

T.L.C. Inc.
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Web Page:
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February 1, 2010

To: All Parents and / or Guardians
From: Kenneth F. McCabe, Executive Director
TLC Pre-School Camp Registration Instructions

To ensure that our licensing requirements from the Department of Public Health are met, it is **extremely important** to complete **ALL** information on your registration forms.

Please be careful to complete all information requested on all of the forms, even if it may be redundant. (If a question does not apply to you, please put N/A in that space).

Read each question carefully; if you are unsure of how to answer, feel free to contact (call or email) the office for assistance. **The following items must accompany your registration:**

- 1) Completed registration form (please remember to have **ALL financially responsible parents/step-parents/guardians sign pages 2, 4, 6 and initial pages 3 and 5**).
- 2) The State of Connecticut Early Childhood Health Assessment Form. **It must be completed both front and back and be dated within the past year.** (Only applicable to children not currently in TLC during the school year). Health forms are available at the TLC office or online at www.tlctrumbull.com. **Please advise your child's healthcare provider to complete all areas pertaining to Tuberculosis, including the date of the test and the result.**
- 3) A copy of your child's medical insurance card. If your child does not have medical insurance please contact the office for a copy of a waiver to sign.
- 4) Registration fee of \$50 (one child), \$35 for each additional child.

Additionally, a new Department of Public Health requirement is that you identify your child as a swimmer or non-swimmer on page 4. It is not TLC's responsibility to evaluate your child's swimming capabilities. This must be assessed by a parent/guardian.

To enable us to serve you and your child/children appropriately, we must have all of this information completed. The TLC office is available to assist you with any questions. **Incomplete registration forms will be returned to applicants. This will delay your placement in our program.** We recommend that you review your application after completion to insure each item is filled in completely.

Thank you for choosing Trumbull Loves Children, Inc. to care for your child/children.

TLC PRE-SCHOOL CAMP REGISTRATION 2010

General Information

Attached are the necessary forms to enroll your child in our
TLC Summer Camp for 2010. Please read
everything carefully and save all information for future use.

PLEASE REVIEW THE REGISTRATION SCHEDULE

Group A: February 1 - February 26

Trumbull Working Parents* registering
Full-time (5 days a week) for a minimum of 4 weeks
TLC reserves the right to verify employment

Group B: March 1 - March 26

Open Registration to all Trumbull Working Parents*
(Full-time and Part-time)

Group C: March 29 - April 30

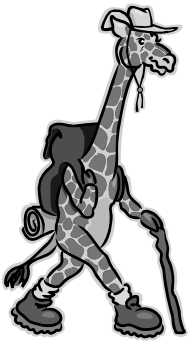
Open Registration to all Trumbull Residents
based on availability

**All registrations are accepted on a
first-come, first-served basis by group.**

**TLC's mission is to provide quality childcare for all
Trumbull working parents.*

Completed registration forms may be mailed to:

**Trumbull Loves Children, Inc.
P.O. Box 162
Trumbull, CT. 06611**



CAMP TLC 2010 Pre-School

Camp TLC Registration Form

Fill out and return with registration fee by April 30, 2010
Please keep a copy for your records

All children must be 3 years old by 04/01/2010*

*Children must be potty-trained

Student Information

Child's Name: _____

Sex: M F Birthdate: _____

Home Address: _____ Telephone: _____

TLC Pre-School Camp will be located at the TLC Pre-School center located behind Daniels Farm Elementary School - 720 Daniels Farm Road.

Schedule:

FULL-TIME

or

PART-TIME (2, 3 or 4 days/week)

Please Check Weeks / Days Needed**

			Mon	Tues	Wed	Thurs	Fri
Week 1	June 28* - July 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Camp start date subject to change per BOE official school closing date.							
Week 2	July 6 - July 9	<input type="checkbox"/> (4 day fee)	no camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	July 12 - July 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	July 19 - July 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	July 26 - July 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	Aug 2 - Aug 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	Aug 9 - Aug 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Check Time Slot Desired

Camp Day 7:00 am - 4:00 pm

Extended Day 7:00 am - 6:00 pm



Does your child have a sibling attending Camp TLC? _____ If so, please provide name(s): _____

Parent Information

MOTHER Name: _____ Home phone #: (____)_____-_____

Home Address: (if different from camper): _____

Telephone Work #: (____)_____-_____ Cell #: (____)_____-_____ Addt'l #: (____)_____-_____

Email* (Home): _____ Email* (Work): _____

Employer and Work/City Address: _____

FATHER Name: _____ Home phone #: (____)_____-_____

Home Address: (if different from camper): _____

Telephone Work #: (____)_____-_____ Cell #: (____)_____-_____ Addt'l #: (____)_____-_____

