



For Office Use Only
Date Received: _____
Staff Initials: _____

Enrollment Application
2026-2027

Women and Families B & A Main Office

169 Colony Street
Meriden, CT 06451
(475) 775-4895 Director
(475) 775-4909 Hale
(475) 775-4903 Hanover
(475) 775- 4894 Pulaski
FAX: (203) 237-7571
www.womenfamilies.org

Child's Name _____ Grade Entering _____

Parent/Guardian's Name _____

Parent/Guardian Phone _____

Email Address _____

Before and After School Program Locations

Nathan Hale, Pulaski & Hanover

(M, T, W & Thurs) 6:45am to 8:45am, Dismissal to 6:00pm

Fri 6:45am to 8:45am, Dismissal to 5:30pm

Program: Hale _____ Hanover _____ Pulaski _____

Schedule: AM _____ PM _____ AM & PM _____

WFC Before & After School Approved Sliding Scale Rates Per Week
Effective 2026-2027

Program	Level 1		Level 2		Level 3	
	*Tuition Express	*Non-Tuition Express	*Tuition Express	*Non-Tuition Express	*Tuition Express	*Non-Tuition Express
Before School	\$55.00	\$57.00	\$61.00	\$63.00	\$71.00	\$73.00
After School	\$67.00	\$71.00	\$73.00	\$77.00	\$83.00	\$87.00
Before & After School	\$98.00	\$102.00	\$108.00	\$115.00	\$124.00	\$130.00

***Tuition Express:** Automatic payment processing system allowing tuition and fee payments through a bank account or credit card authorization.

***Late Fee: \$20.00 every 15 minutes, or part there of that a parent/guardian is late picking up a child.**

***Non-Refundable application fee: \$25.00 (PER CHILD)**

Deposit is equal to 1 week of family's weekly tuition rate.

Families not eligible for financial assistance who have more than 1 child will receive a 10% discount off each additional child's weekly fee.

If your child requires medication all necessary documentation must be filled out and signed by the doctor and approved by program staff in order for the child to begin the program.

We require up to 5 business days after receiving completed application for processing.

Deposit payment as well as 1st week tuition must be paid prior to the child's start date.

Deposit will remain on file and will be applied to last week of service.

****WFC utilizes space within the Meriden Schools. We are not affiliated with the Meriden Board of Education. Any questions or concerns must be addressed with the program and not the specific school.****

The Following information is used to help determine which level you will fall into for our tuition rates:

Family Composition

How many family members live in the home including the child: _____

How many family members are adults: _____

How many family members are children: _____

How many family members are grandparents: _____

How many family members are Aunts or Uncles: _____

Unrelated persons (ex, partner, spouse, significant other, step children) _____

Child primarily resides with: Parent/Guardian 1 Parent/Guardian 2 Both Shared 50/50

Parent/Guardian Signature: _____ Date _____

By signing I am saying that all the above information is accurate as of date of enrollment.

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application: _____ **Date of Enrollment:** _____ **Last Day of Enrollment:** _____

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

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

Mother/Guardian Name: _____ **Address:** _____

City: _____ **Zip Code:** _____ **e-mail Address:** _____

Home Telephone #: (____) _____ **Cell #:** (____) _____

Employer: _____ **Work #:** (____) _____

Employer Address: _____ **City:** _____ **Zip Code** _____

Father/Guardian Name: _____ **Address:** _____

City: _____ **Zip Code:** _____ **e-mail Address:** _____

Home Telephone #: (____) _____ **Cell #:** (____) _____

Employer: _____ **Work #:** (____) _____

Employer Address: _____ **City:** _____ **Zip Code** _____

Emergency Contacts

Emergency contacts must be 18 or older and has to be other than MOM OR DAD

Persons permitted to remove the child from the child care program on behalf of parent. (Minimum of 2 people are required.)

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Signature of Parent/Guardian: _____ **Date:** _____

Medical Information

Known Allergies: _____ Last Tetanus: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Medications

Does your child require any of the following medications during the program hours?

