If the family's C4K certificate is to expire, the family kindly agrees to submit a re-determination application and all supporting documentation to C4K. Families enrolled in the C4K program will have their family share calculated by C4K.

VERIFICATION: approximately 2 times per year, the center requests verification of income, family size. Families will cooperate in supplying the center with the following information: last 4 weeks of consecutive pay stubs, employers' letters, new tax returns, W-2's etc. Failure to submit this documentation within 10 calendar days after documentation was requested verbally and/ or in writing could result in immediate verbal termination (loss of program slot) of the registration between the parent/guardian and SPCDC, Inc.

ALTERNATE CARE PLAN: as indicated on the SPCDC, Inc. calendar you received with your handbook, SPCDC, Inc. will close periodically. We recognize that it may be difficult for families to formulate an alternate care plan. Therefore, the director will support families in this endeavor in the following manner:

The center will continue to secure collaborative agreements with other Early Start providers who remain open on days that SPCDC, Inc. has a scheduled closing. If alternate care is needed for any scheduled closing days, families

are to notify the director in advance and in writing in order to try and make appropriate arrangements. The director will contact one of the collaborating Early Start providers, inform parents of their availability and provide the alternate care center with a copy of the child's Early Childhood Health Assessment record (physical form) and the Early Start family share (tuition) for authorized alternative care services. SPCDC, Inc. will make payment directly to the alternate care center only for authorized alternative care services. The family must contact the alternate care center to verify if any additional paperwork is required to assure the child's safety. Families must adhere to the alternate care center's policies. The director advises families to arrange a visit with the alternate care center prior to alternate care dates in order to establish a comfort level for both child and family.

The alternate care center will be the one that is open and has space availability on the day needed and possibly may not be a parent's first choice. Centers will make their best efforts to find alternate care spaces however there is no guarantee that space will be available.

-
Parents are responsible for paying the ENTIRE session tuition, even if their child is not present for all the scheduled days due to illness, vacation, withdrawal, non-payment etc.

***WE ARE HOLDING YOUR CHILD'S SPACE IN THE PROGRAM
SO THIS POLICY IS STRICTLY ENFORCED.***

Tuition statements do not reflect charges for the days SPCDC, Inc. is closed for holidays.

For a complete explanation of our tuition policy, please refer to our Policies concerning Registration and Tuition 2026-2027 Form- parent's copy.

Policies Concerning Registration and Tuition 2026-2027- Parent's copy

PLEASE SAVE THIS INFORMATION FOR FUTURE REFERENCE. ST. PAUL'S CDC PROVIDES AN OPEN ENROLLMENT OF CHILDREN FROM ALL RACIAL, ETHNIC AND ECONOMIC BACKGROUNDS.

Registration

- Parents register their child for the school year (September-June) or the Summer (June-August) Session at St. Paul's Child Development Center (SPCDC, Inc.) by indicating their selected schedule on the school Registration Form. **There is a \$25 non-refundable registration fee for each session.**

- The calendar for the 2026-2027 school year is as follows:

A.) School year includes August 31st, 2026 to June 11th, 2027 (excluding vacation days Within Chart below)

Date	Holiday
September 7 th	Labor Day
October 12 th	Columbus Day
November 11 th Veteran's Day	Veteran's Day
November 26 th -27 th	Thanksgiving
December 21 st -January 1 st	Winter Recess
January 18 th	Martin Luther King Day
February 15 th	President's Day
March 26 th	Good Friday
April 12 th – 16 th	Spring Recess
May 31 st	Memorial Day

B.) Summer session begins June 14, 2027 for 10 weeks (excluding vacation days June 18, July 5). The summer program options include a full-time program, allowing for flexible scheduling Integrated into that program is a special themes week program. Summer Session application is separate from school application.

- When selecting a child's pre-school year schedule, parents must observe the following guidelines:

A.) Minimum enrollment two days per week, 3 hours per day

B.) Possible arrival times are 7:30-9:00 a.m.

