



**CHATFIELD/LOPRESTI
REGISTRATION**

2024-2025

WWW.SONCCA.ORG

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.

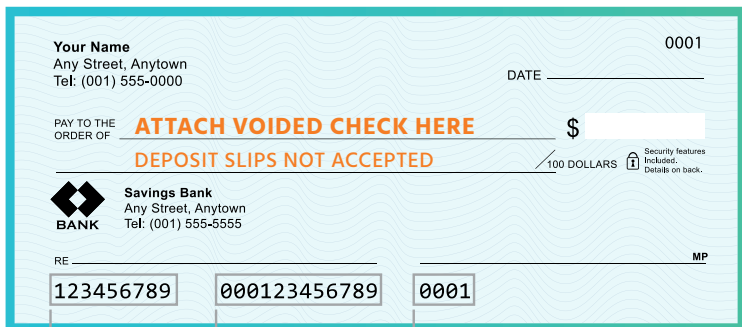
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

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



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

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2024-2025 SONCCA-CHATFIELD/LOPRESTI REGISTRATION PACKET

PLEASE BE SURE TO READ ALL THE INFORMATION PROVIDED. OUR FORMS ARE UPDATED EVERY YEAR.

Please Complete, Sign and Return all Registration Forms listed below with your \$30.00 Registration Fee and your Final Tuition Deposit (please submit a separate check for the registration fee and the final tuition deposit) to:

SONCCA, INC.
256 Bank Street
Seymour, CT 06483

Parent Agreement

Parent & Child Information

Notification & Child Release Authorization Form Emergency Early

Dismissal Information Homework Policy & Photograph Permission

Discipline and Parent Handbook

School Release Form

Grant Information Questionnaire

Health Assessment Form

SONCCA E.I.N. # (Tax I.D. Number): 06-1155484

REGISTRATION MUST BE RECEIVED IN OUR OFFICE THREE BUSINESS DAYS PRIOR TO YOUR DESIRED START DATE

All registrations must be in the office by August 16th in order to start for the first day of school.

Any registrations received after August 16th will have a start date of September 3rd.

This is for the safety of the children

TUITION FEES

<u>Schedule</u>	<u>Monthly Tuition Cost</u>	<u>Tuition Deposit</u>
PT AM	\$145.00	\$73.00
PT PM	\$238.00	\$119.00
PT AM/PM	\$289.00	\$145.00
FT AM	\$197.00	\$99.00
FT PM	\$289.00	\$145.00
FT AM/PM	\$413.00	\$207.00
FT AM Sibling	\$159.00	\$80.00
FT PM Sibling	\$247.00	\$124.00
FT AM/PM Sibling	\$312.00	\$156.00

Payments made by Check or Money Order will receive a \$10.00 monthly discount for full-time enrollment and a \$5.00 monthly discount for part-time enrollment per family.

2024-2025 SONCCA-CHATFIELD/LOPRESTI PARENT AGREEMENT

Registration for: _____

As parent/guardian of the above child, I hereby request SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) provide care for my child at the SONCCA- Chatfield/LoPresti location.

Please check appropriate days and times of enrollment.

Full Time (4-5 days)	Before School	Monday
Part Time (1-3 days)	After School	Tuesday
		Wednesday
		Thursday
		Friday

Registration Fee & Final Tuition Deposit:

\$30.00 non-refundable registration fee enclosed. Check # _____.

I have enclosed the required Final Tuition Deposit of \$ _____, Check # _____, which is equal to 50% of one month's tuition.

Tuition Express payments: \$30.00 non-refundable registration fee and final tuition deposit to be billed at the time of registration. (Early registrations will not be processed until July 8th)

I understand that this Final Tuition Deposit will be applied to my last month's tuition in June, 2025 or to my final tuition balance upon two-week written notification of withdrawal.

Tuition Payment Agreement:

I agree to pay a monthly payment of \$ _____, payable by the first day of the month.

I agree to the monthly tuition express withdraw on the **1st of every month**. (If the 1st falls on a non-business day, the charge will be the following business day).

I understand that if payment is not received by the 10th of the month, a late fee of \$25.00 will be applied each month. I further understand that failure to submit payment in full by the 15th of the month will result in the immediate termination of services. I understand that, while SONCCA does deliver monthly statements, I will not receive an invoice and my fee is due regardless of receipt of that statement. This fee is payable by Tuition Express or Check/Money Order made out to: **SONCCA, Inc., 256 Bank Street, Seymour, CT, 06483.**

Payment made by **Check** or **Money Order** will receive a \$10.00 monthly discount for full-time enrollment and a \$5.00 monthly discount for part-time enrollment per family

I understand that these fees are payable regardless of the number of days my child attends and I am responsible for notifying the site and the administrative office of any changes with regard to my child's participation in the program two weeks in advance of the change.