Asthma inhaler Epi Pen Benadryl Seizure Medications

I understand that because my child may require the use of medications within program hours, I must provide WFC with the proper medical paperwork and medications. Medical paperwork and medications are required BEFORE the child starts the program. All paperwork and medications will be approved by WFC's nurse before the child starts the program.

Signature of Parent/Guardian: _____ **Date:** _____

Emergency Authorization

I give my consent for First Aid and CPR certified staff of **(program's name)** _____, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also 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.

Preferred Medical Facility: _____

Signature of Parent/Guardian: _____ **Date:** _____

Parent Handbook and Behavior Management

I acknowledge that I have read the Parent Handbook and agree to abide by the policies outlined within it. I also confirm that the behavior management techniques used at the facility have been discussed with me prior to my child's enrollment.

Signature of Parent/Guardian: _____ **Date:** _____

WFC

BEFORE AND AFTER SCHOOL PROGRAM PAYMENT POLICY

2026-2027 SCHOOL YEAR

Tuition payments are due on the Friday before the week of service. An automatic \$10 late fee will be charged to your account the following business day by 10:00am if tuition is not paid in full.

- At the time of registration, parents are responsible to pay a non-refundable \$25.00 Application Fee for each enrolled child.
- Deposit payment is due after application is processed. Your spot in the program is not secure unless the deposit has been paid. Deposit is equal to one weeks tuition.
- Deposit will remain on file in your account and will be applied to the last week of service.
- The 1st Week Tuition Payment can be paid at the same time you make your deposit payment, but no later than one week before your child's start date.
- Written notice must be given at least one week prior to withdrawal in order to discontinue auto billing.
- It is WFC's policy that children may be required to be withdrawn from the program when tuition is more than two weeks in arrears.
- There will be a \$35.00 late payment fee charged for all checks/ACH payments returned to us unpaid from the bank. Credit Card/Debit Card declines through Tuition Express will also be subject to a \$35.00 return fee.
- All accounts must be paid in full in order to be eligible to sign your child up for the next school year.

The WFC offers a sliding scale for fees based on family's gross weekly income. Copies of 3 current pay stubs for all working adults in the house are required to determine tuition rate.

- Parents/Guardians are obligated to pay the weekly fee, regardless of time missed due to illness, personal vacations, holidays, weather closing (snow Days) early departures or early closings. (Families will not be charged for Holiday Recess December 24, 2026-January 1, 2027 and Spring Vacation April 12, 2027- April 16, 2027.)

After missing a payment, a parent will receive notification that their child cannot attend the program until payment is received for the week of service. After two missed payments parents/guardians will receive a notice stating that their child cannot return until the balance is paid and tuition fees are current. The child will not be accepted back into the program until the past due amount is paid, provided we have a space available.

If a parent/guardian receives Child Care assistance from a third party payer (i.e. Care-4-Kids, DCF), paperwork must be submitted before the child starts. Parents/Guardians are required to make payment arrangements until a Child Care Certificate or recertification has been received. If a recertification is not received by the expiration date of the previous certificate, it is the parent/guardian's responsibility to pay full tuition until recertification is received. After receiving a certificate, parents/guardians are responsible for paying their parent share payments according to the above stated policy.

If you need assistance in filling out the application the Program Manager will be glad to help. If there are any changes in your Care-4-Kids status, income, family size or child care payments for other children in the household, please notify the Program Manager immediately. This could affect your rate. **Families which have Care-4-Kids will not pay more than our weekly rate, but may have to pay more than the family share listed on their certificate. We will calculate your rate on a sliding scale. Care-4-Kids pays only for your work hours that match your child care hours.**

For your convenience, the Director is available to explain our policies and these procedures;

- Provide you a copy of your fee determination and explain how your family's contribution was determined.
- How fees are assessed.
- How income, family size, and any other eligibility factors are determined and verified.
- How confidentiality is maintained.
- Procedures for failing to pay, loss of a job, or appealing a fee determination.

I have read the above policy and agree to the terms for payment of tuition.