C.) Possible departure times are 12 Noon- 1:00p.m. , 3-5:30 p.m.

D.) Our morning class time begins **promptly** at 9:00 a.m. **The door will be locked. If you arrive after 9:00 you will be required to wait with your child in the front vestibule until circle time is over at 9:30.**

- Parents pay tuition for their child based upon the schedule for which they have registered, according to the following rates:

A.) \$6.50/per hour

B.) If a child attends school times beyond his/her regularly scheduled hours, OVERTIME POLICIES will apply. (See #13)

C.) Summer Theme Weeks tuition is \$145/ per week (9 a.m. to 1 p.m.) or \$ 175 (8 a.m. to 4 p.m.) with a \$25 non-refundable Registration Fee. You may register for the Theme Weeks, OR the entire Summer Program. Either way your child will enjoy our special events.

- Tuition may be paid monthly or weekly, or tuition may be paid in full for the year on the first day of school - a 5% discount applies for payment in full.

- Parents are responsible for paying the **ENTIRE** session tuition, even if their child is not present for all of the scheduled days due to illness, vacation, withdrawal, non-payment, etc.

***WE ARE HOLDING YOUR CHILD'S SPACE IN THE PROGRAM, SO THIS POLICY IS STRICTLY ENFORCED*.** Parents need to make timely payments while awaiting any financial assistance.

- Tuition is due on Monday morning when you arrive. If tuition is more than two weeks overdue, your child will not be allowed to attend school until payment is received and may also lose his/ her Early Start grant space. Parents are responsible for all reasonable costs and expenses of collection of their overdue tuition, including, but not limited to, attorney's fees incurred by SPCDC.

8. Tuition should be paid by credit card or money order (made payable to St. Paul's Child Development Center or SPCDC, Inc.), or by Tuition Express Automatic Withdrawal.
9. No "make up" time is available for children who cannot attend on their scheduled days/times. Any time/days beyond the time/days on the Registration Form constitutes "OVERTIME" and the Overtime Policies apply. See Item #12.
10. No compensatory time is available for children who arrive late on a particular day (i.e., if a child is scheduled to attend Mondays from 9-12, but does not arrive until 9:30, departure at 12:30 is 1/2 hour overtime and the overtime policies apply).
11. A child's schedule may be increased during the session on a space available basis.
This space availability and change must be cleared by the SPCDC, Inc. office, a new registration must be completed, and a new tuition agreement must be issued reflecting the change before a child may alter his/her schedule.
Scheduled attendance may be decreased during the session with one month's notice.
12. **Overtime Policy** -on a space available basis, special arrangements may be made for children to attend on day/times beyond their normal schedule. ADVANCE notice is required for this type of attendance. Payment for all overtime attendance must be made at the time of the overtime. Overtime will be at the applicable hourly rates of \$6.50/hour.

We close promptly at 5:30 p.m.* Please arrive in time to make this possible. Any parent whose child is picked up beyond the school's 5:30 p.m. closing time will be charged a **\$25 fee** for each 15 minutes or portion of 15 minutes they are late, for each child. This late fee applies to everyone (whether or not you are receiving any assistance, Care 4 Kids, or other financial support) WE USE OUR CHECK-IN STATION STAMPED TIME AS THE CORRECT TIME. This fee is due immediately and will be added to your tuition account.

If it's not paid immediately, your child cannot return to school.

Tuition statements do not reflect charges for the days SPCDC, Inc. is closed for holidays; however, payments are computed and divided into equal monthly/weekly payments which mean that a shortened week or month will still have the same payment due.

13. In the event of inclement weather SPCDC, Inc. will have an announcement on **WICC 600 AM radio, WTNH, NBC and Chanel 12 News Television stations and ctweather.com**. You may also call the school after 6:30 a.m. to listen to a recorded message about closings/delays. We also have the ability to send a text message to your phone that you may sign up for in the office if interested. Since no tuition credit is given for extreme weather conditions, we try to be open as much as possible.
14. A \$25 non-refundable registration fee along with Registration Form will hold your child's space in the program.