Email* (Home): _____ Email* (Work): _____

Employer and Work/City Address: _____

***In an effort to go green in regards to billing and prompt correspondence, please provide your primary email address. This is for TLC use only. TLC will never provide your email address to any second parties.**

Emergency Information *TLC requires two (2) local emergency contact numbers other than child's parents or guardians .*

If I am unable to pick my child up for any reason, including illness, early dismissal for inclement weather or any other emergencies, the following people are authorized to pick him/her up:

Name: _____ Relationship: _____

Home #: (____)_____-_____ Work/Cell #: (____)_____-_____

Name: _____ Relationship: _____

Home #: (____)_____-_____ Work/Cell #: (____)_____-_____

Mother's Signature: _____ **Father's Signature:** _____

Print Name: _____ **Print Name:** _____

Date: _____ **Date:** _____

ABSENT PARENT'S CONSENT FOR EMERGENCY TREATMENT FOR MINORS

I, _____, authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform surgery for my child or order any necessary treatment for my child while in the care of Trumbull Loves Children, Inc. (hereafter TLC Inc.) from June 2010 through August 2010.

I also authorize any TLC, Inc. staff member or EMS personnel to administer first-aid and give permission for the transportation to the hospital by emergency vehicle of my child _____, while in the care of TLC, Inc. This authorization is given in order to avoid unnecessary delay in emergency treatment.

If the situation permits, I prefer the following hospital (circle one): Bridgeport Hospital or St. Vincent's Hospital

All reasonable effort will be made to contact:

Mother's Name: _____ Home Phone #: (____)____-_____

Work #: (____)____-_____ Ext. _____ Cell #: (____)____-_____ Additional #: (____)____-_____

Father's Name: _____ Home Phone #: (____)____-_____

Work #: (____)____-_____ Ext. _____ Cell #: (____)____-_____ Additional #: (____)____-_____

If TLC is unable to contact this child's parents/guardians in an emergency situation, whom should TLC contact? Please identify 2 local contacts:

Name: _____ Relationship: _____

Home #: (____)____-_____ Work/Cell #: (____)____-_____

Name: _____ Relationship: _____

Home #: (____)____-_____ Work/Cell #: (____)____-_____

Persons NOT allowed to pick up my child:

Names and relationship: _____

*A copy of the court order is required to prevent pick up by a parent. If there are custody issues with regards to pick ups on select days please make us aware as well.

Medical Insurance Company: _____ Policy #: _____

(Please attach a photocopy of the insurance card. It is mandatory that all TLC students have medical insurance, or a signed waiver is required. Contact the TLC Office for a waiver, if necessary).

Are there any Medical or other conditions that TLC should be aware of to care for your child? _____

Please list all medications your child is taking: _____

Mother's Initials _____

Father's Initials _____

(Additional information on reverse side)

Does your child have a prescribed inhaler? Yes No Will you be providing this inhaler to TLC? Yes** No

Allergies: _____

Does your child have a prescribed EPI-Pen? Yes No Will you be providing this EPI-Pen to TLC? Yes** No

All medication must be provided to TLC on the first day of service and must be in their original packaging.

**** TLC must have a "TLC Administration of Medication" form on file for each medication given to TLC. TLC will not accept a "Trumbull Public School Administration of Medication" form. The form must be from TLC and can be found on the TLC website: www.tlctrumbull.com or by calling the TLC Office at 452-9626.**

A new Department of Public Health regulation requires that any medical, behavioral, social, emotional, developmental, or physical problems be documented in a TLC Child Care Plan. This plan is to be developed between the parent/guardian and a TLC Site Director. Should your child require a Care Plan, a form will be mailed home for you and your child's doctor to discuss, and then bring to camp on your child's first day.

The following information must be filled out completely:

Last DTP or DTaP (Tetanus) Shot: _____ Date of Last Physical: _____

Child's Physician or Clinic: _____ Telephone #: (_____) _____ - _____

Child's Dentist: _____ Telephone #: (_____) _____ - _____

When children are participating in swimming or wading as part of the TLC program, the state of CT requires that all non-swimmers shall be clearly identified as non-swimmers in a way that is visually and easily recognized by lifeguards and staff. Please check the appropriate box below:

I consider my child a non-swimmer and he/she should be identified as such: Yes No

Mother's Signature: _____ Father's Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

AGREEMENT

“I”, “Me” or “My” refers to the parent(s) or guardian(s) signing at the bottom of this agreement.

