



Early Start Application Checklist

ECE Intake Information Sheet:

- Registration Information sheets
- Emergency Pickup other than parents signatures:
 - 1. Parent/Guardian Agreement
 - 2. First Aid & Emergency Release
 - 3. Permission slip
- ECE - Letter of Agreement
- ECE - Alternative Care Policy
- Financial Disclosure Form
- Release of Information – Child record form
- Nutrition Questionnaire
- Health Assessment Record
- Medication Form and Plan of Care
- Child Behavior Guidance Policy (Intake)
- Parent Manual Acknowledgement form (In Parent Manual)

Additional forms (not in Registration packet)

- Care 4 Kids application
- Income Verification Forms
- Copy of utility bill or lease (electric, gas or letter of residence)
- Copy of Parent/Guardian(s) Driver's licenses
- Birth Certificate





EARLY START PROGRAM DEFINITIONS

The following definitions will help explain the policy and procedure for determining the cost of each child's weekly fee in our preschool.

Definitions related to **"family"**:

1. **"Family"** is a parent(s), a parent's spouse, and their minor children who reside together.
 - A) A parent is a person of majority age who has legally been granted "in loco parentis" status or who is a child's parent by blood, marriage, or adoption.
 - B) Additionally, parents who pay more than half the support of the minor child living with another family, as reported to the IRS at their last annual IRS filing, may include such child as a member of their family (i.e., family size) for determining the family fee.
2. **"In loco parentis"** is standing in the place or position of a parent. For example, legal guardian or other persons with whom the child resides.
3. **"Parent"** is the person or persons with whom a child resides who is the child(ren)'s parent(s) by blood, marriage, or adoption or who acts in loco parentis.
4. **"Residing with"** or **"reside together"** is living with, including taking meals together and sleeping in the same place.

"Fee" is the amount of a family's contribution to the cost of care that is owed to a SRC sub-grantee (program).

"Family contribution" is the amount, based on a percentage of the family's **gross annual income**, determined to be a reasonable amount a family should pay toward the cost of care.

Definitions related to **"income"** when calculating family contribution:

1. **"Income from employment"** is the gross earnings from salaries, wages, and tips for all family members, including commissions, overtime and bonuses.
2. **"Income from self-employment"** is the total income from business enterprises for all family members remaining after the total cost of business expenses or cost of production of the income is deducted from the gross income (net profit on Schedule C of IRS Form 1040).
3. **"Income from all other sources"** includes rental income, income from boarders, social security or supplemental security income, unemployment compensation, alimony, etc.
4. **"Income excluded"** includes TFA cash assistance, child support payments, Food Stamp benefits, and state or federal government rental subsidies.



PRESCHOOL/ECE INTAKE INFORMATION SHEET

The following information is required for all parents who receive financial assistance.

All income is to be attached that the family receives – including earnings before taxes & deductions if applicable.

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

Is the above child placed with you by DCF: No Yes (if yes, = a family of 1)

Name of Parent/Guardian #1 _____ Gross Income _____

Name of Parent/Guardian #2 _____ Gross Income _____

Do you receive Care4Kids: Yes No Pending Care4 Kids ID# _____

Do you receive Food Stamps: Yes No If Yes- SNAP case number _____

Do you receive any Temporary Family Assistance (TFA) If Yes- TFA case number _____

Do you have health insurance Yes No private or State If state, what type _____

Does your child have a primary care physician Yes No if yes, list name of physician _____

Other Children living in the home (under the age of 18):

Name	DOB	Gender	Name of School	Current Grade
1.				
2.				
3.				
4.				

Other Adults living in the home (18 years old or older):

Name	Relationship to Child	DOB	Working Yes/No	Gross Income	How Often
1.					
2.					

I certify that my family consists of _____ Children + _____ Adults = Total Household: _____



Letter of Agreement Full Day Preschool Program

I agree to have my child _____ attend a state funded Early Childhood Education program at **Boys & Girls Club of Connecticut - Early Learning Center**

The program agrees to provide early care and education services for my child 10 hours per day, 5 days per week, for 48 weeks per year.

The days the program will be closed for 2024-2025 will be provided at time of enrollment.

An Alternate Care Plan is available, if alternative care is needed during the closure dates, (excluding National, State and City holidays) the program will provide parents with information about comparable alternative care programs.

The program will also help parents access OEC subsidies, parent education opportunities and access to other programs as well as provide a licensed learning environment for their child.