Attendance

15. Parents/guardians **MUST** sign their child in by scanning their finger at the computer check-in station when they arrive and parents/guardians **MUST** sign out when your child leaves. This procedure is a state requirement and must be followed for children's safety in case of an emergency, such as a fire.
16. When a child will **not** be attending school, **please call the school to notify us of their absence.**

Parents are reminded of SPCDC, Inc. requirements regarding attendance. "Do not send your child back to school before the period of possible communicability for an illness has been completed; the school should be notified promptly if your child has a contagious disease so that other parents of children attending can be notified of exposure; children with coughs, sniffles, runny noses, sore throats, hoarseness or complaints of headache or stomach ache should remain at home".

If we send your child home with a fever, diarrhea or vomiting, he/ she must be symptom free for 24 hours before returning to school. We do not have extra staff available to stay inside with any child who may not be feeling well. If your child is not well enough to go outside, he/she may not be well enough to be at school.

Disenrollment

17. SPCDC, Inc. has a 30 day probationary period. This time frame is designed for both parents and the school to be able to assess and evaluate child's adjustment to the program and the appropriateness of this program in meeting a child's individual needs. Either party may choose to terminate registration, without question, within these 30 days.

It is our policy to accept into our program age appropriate children with delayed developmental skills and ability. We will review each situation at the end of our probationary period and will decide if our program is benefiting the child involved.

Preschool is often a child's first experience in a group or school situation. On occasion the teaching staff may find it necessary to recommend a child for evaluation by a specialist, such as a speech therapist or audiologist. We make every effort to connect parents to the appropriate resource if these recommendations are needed.

Also a child may have needs that exceed the expertise of SPCDC, Inc. staff. In this event the staff will make every effort to connect parents to appropriate community resources with suitable programs, and if in the staff's judgment that it is in the best interest of the child, disenrollment at SPCDC, Inc. will be made. If a **parent** of a child is disruptive to the daily operation of the center, that child and parent will be required to leave the center and terminate the contract.

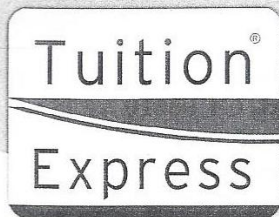
Children with severe behavioral problems (i.e. Frequent biting, hitting, kicking) that are dangerous or abusive to other children and/or staff will be **disenrolled** if efforts to change and improve these behaviors are not successful.

SPCDC, Inc. will help parents and children by providing access to our educational, social or medical consultants. We also will help locate community or consultant resources.

We hope that parents will provide open communication, concern and involvement in addressing behavioral concerns.

Other Information

18. Open Door Policy - parents are welcome to visit/share in their child's day at any time - no appointment necessary.
19. Parents should be prepared to provide the school with copies of birth certificates, adoption papers, custody agreements and/or any other appropriate documents upon request.
20. **Clothing Boxes** - please make sure your child has a box with a complete change of clothing in his/her cubby at all times. If your child uses his/her extra clothing, please replace it promptly. Also, please replace clothing as the seasons change. If your child does not have clothing to be changed into, **we will have to call you** at home or work to come to change your child. Parents and teachers work together on toileting issues; however, we do expect children to be toilet trained when beginning preschool.
21. **Conferences** - teachers and parents are a team, so we welcome any sharing of experiences or needs concerning your child. Parent/Teacher Conferences are scheduled during the Fall and Spring, (we also have a midyear evaluation) but parents are free to make an appointment at any time with a teacher to discuss their child's development, adjustment to the group situation, or any other aspect which concerns you.
22. During our summer program (and sometimes during the year) we enjoy supplementing our learning experiences with an occasional field trip. We appreciate parent volunteers as chaperones to make these trips possible.
23. We have a refrigerator to keep lunches/snacks cold, however, we have **no** means to cook or heat food. Please provide utensils, if necessary. **We are a peanut butter, nut and junk food free** school.
24. Parents will be given a **Parent Handbook** in which they are required to sign and return the Receipt of Handbook Form for the child's file. This form also includes acknowledgement of our rules and policies, including but not limited to our Behavior Management Techniques/Discipline Policy.
25. **Security** - For the safety of your child, SPCDC, Inc. has an electronic security system that prohibits entry to anyone who does not have a coded key fob. Each family is assigned a key fob as part of their registration fee. There is a **\$25.00 (non-refundable) charge for key fob(s) that are lost or not returned on the last day of your child's enrollment.** For the safety of all children, please do not allow anyone else to use your key fob. Doors to the Center do not recognize any code prior to 7:30 am or after 5:30 pm. If you arrive after 5:30 pm, you will need to use the entry buzzer to alert the staff person on duty to admit you to the Center.