I understand and agree to following:

1. I agree to pay a non-refundable registration fee of \$50 for first child / \$35 for each additional child.
2. **I understand that I am responsible for and promise to pay program fees for all weeks and days for which I have enrolled my child or children, whether they attend or not.**
3. Deadline May 28th: I understand I am obligated to pay all original programming fees even if I withdraw my child or children from camp or reduce my child or children’s camp schedule. The only exceptions will be for medical reasons, validated by a copy of a Doctor’s note submitted to the TLC Office or if TLC is able to find another child to fill those slots. Any change or withdrawal request that I might make, must be done through the TLC Office. This change or withdrawal request will be provided by written/e-mail notice. I will be charged a one-time \$25 Administrative processing fee (per family) if I change my child/children’s camp schedule(s).
4. TLC’s mission is to provide quality childcare to Trumbull working parents. TLC reserves the right to verify employment.
5. It is my responsibility to notify the TLC Office of any changes to either parent, step-parent or guardian listed in the Parent Contact Information section of this application (i.e. – change in employer, employment status, work phone numbers, cell phone numbers, home phone numbers, home addresses or e-mail addresses).
6. My child must be covered by my family’s accident/medical insurance policies. Evidence of such insurance must accompany this application. **If my child does not have insurance, I understand that I will have to provide a signed a waiver.**
7. My child is accepted into the program contingent upon his/her or my ability to function cooperatively within the program. In the event that a problem arises during camp that cannot be corrected, TLC reserves the right to remove my child/children from the TLC program. If your child attended TLC during the 2009-2010 school year, please refer to your Parent Handbook to review TLC’s Discipline Policy. For those children that did not attend TLC during the 2009-2010 school year, a Parent Handbook will be provided and discussed prior to the start of camp.
8. I am responsible for notifying the TLC Pre-School Camp if my child will not be attending camp, as scheduled, on any particular day. **The center number is: 203-268-5649**
9. If my child/children is/are ill or an illness develops during the day as determined by TLC personnel, I (the parent/step-parent/guardian) or my designated emergency contact person will be called to pick up my child.

Mother’s Initials _____

Father’s Initials _____

AGREEMENT continued...

10. All children must be signed in and out by a parent or designated person. If I am unable to pick up my child/children for any reason, I must provide a written note giving permission for a specific person to do so. In this note, I will specifically identify the person to whom I have given such permission, and I understand that this person shall be required to provide adequate identification to TLC personnel. If notification is not given, TLC will not authorize my child's release.

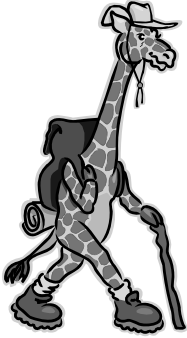
11. Photographs may be taken of my child/children, which may be used in center bulletins, displays, newsletters, local newspaper articles and TLC's website. If I do not want photographs taken, I will notify TLC in writing.

12. This "Agreement" and the documents attached to it, which include, "Registration Form", "Parent Information", "Absent Parent's Consent for Emergency Treatment for Minors", and "Fee Schedule" comprise my entire agreement with TLC. Any changes to our agreement must be in writing.

Trumbull Loves Children, Inc. does not discriminate on the basis of race, sex, religion, national origin or ancestry in admissions, employment, scholarship programs or otherwise.

Please make a copy of this agreement for your records.

Mother's Signature:	_____	Father's Signature:	_____
Print Name:	_____	Print Name:	_____
Date:	_____	Date:	_____



TLC Pre-School CAMP 2010

T-Shirt Order Form

All children attending TLC Pre-School Camp must wear the Camp TLC T-shirt on all field trips. The T-shirts will feature the Camp TLC 2010 giraffe logo and will be available in the sizes listed below. (Please note that the shirts run true to size, so order a size your child will be comfortable wearing.) Additional T-shirts may be purchased based on availability. Please indicate what size and how many T-shirts you wish to order. T-shirts will be available for pick up at the Pre-School center on the first day of camp. Children enrolling after April 30th may not receive requested size shirt or camp color.

SIZE:

4T

5/6

7

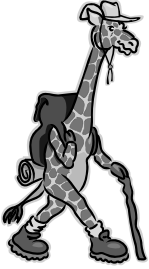
✂ _____

Child's Name : _____

Camp/Center: PRE-SCHOOL

Size	Quantity	Cost @ \$5.75 each
	Total Due	

Amount Enclosed: \$ _____



CAMP TLC 2010 Pre-School

Full Day Fee Schedule

REGISTRATION FEE: First Child = \$50 2nd Child = \$35

FULL-TIME RATES:

*Monthly Rate = 4 consecutive weeks. Camp = 2 full months

5-days per week

Camp Day 7:00 am – 4:00 pm	Monthly Rate: \$734	Weekly Rate: \$184
Extended Day 7:00 am – 6:00 pm	Monthly Rate: \$816	Weekly Rate: \$204

PART-TIME RATES:

4-days per week

Camp Day 7:00 am – 4:00 pm	Monthly Rate: \$588	Weekly Rate: \$147
Extended Day 7:00 am – 6:00 pm	Monthly Rate: \$653	Weekly Rate: \$163

3-days per week

Camp Day 7:00 am – 4:00 pm	Monthly Rate: \$490	Weekly Rate: \$122
Extended Day 7:00 am – 6:00 pm	Monthly Rate: \$526	Weekly Rate: \$132

2-days per week

Camp Day 7:00 am – 4:00 pm	Monthly Rate: \$359	Weekly Rate: \$90
Extended Day 7:00 am – 6:00 pm	Monthly Rate: \$375	Weekly Rate: \$94

Schedule Changes / Withdrawals

TLC will make every effort to accommodate any changes of schedule prior to May 28th. After May 28th, there will be a one time \$25 administrative processing fee charged per family for any changes to a child's camp schedule. After May 28th, program refunds or adjustments will be made only for medical reasons (validated by copy of Doctor's note submitted to TLC Office).

Should you wish to withdraw your child from the program for any reason other than medical, you will be required to pay for any and all weeks that your child is registered, unless we are able to find another child to fill that spot. All schedule changes or program withdrawal requests must be made through the TLC Office (452-9626), not your camp center.

Payment Schedule

Payment of the registration fee is expected at time of registration. Prior to the start of camp, we will send payment coupons that outline your payment schedule. Any payments received after the due date will result in a late payment penalty of \$25.00.

Please return completed Registration form with registration fees to:

CAMP TLC, Trumbull Loves Children, Inc. P.O. Box 162, Trumbull, CT 06611

Parent Information:

Father's Name:

Address:

Occupation:

Employer:

Address:

Length of employment:

Gross Pay: _____

Net Pay: _____

(Please attach copy of pay stub)

Paid: weekly bi-weekly monthly

Mother's Name:

Address:

Occupation:

Employer:

Address:

Length of employment:

Gross Pay: _____

Net Pay: _____

(Please attach copy of pay stub)

Paid: weekly bi-weekly monthly

Other sources of income: (second job, child support, rental income, disability income, social security, etc. **Please provide proper documentation.**) _____

Is there any other additional information we should know? Please describe:

Trumbull Loves Children, Inc. does not discriminate against any race, color, and creed, national or ethnic origin.

Father's Signature

Mother's Signature

Financial Information

***All applicants must provide their signed & filed 2009 Federal Income Tax Returns with this application, along with all verified income. Your application will not be processed without all the proper documentation of income and expenses.**

List all *monthly* expenses for your household. Do not include any items that are payroll deductions.

Loan Information

Please attach a copy of payment or coupon books

Rent or Mortgage Payments	\$ _____
Condominium Common Charges	\$ _____
Car Loan	\$ _____
Student Loans	\$ _____
Home Equity Loans	\$ _____
<i>Total Loans:</i>	\$ _____

Utilities

Electric	\$ _____
Heat	\$ _____
Water	\$ _____
Cable TV	\$ _____
<i>Total Utilities</i>	\$ _____

Support

Child Support Payments	\$ _____
Dependents not living at home	Name: _____
	Age: _____
Alimony	\$ _____
<i>Total Support Payments</i>	\$ _____

Other Expenses:

Total Monthly Expenses: \$ _____

For TLC use only

Date Received: ____/____/____ Reviewed by: _____ Scholarship Applied: _____

Notification Date: ____/____/____ Fee 1: \$ _____ Fee 2: \$ _____

CAMP TLC 2010 FEE SCHEDULE

REGISTRATION FEE: First Child = \$50 2nd Child = \$35

FULL-TIME RATES:

5-days per week 1st Child: \$245 per week 2nd Child: \$219 per week

PART-TIME RATES:

4-days per week 1st Child: \$220+ per week 2nd Child: \$189+ per week

3-days per week 1st Child: \$163+ per week 2nd Child: \$149+ per week

2-days per week 1st Child: \$118+ per week 2nd Child: \$110+ per week

+ \$10 per field trip day*

** Field trips for K-3 Camps are typically planned for every **Monday, Tuesday and Thursday**, subject to the availability of the field trip venues. Field trip costs are already included ONLY in the 5 days per week rate.*

TLC PRE-SCHOOL CAMP 2010

REGISTRATION FEE: First Child = \$50 2nd Child = \$35

FULL-TIME RATES:

***Monthly Rate = 4 consecutive weeks. Camp = 2 full months**

5-days per week

Camp Day 7:00 am – 4:00 pm	Monthly Rate: \$734	Weekly Rate: \$184
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PART-TIME RATES:

4-days per week

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3-days per week

Camp Day 7:00 am – 4:00 pm	Monthly Rate: \$490	Weekly Rate: \$122
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