Signature of Parent/Guardian

Date

Witness

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____	City _____	State _____	Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____			Date _____

SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____	City _____	State _____	Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____	Account Number (see sample below) _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature _____			Date _____

For Official Use Only

Date Received
Employee Signature



A service of





Before and After School Program Income Verification Form

As part of the enrollment process, we require parents/guardians to provide us with proof of income. If you do not want to provide us with proof of all income information, you will be automatically placed on the highest tuition level which is **Level 3**.

WFC receives grant funds that require us to do statistical reports. Income information is used for this purpose as well as determining your weekly tuition rate. By being placed in our Level 3 bracket, you will also be waiving eligibility for any financial assistance the Women and Families Center may be offering. You are still eligible to apply for Care 4 Kids.

If you do not want to provide proof of income, please read and sign below.

Name of child: _____

Parent/Guardian Signature: _____

Date: _____



Before and After School Policy for Picking up a child

Parents must maintain an up to date Alternate Pickup List. Parents are required to inform the program when there will be someone other than a parent or person on the Alternate Pickup List picking up the child. This person must be at least 18 years of age and present picture identification.

- If someone NOT on the Alternate Pickup List arrives to pick up a child and the parent cannot be reached, the child **WILL NOT** be released to that person.
- If anyone, including a parent, comes to pick up a child and they are not familiar to the staff, the staff is required to ask for identification.
- If any information on the Alternate Pick Up List changes, the parent must inform the program to update information in the child's file.
- Person picking up must be at least 18 years of age, and have a valid ID. Siblings **will not** be allowed to pick up in place of parent/guardian or authorized pick up person unless they are 18 years of age or older with a valid ID.
- There is a late fee of \$20.00 for every fifteen minutes, or part thereof, that a parent/authorized adult is late picking up his/her child. This fee must be paid before the child returns to the program. After three late pick-ups, a meeting will be held to develop an action plan. If the child continues to be picked up late, it may result in termination from the program.

Hours of operation

Nathan Hale, Pulaski & Hanover

(M, T, W & Th) 6:45am to 8:45am , Dismissal to 6:00pm

Fri 6:45am to 8:45am, Dismissal to 5:30pm

I have read the POLICY FOR PICKING UP A CHILD for WFC.

Parent/Guardian Signature

Date



Before and After School Photograph Permission Form

I DO give permission for my child (print name), _____ to be photographed by the staff of the WFC. I understand my child's photo may be used for Bloomz, displays, brochures, advertising, or other forms of marketing, and educational purposes.

OR

I DO **NOT** give permission for my child (print name), _____ to be photographed by the staff of the WFC. I understand my child's photo **will not** be used for Bloomz, displays, brochures, advertising, or other forms of marketing, and educational purposes.

Parent/Guardian Signature _____

Date _____

Site Manager Signature: _____ Date: _____

**MERIDEN PUBLIC SCHOOL
CLOSINGS AND DELAYS
2026-2027**

- If the Meriden Public Schools are closed, the Before and After School Programs are closed.
- If there is a delayed opening for Meriden Public Schools due to inclement weather the before school program will be closed.
- In the event of an early dismissal due to inclement weather the after-school program will be closed.
- On scheduled ½ days there will be no PM program. This includes parent-teacher conferences, and days when school is dismissed at 1:20 pm. **(See Program Closings on next page for specific ½ days)**

**WFC FOLLOWS MERIDEN PUBLIC SCHOOL
ANNOUNCEMENTS MADE ON:**

TELEVISION CHANNELS:

WFSB-TV

WEBSITES:

www.wfsb.com

www.nbc30.com

****Program site managers will also send alerts via Bloomz with specific weather-related closures, delays, or early releases.****

**Program Closings
2026-2027**

Sept 7	Labor Day
Oct 12	Columbus Day
Oct 19, 20, 21	½ days - No PM Program
Nov 3	Election Day
Nov 11	Veterans Day
Nov 25	½ day - No PM Program
Nov 26-27	Thanksgiving
Dec 23	½ day - No PM Program
Dec 24- Jan 1	Holiday Recess
Jan 18	Martin Luther King, Jr. Day
Feb. 15-16	Winter Vacation
Mar 12	Professional Development Day
Mar 22, 23, 24	½ days- No PM Program
Mar 26	Good Friday
Apr 12-16	Spring Vacation
May 31	Memorial Day
June 8	½ day - No PM Program (projected Last day of School)