*Convenient and Safe
On-time Payments*



PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It's easy to sign-up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.

St. Paul's Child Development Center, Inc.

Program Planning Parent Questionnaire

In an effort to include parents into our curriculum planning and know more about your child, please complete this questionnaire and return to your child's teacher.

Date: _____

Name of Child: _____

Age: _____

Does your child have a nickname? _____

Who lives in your house?

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Does your child have other siblings who do not live in your house?

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Do you have any other relatives who do not live with you who are a big part of your child's life? i.e. Grandma, Aunt... _____

Do you have any pets? Please list: _____

What is the primary language spoken at home? _____

Does your child speak or understand any other language? _____

What are your child's interests ? _____

What are your expectations for your child's preschool experience? _____

Is there anything you would like to share with us about your child? _____

Do you have a special talent and would you like to share it with us? (Hobby, playing an instrument, cooking, etc...) _____

Is there something about your culture you would like to share with us? _____

What special days do you celebrate with your family? _____

Are there any holidays, customs that your child cannot participate in? If so, how can we help your child be part of our school activities without infringing on your traditions and culture?

Would you have time to:

Read a favorite story in your native language? _____

Share a favorite recipe? _____ Cook with the children? _____

Donate an ethnic article of clothing that you no longer use for our "dress-up" corner? _____

Parent Information

1. All children must have a Registration Form, a current Health Assessment Record and a Child Information Sheet on file. Please see attached form for all paperwork needed to complete your child's registration.
2. Our entrance/exit door is located in the corner of the parking lot with our sign above the door. You must have a key fob to enter the building. Key fobs are programmed to work between the hours of 7:30 a.m. to 9:00 a.m. and 12:00 to 5:30 p.m.*
3. Please plan to arrive at your scheduled time and plan to spend a few minutes helping your child wash hands and settle into an activity. Make sure you deliver your child to a teacher. Do not leave your child at his/her cubby, in the foyer, the bathroom or in the hallway. This can be frightening or confusing for your child.
Let us help you with separation! Let both your child and the teacher know when you are leaving. If some separation anxiety occurs, feel free to call us after you arrive at home or work to find out how your child is adjusting. Call us at (203) 384-6023.
4. **On Arrival:** For your child's safety and to comply with state regulations, please make sure to finger swipe into ProCare attendance. All children must be signed in and out by their parent/guardian / designated person daily.
5. Help your child locate his/her cubby and place labeled belongings (including an extra box of seasonal clothing) in the cubby. "Extra Clothing Box" should include underpants, shirt, socks, pants. These clothes will be used should your child have a toileting accident, get wet from water play, or spill something from snack or lunch. **If your child does not have clothing to change into, we will call you to bring clean clothing to school.** If we had to use borrowed clothes to change your child, please launder them and return them.
6. Our lunch time runs smoothly when lunchboxes are labeled properly. Place your child's lunchbox in the refrigerator located near the entrance door. **We do not have a microwave to warm up food** but you can heat up food in the morning and store it in a thermos. The thermos can be placed in your child's cubby. **Please provide a plastic fork, spoon or straw, if needed.** *We do not have extras of these items.* We have available in the office a list of "healthy snacks/lunches" you may have. We try to encourage healthy eating habits - *please* - no candy, gum or soda, glass bottles in lunchboxes. We are a **"peanut and junk food"** free school. Please do not pack these items in your child's lunchbox. Please use a labeled lunchbox or paper bag as we do not have room in the refrigerator for backpacks of any size.