I also understand that I must provide SONCCA with a written notice of my intent to withdraw prior to the 15th of the current month for a withdrawal date of the 1st of the following month and prior to the 30th of the month for a withdrawal date of the 15th of the following month. I also understand that I am responsible for the fees due to SONCCA for my child(ren) during this period. I further understand that tuition fees will continue to be assessed to my account until a written withdrawal notice is provided.

I understand that I will be liable for any and all collection fees, legal fees and court fees incurred by SONCCA in its attempt to collect all tuition and fees as agreed upon in this registration contract.

I give my permission for financial information to be shared with _____ who is responsible for partially or totally paying for my child's monthly tuition fee.

I have received a copy of the **PARENT HANDBOOK**, or I have read the on-line **PARENT HANDBOOK**, including the Discipline Policy and Insurance Policy, and I understand and agree to abide by the policies and procedures contained therein.

I ALSO GIVE MY PERMISSION FOR ALL OF THE FOLLOWING:

1. For the Site Supervisor or any other qualified staff member to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to, the following:
 - a. Administering emergency first aid (by State-approved, first-aid certified SONCCA personnel);
 - b. Contacting the parent or guardian, either by calling them at their place of employment, or by attempting to contact them through any of the persons listed on the emergency information form (**This form MUST be kept updated!**);
 - c. Contacting the child's physician or dentist;
 - d. Contacting another physician or calling an ambulance, if neither a parent nor the child's physician can be reached;
 - e. Accompanying your child in the ambulance to the hospital emergency room you have selected, if possible; otherwise, taking your child to Griffin Hospital;
 - f. Any expenses incurred will be borne by the parents.
2. For SONCCA to obtain a copy of the health record on file at the child's school.
3. For my child to use all of the playground equipment and to participate in all of the SONCCA program activities, unless expectations are noted here. _____
4. For my child to leave the school premises under supervision of a staff member for neighborhood walks or for field trips, provided that I have signed the specific permission slip for the planned activity. Means of transportation, if any, will be noted.
5. To obtain information which might enhance my child's adjustment to the SONCCA program from my child's school.
6. For my child to be included in evaluations associated with the program.

I ALSO UNDERSTAND THAT:

1. SONCCA will not be responsible for anything which may happen as a result of false information given at the time of enrollment or during the program year.
2. I am responsible for the daily signing in and signing out of my child and SONCCA will not assume responsibility for any child not signed in by a responsible adult upon arrival for the AM session or not signed in by a responsible adult when coming to the PM session via transportation other than that which the school provides.
3. Parents are expected to carry insurance for their children. SONCCA does not carry "medical payments for children" insurance. There is no medical reimbursement.
4. If both parents do not sign this page and both parents want to be allowed to pick up the child, the other parent's name must be included on the authorized pick-up page.
5. **By signing below, I agree to the above policies, the Registration Fee, Final Tuition Deposit, and the Tuition Payment Agreement. I have read the policies in the Parent Handbook I received or the one available on-line.**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

*Date you would like your child to start:
(If your chosen start date cannot be accommodated, we will call.)

ADMINISTRATIVE

Date starting program: _____

\$30.00 Registration Check# _____

Final Tuition Deposit Check# _____

Procure _____

Billing _____

2024-2025 SONCCA-CHATFIELD/LOPRESTI SCHOOL

Child's Name: _____ CLS School
Address: _____ Phone: _____
Age: _____ Date of Birth: _____ Gender: _____ Grade 2024-2025: _____

MOTHER'S (Legal Guardian's)NAME: _____
Address and Phone if different from above: _____
Date of Birth: _____
verification purposes

Place of Employment: _____
Business Address: _____
Business Phone: _____ Cell Phone: _____

FATHER'S (Legal Guardian's)NAME: _____
Address and Phone if different from above: _____
Date of Birth: _____
verification purposes

Place of Employment: _____
Business Address: _____
Business Phone: _____ Cell Phone: _____

CHILD'S PHYSICIAN: _____ Phone: _____
Address: _____

CHILD'S DENTIST: _____ Phone: _____
Address: _____

HOSPITAL PREFERRED: _____
Health Insurance Company: _____ Policy Number: _____

Below please provide an e-mail address where you would like to receive correspondence.