****Reminder parents/guardians are obligated to pay the weekly fees regardless of time missed due to these holidays & closings, as well as any weather closings or dismissals, illnesses, personal vacations, and early departures.****

The following days you will not be charged weekly fees:

Holiday Recess
Spring Vacation

I have read and understand the above Before and After School Program 2026-2027 closing information.

Parent/Guardian Signature: _____ Date: _____



Illness Policy

Due to the close contact that children naturally have with one another, a sick child can easily infect others. To keep the children as healthy as possible, WFC follows state of Connecticut health guidelines. Please refer to these guidelines when your child becomes ill.

- **FEVER:** a child may return to the program when his/her temperature has been normal for 24 hours without medication. A fever is a temperature of 100.4 taken from any site on the body.
- **VOMITING:** child may return to the program 24 hours after the last episode without medication.
- **DIARRHEA:** the child may return to the program 24 hours after the last episode without medication.
- **HEAD LICE:** the child may return after treatment, and no visible signs of nits are present.
- **CHICKEN POX:** the child may return to the program 7-14 days after their initial outbreak, all pox must be dried.

In the event that your child becomes ill at the program, parents/guardians will be contacted and must make arrangements to have the child picked up within 1 hour from the time of contact.

If your child is too sick to participate in the program, please do not send them. We are unable to provide extra staff to accommodate such requests. Please remember that your child **MUST** be 24 hours free of illness before he/she will be permitted back to the program. WFC reserves the right to deny care to visibly ill children or children that have not been out for the required amount of time.

For office use only

- _____ Proof of income: copy of three (3) most recent pay stubs, Employer Letter, State Budget Letter, or signed income waiver
- _____ Current Care 4 Kids certificate/application
- _____ Complete Enrollment Information
- _____ Current Emergency Information
- _____ Signed Payment Policy Agreement
- _____ Signed Policy for Picking up a Child
- _____ Current Physical, Immunization Record
- _____ New Health Assessment
- _____ Allergy/Asthma Care Plan & Administration of Medication Forms
- _____ Completed Tuition Express Form

Enrollment date: _____

Single child: _____ 2nd Child (Discount): _____ 3rd Child (Discount): _____

Tuition Level: _____ Weekly Tuition Rate: _____ Schedule: AM _____ PM _____ AM/PM _____

Non-Refundable Application Fee: _____ Deposit: _____

1st Week's Tuition (Prorated): _____

Total amount due: _____

Reviewed By: _____ Date: _____

Notes:

Please keep this page for your records

****WFC will send alerts via Bloomz with important information regarding the program and specific weather-related closures, delays, or early releases. All parents/guardians must be signed up for Bloomz.****

****WFC utilizes space within the Meriden Schools. We are NOT affiliated with the Meriden Board of Education. Any questions or concerns must be addressed with the program and not the specific school.****

****There will be a \$35.00 late payment fee charged for all checks returned to us unpaid from the bank. Credit Card/Debit Card declines through Tuition Express will also be subject to a \$35.00 return fee.****

Program Closings

Sept 7	Labor Day
Oct 12	Columbus Day
Oct 19, 20, 21	½ days - No PM Program
Nov 3	Election Day
Nov 11	Veterans Day
Nov 25	½ day - No PM Program
Nov 26-27	Thanksgiving
Dec 23	½ day - No PM Program
Dec 24- Jan 1	Holiday Recess
Jan 18	Martin Luther King, Jr. Day
Feb. 15-16	Winter Vacation
Mar 12	Professional Development Day
Mar 22, 23, 24	½ days- No PM Program
Mar 26	Good Friday
Apr 12-16	Spring Vacation
May 31	Memorial Day
June 8	½ day - No PM Program (projected Last day of School)