7. Help us keep track of your child's possessions by **labeling** items - lunchbox, thermos, bedding, coats, sweaters, hats, boots, etc.
8. Because things can get lost or broken at school, we discourage bringing toys from home to school. This will prevent unhappy children and frustrated parents looking for lost items. We also discourage wearing any jewelry to school. Please do not leave lip gloss/chapstick, coins, medication with your child or in his/her cubby.
9. If your child will be napping at school, please bring a small blanket/sheet and pillow (optional) to make naptime more comfortable. **These items should be brought home at the end of the week to be laundered.** Your child may bring a special doll or stuffed animal for naptime to help them feel more secure. These items should also be labeled. We do not allow pacifiers and milk bottles for nap.
10. **On Departure:** For your child's safety and to comply with state regulations, please make sure to finger swipe out of ProCare attendance. All children must be signed in and out by their parent/guardian daily. Please refer to Parent Handbook for information regarding overtime and late pick up. Check your child's cubby for artwork, calendars, memos each day. Children are very proud of their "treasures" from school and want to take them home.
11. To help you share and communicate with your child about his/her day at school, you will receive a "daily report" in your child's cubby. After checking the sheet you may ask your child, "I see you were in art today, what do you have to take home"? This works well and promotes conversation between you and your child.
12. We will periodically post parent information notices at the ProCare sign-in cabinet. We also have wipe off boards in our Main Room, located at the entrance and on top of the cubbies. Please check these - they let you know if we had a special visitor, a fire drill, or other important information.
13. If an emergency arises and you are not able to pick up your child, please call us at (203-384-6023) with the person's name and phone number who will be picking up your child. We will require identification of the designated person.
If you know your child will be picked up by someone not on your authorized pick up list- you **MUST** notify the school and a staff member as soon as possible. For safety, we will require identification of the designated person.
Please be patient with us as we get to know pick up persons.

MANDATED REPORTING OF ABUSE AND NEGLECT POLICY

All children have the right to be free from abuse and neglect and all of our staff have a responsibility to prevent child abuse and neglect of any children involved in our center.

Child abuse is defined as a child who has had non-accidental physical injury inflicted upon him/her or has injuries which are at variance with the history given of them, or is in a condition which is the result of maltreatment such as malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment. (CT General Statutes 46b-120).

Child Neglect is defined as a child who has been abandoned, is being denied proper care and attention physically, educationally, emotionally, morally or is being permitted to live under conditions, circumstances or associations injurious to his/her well-being (CT General Statutes 46b-120).

SPCDC staffs are considered "mandated reporters" of child neglect and abuse by the State of Ct. As such, we are required by law to report directly to the Department of Children and Families (DCF) any suspicion that a child is being abused, neglected or is at risk. The Department of Children and Families Careline telephone number to call for reporting abuse or neglect is 1-800-842-2288.

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF-136) to DCF.

All phone calls to DCF shall be documented and kept on file at the Center. A copy of all statements from staff and the DCF-136 shall also be kept on file.

Mandated reporters are not obligated to inform parents that they have made a report to DCF about their child. Depending on circumstances, it may be necessary and beneficial to do so.

If there is some suspicion of abuse or neglect of a child, the Director and the teacher with the suspicion will immediately speak to the parent. SPCDC may refer parent to professional for support and guidance, however, a report to DCF may need to be made.

In the case of apparent physical abuse, parents may not be informed until after DCF has been notified, in order to protect the child or facilitate an investigation.