E-mail Address: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

IF THERE IS ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE WILL ASSIST SONCCA IN PROVIDING AN OPTIMAL EXPERIENCE FOR YOUR CHILD, PLEASE SHARE THAT INFORMATION ON A SEPARATE PIECE OF PAPER AND INCLUDE IT WITH THE REST OF THE FORM

**2024-2025 SONCCA-CHATFIELD/LOPRESTI NOTIFICATION
& CHILD RELEASE AUTHORIZATION**

Child's Name: _____

If SONCCA cannot reach me, I authorize the following person(s) to be notified. I also authorize SONCCA to release my child to any of the following person(s). This (these) individual(s) has(have) my permission to sign him/her in or out in the event that I am unable to do so. State regulations require that at least one person other than parents be listed (at least one of the persons listed must be local, within a 10-minute drive, and available for an emergency pickup).

Please cross out and initial any blank areas.

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____ **WORK/CELL PHONE:** _____

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____ **WORK/CELL PHONE:** _____

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____ **WORK/CELL PHONE:** _____

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____ **WORK/CELL PHONE:** _____

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____ **WORK/CELL PHONE:** _____

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____ **WORK/CELL PHONE:** _____

I understand that my child will be permitted to leave SONCCA ONLY with those individuals listed above, all of whom are at least sixteen years of age.

I also understand that if both parents have not signed the forms and are not listed on this page, they will not be allowed to pick-up their child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**2024-2025 SONCCA-CHATFIELD/LOPRESTI
EMERGENCY EARLY DISMISSAL INFORMATION**

Teacher's Name: _____ Grade: _____

When school is canceled prior to the normal time due to inclement weather or other emergency, the school buildings are closed and the SONCCA PM Session is canceled. The SONCCA staff does not become responsible for my child, therefore:

My child, _____ should,

Please check one:

walk to: be picked up by: take his/her regularly assigned bus #: _____ to:

NAME: _____

ADDRESS: _____ PHONE: _____

The school has limited telephone lines; therefore, I understand that the school will **NOT** be able to phone me or the person listed. The person listed above is willing to remain informed and contact me should such a situation occur.

Please note, only with extenuating circumstances can these plans be changed once they have been communicated to the school office. They cannot be changed on the day of the emergency.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

2024-2025 SONCCA-CHATFIELD/LOPRESTI HOMEWORK & PHOTO PERMISSION FORM

Child's Name: _____

HOMEWORK POLICY:

Each program designates a specific amount of time dedicated to homework. Staff will assist children in completing their homework neatly and accurately, however, parents and guardians should continue to check for homework completion and quality. While completing homework is highly encouraged, the staff cannot force any child to do so. If a child does not complete their homework by their choice or parents request, selected educational activities will be available. Alternate homework time activities include, but are not limited to: reading, reading responses, writing prompts, sight word games, brain teasers/ puzzles, math games, coloring, etc.

By checking this box I acknowledge I have read and understand the homework policy.

PHOTOGRAPH PERMISSION AGREEMENT:

I give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to take and use photographs and video of my child participating in the SONCCA program for publicity, illustration, and fund development purposes, some of which may be included on the SONCCA Website and Social Media.

I do not give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to take and use photographs and video of my child participating in the SONCCA program for publicity, illustration, and fund development purposes, some of which may be included on the SONCCA Website and Social Media.

I also understand that SONCCA does take pictures and/or video for internal purposes only, even if I do not give permission for SONCCA to use them for publicity and fund development purposes, or to be used on the website. They are only for administrative purposes and are deleted.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Child's Name: _____

Discipline Guidelines Acknowledgement

SONCCA's Before and After School Program's discipline policy guidelines and behavior management techniques were discussed with me.

Parent Signature: _____ **Date:** _____

Parent Handbook Acknowledgement

I have received a copy of SONCCA's Before and After School Program handbook. I understand it is my responsibility to know the policies and procedures of the handbook.

Parent Signature: _____ **Date:** _____

Snack

* SONCCA will no longer provide snack items in the after school program, a designated snack time will still be provided.

*I understand that I must provide my child with a snack for the SONCCA after school program. Snack items should be sent in an appropriate container with an ice pack to keep the items fresh throughout the day.

Parent Signature: _____ **Date:** _____

2024-2025 SONCCA-CHATFIELD/LOPRESTI RELEASE FORM

Please complete both forms - your child cannot be released from his/her classroom without parent's written permission.

I give permission for _____ to be released by his/her classroom teacher to SONCCA program after school on the following days:

- Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

(SONCCA COPY)

2024-2025 SONCCA-CHATFIELD/LOPRESTI RELEASE FORM

I give permission for _____ to be released by his/her classroom teacher to SONCCA program after school on the following days:

- Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

(Teacher's Copy: Parent to provide copy to teacher)

