



The Den
at Stonington High School
176 South Broad St. Pawcatuck, CT 06379

2020 Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Home Address: _____

Child's Allergies: _____

Does your child have an Emergency/Individualized Healthcare Plan? Yes No

Parent Information

Parent Name: _____ Parent Name: _____

Home Address: _____ Home Address: _____

Home Phone: () _____ Home Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Work Phone: () _____

Workplace: _____ Workplace: _____

Work Address: _____ Work Address: _____

Email Address: _____ Email Address: _____

Enrollment Schedule

Please choose one of the following options

- Full Week – Monday / Tuesday / Wednesday / Thursday / Friday
- 3 days – Monday / Wednesday / Friday
- 2 days – Tuesday / Thursday



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Child Release

For a child's safety, The Den will only release a child to a parent/legal guardian or to the third parties authorized below. At least two people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding boxes. Emergency contacts will be contacted if parents/guardians cannot be reached. If the person picking up is not listed below, The Den must be notified in writing and with advance notice. Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	



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Emergency Medical Care

Physician Name: _____ Phone: () _____

Insurance Carrier: _____ Membership ID: _____

Dentist Name: _____ Phone: () _____

Insurance Carrier: _____ Membership ID: _____

I give permission for trained staff to administer first aid and/or CPR if deemed necessary.

Parent Signature: _____ Date: _____

Printed Name: _____

I give The Den permission to contact the above named physician if my child has a medical emergency. I understand that if my child's physician is not available another physician may be contacted on an emergency basis. I give my approval for any transfer of records.

Parent Signature: _____ Date: _____

Printed Name: _____

I give my permission for the staff to accompany my child to the nearest emergency room for medical treatment in the event that I cannot be contacted or if ample time is not available to await my arrival. I understand that my child will be transported by an emergency vehicle and the expense will be mine.

Parent Signature: _____ Date: _____

Printed Name: _____



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Authorizations

I give permission for my child to be photographed and/or videotaped in projects related to the classroom.

Parent Signature: _____ Date: _____

Printed Name: _____

I give permission for my child to be photographed and/or videotaped for publicity for the school without compensation. This includes, but is not limited to, posts to social media networks such as The Den website or Facebook page, brochures, or flyers for special events.

Parent Signature: _____ Date: _____

Printed Name: _____

I consent to receive information including, but not limited to, daily reports, newsletters, alerts, school notes, and other information related to The Den via electronic transmission (email/text messages).

Parent Signature: _____ Date: _____

Printed Name: _____

I consent to share and receive information with educational and social service agencies for the purpose of continuity of services for my child.

Parent Signature: _____ Date: _____

Printed Name: _____



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Costs

In order for your child’s registration to be complete, **a deposit based upon your enrollment option,** will be required by **May 15, 2020.**

- **Option 1:** Full-time 194 days @ \$46/day; annual cost \$8,924
- **Option 2:** M - W - F; average three days per week; annual cost \$5,354
- **Option 3:** T - Th; average two days per week; annual cost \$3,570

Payments as follows:

Due Date	Option 1	Option 2	Option 3
May 15 (Deposit)	\$524	\$284	\$220
August 14	\$300	\$200	\$200
September 1	\$900	\$550	\$350
October 1	\$900	\$550	\$350
November 1	\$900	\$550	\$350
December 1	\$900	\$550	\$350
January 1	\$900	\$550	\$350
February 1	\$900	\$550	\$350
March 1	\$900	\$550	\$350
April 1	\$900	\$550	\$350
May 1	\$900	\$550	\$350
Total	\$8,924	\$5,434	\$3,570

Days and Hours of Operation

- Follows the SPS school instructional calendar including PD days (187 days) plus additional seven days (August 19, 20, 21, 24; June 16, 17, 18). Schedule adjustments may occur due to snow days.
- Open from 7:00 am-4:30 pm
- Extended hours offered on elementary extended staff meeting days (open until 6:00 pm on these days at no additional charge)

Tuition payments will be accepted by personal check to **Stonington Public Schools Childcare.**

Please send registration forms and deposits to Carissa Gullickson at the District Office.