Mandated reporters are required to give their name when they make a report to DCF, however, they may request anonymity to protect their privacy. The identity of the reporter would not be disclosed unless written consent is given or unless mandated by law. Staff is protected by law from discrimination or retaliation for reporting abuse and neglect. (CT General Statutes, Section 17a-101e)

Staff is trained to recognize the signs and symptoms of abuse and neglect and its prevention, through yearly mandated reporter training workshops focusing on the steps for reporting suspected abuse and neglect and the role of a mandated reporter and by distribution of this policy upon hiring.

Reports to DCF must be made as soon as possible, but not more than 12 hours after suspecting abuse or neglect and all reports to the Hotline are tape recorded. The reporter must submit a written report to DCF within 48 hours of making the report using form DCF136. A copy of this report must be submitted to the Director of the school.

The management of this program supports a zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a staff member abused or neglected a child.

The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program.

Any staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the employee would either be dismissed from his/her position or allowed to return to work.

Provisions for informing families of abuse and neglect policy

A copy of this policy will be included in our parent information packet and each family will be given a copy upon enrollment. A copy of this policy will also be posted on the parent board.

When an accusation of abuse or neglect by a staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to access the cause of the child's injuries and offer support and guidance.

In order to protect the rights of any staff who may be wrongly accused of child abuse or neglect, the Director will meet with staff members and a member of the CDC Board, and determine the circumstances for the allegation. There may be a circumstance that a staff member will be asked to seek counseling and a determination will be made to insure all parties understand the gravity of the situation.

Staff who report suspicions of child abuse or neglect are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is prove that the report is malicious.

In all instances, the welfare of the children in SPCDC's care is the most important concern! All main concern of SPCDC is the protection of the rights of its staff members.

All accidents and injuries a child may incur while at school are reported in the Accident Log. The ACCIDENT LOG (a white three-ring binder) is located in the Main Room on the shelf near the entrance door. All accidents, including the distribution of band aids - must be noted on the accident report forms by the teacher present. Each accident must also be reported to the parent(s) when the child is picked up (minor accidents) or immediately by phone (serious accidents).

RECEIPT OF HANDBOOK FORM/ RECIBI EL MANUAL DE PADRES

Spring 2027 _____

CHILD'S NAME _____

_____ I have received SPCDC, Inc. Handbook.

_____ Yo recibí el Manual de padres de SPCDC, Inc.

_____ Recebi o Manual da SPCDC, Inc

* * *

_____ This handbook was completely reviewed during orientation prior to my child attending SPCDC, Inc.

_____ El manual fue completamente revisado durante la orientación antes de la asistencia de mi hijo a SPCDC, INC.

_____ Este manual foi completamente revisado durante a orientação antes de meu filho frequentar a SPCDC Inc

* * *

_____ I have read this handbook and feel confident that I understand the policies, rules and regulations contained in this book, including Behavior Management Techniques/ Discipline Policy that is outlined on page 28 and which was also discussed with me. /

_____ Lei el manual y estoy seguro que entendí las políticas, reglas y regulaciones que están en este libro, incluyendo técnicas de manejo de comportamiento/ política de disciplina que puede ser encontrada en la página 28 y también fue explicada así mi.

_____ Eu li este manual e estou confiante de que entendo as políticas, regras e regulamentos contidos neste livro, incluindo Técnicas de Gestão de Comportamento / Política Disciplinar que está delineada na página 28 e que também foi discutida comigo. /

* * *

_____ I agree to abide by the information set forth in this handbook and I will contact the school administration if I need clarification of any information included in this book.

_____ Yo estoy de acuerdo usar la información que está en el manual y contactaré a la administración de la escuela si necesito clarificación de cualquier información de este libro.

Signature of Parent/ Guardian: _____

Date: _____

Firma de padre/ guardia : _____

Fecha: _____

Assinatura do pai / responsável : _____

Encontro : _____