You will be responsible for the following:

- **My child's tuition will be subsidized by the State of Connecticut in the amount of \$8,924 per year.**
- **My share of the tuition will be determined by program staff using the Office of Early Childhood sliding fee scale.**
- **I will provide proof of family income by providing my income verification documents listed.**
- **I will provide proof of residency by providing a lease agreement or household bill.**
- **My child will attend on a regular basis, minimally 30 hours per week.**
- **I will allow the Connecticut Early Start Programs to share information regarding services offered to my child including referrals, resources, and special services if I transfer to another Connecticut Early Childhood Education Program.**
- **If I leave a Connecticut Early Childhood Education Program with an unpaid balance, I forgo my right to attend another Connecticut Early Childhood Education Program until the balance is paid in full.**
- **I will report to the provider within 15 calendar days any changes in family composition or household income.**

In order for my child to participate in the Early Childhood Education program, I agree to all the requirements listed above. The funding is available from July 1, 2025 - June 30, 2026.

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____



Alternative Care Policy

Name of Provider: Early Learning Center at Boys & Girls Clubs of Connecticut

The Early Start Council supports two or four weeks per year of program closings for the following purposes:

- To provide professional development activities for program staff
 - To allow the program to provide staff vacation time without having to provide for substitute coverage.
 - To allow for the thorough cleaning and maintenance of the program's facility
1. At time of enrollment- each parent will be given a calendar that informs them of the upcoming year's closing dates.
 2. Every parent will indicate if they need alternative care during the program scheduled closings (excluding National, State and City Holidays).
 3. If parents choose to use alternative care during the scheduled closings, we are responsible to select a Connecticut Early Childhood Education, NAEYC accredited program. Once a decision is made it becomes the parents' responsibility to complete all documents and meet all other requirements of the Alternate Care Provider. A minimum of two weeks' notice of request date of service would be required to attempt to make these arrangements for your child's placement.
 4. For your convenience Providers will supply a copy of the child's health record. Emergency contact information must be completed (on alternate care provider's form) and given directly to the alternate care provider by the parent.

_____ My child **will not need** alternative care during the program's scheduled closing

_____ My child will need alternative care during the program's scheduled closing.



BGCH ELC Parent Fee Calculation Worksheet

For office use only

This worksheet must be updated whenever there's a change in family fee and/or Care4Kids status.

Person Preparing the Form: _____ Date Form Completed: _____

Name of Parent/Guardian: _____

Gross Income of Parent Guardian #1=		Frequency of Pay: (weekly, biweekly, monthly)	
Gross Income of Parent Guardian #2=		Frequency of Pay: (Weekly, biweekly, monthly)	
Family Size:	No. of Children:	No. of Adults:	
Annual Family Income:			
SMI % =			
Child Number #1		Child Number #2	
Child's Name		Child's Name	
PRE K1 / K2		PRE K1/ K2	
SR/Private (<i>circle one</i>)		SR/Private (<i>circle one</i>)	
Sliding Fee Scale Amount =		Sliding Fee Scale Amount =	Discount for 2 nd child =
Care 4 Kids: Yes or No (Circle one)	Care4Kids Weekly Fee for Child #1=	Care 4 Kids Yes or No (Circle one)	Care4Kids Weekly Fee for Child #2=
Care4Kids Family Fee =		Care4Kids Family Fee =	
Weekly Parent Fee for Child #1 =		Weekly Parent Fee for Child #2 =	

Signature of Parent/ guardian: _____

Date: _____

Signature of Provider: _____

Date: _____

Please provide a copy of this form to parent or guardian



For office use only

Verification by BGCH ELC ADMIN STAFF	Total Income	Weekly Parent Fee
<p>I certify that have received and examined the following income documentation for _____ family:</p> <p><i>Please check which applies.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Pay Stubs <input type="radio"/> Cash Assistance Budget Sheet <input type="radio"/> Income Tax Return <input type="radio"/> Social Security Income <input type="radio"/> Letter/Proof of Employment <input type="radio"/> Verification of Work Schedule <input type="radio"/> Verification of School Schedule <input type="radio"/> Notarized letter of Self Employment <input type="radio"/> Notarized unemployment status certification <input type="radio"/> Unemployment Verification <input type="radio"/> Other <p>Enrollment Staff Signature: _____</p> <p>Date: _____</p>	<p>Total Family Annual Income</p> <p>_____</p> <p>(Weekly x52/Bi-Weekly x26/Semi Monthly x24/Monthlyx12)</p> <p>The income was earned from:</p> <p>(Date) _____ to (Date) _____</p> <p>Intake Staff Signature: _____</p> <p>Date: _____</p>	<p>Weekly Fee for Child #1 = _____</p> <p>Weekly Fee for Child #2 = _____</p> <p>Intake Staff Signature: _____</p> <p>Date: _____</p>



Hardships/Consideration of Fee Adjustment

This family's fee is under consideration to be reduced/waived (circle one) due to:

Medical Hardship:

Description:

Financial Hardship:

Description:

- ☐ Adjusted Weekly Fee Amount: _____
- ☐ Start Date for Adjusted fee: _____
- ☐ End Date for Adjusted fee: _____

Special Circumstances Approved by _____