



BARVINOK 2

Children's Cultural Center, Inc.

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Stamford, CT 06902

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We welcome you at our licensed Ukrainian language daycare, Barvinok 2 Children's Cultural Center, Inc. located on the beautiful historic premises of St. Basil Ukrainian Catholic Seminary. The preschool serves children from 2.8 to 5 years old. Its curriculum incorporates Ukrainian language, culture, foundation of Christian ethics, creative arts, and STEM. The program makes learning fun, in a warm and loving environment.

The following are program choices in Barvinok 2. Please note, priority is given to the families enrolled full time (full day/full week). The rest are filled based on space availability. Tuition is due at the beginning of every month and is prorated monthly based on a number of weeks in a month.

Preschool, 3s program (2.8 years and 3 years)

Full time - M-F, 8:00 am - 5:30 pm

Part time - M-F, 8:00 am - 1:00 pm

Any day, 2 days a week minimum, 8:00 am - 5:30 pm

Any day, 2 days a week minimum, afternoon hours (if available)

Preschool, 4s program (4 years and 5 years)

Full time - M-F, 8:00 am - 5:30 pm

Part time - M-F, 8:00 am - 1:00 pm

Any day, 2 days a week minimum, 8:00 am - 5:30 pm

Any day, 2 days a week minimum, afternoon hours (if available)

ENROLLMENT PACKET

Enclosed forms to be reviewed, filled, signed and submitted:

- ENROLLMENT FORM
- FINANCIAL AGREEMENT
- EMERGENCY MEDICAL PERMISSION FORM
- AUTHORIZED RELEASE PERMISSION FORM
- MEDIA RELEASE PERMISSION FORM
- FIELD TRIP PERMISSION FORM
- BEHAVIOR MANAGEMENT AND PARENT HANDBOOK FORM

If applicable:

- PERMISSION FOR THE ADMINISTRATION OF NON-PRESCRIPTION CREAM/LOTION
- AUTHORIZATION TO ENROLL CHILD UNDER 3 INTO PRESCHOOL PROGRAM/GROUP



ENROLLMENT FORM

CHILD'S INFORMATION

Child's Name: _____

Ім'я та Прізвище Дитини: _____

Child's Date of Birth: (month) _____ (day) _____ (year) _____

Address: _____

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

Enrollment option for academic year (summer camp): _____

PARENT/GUARDIAN INFORMATION

(Please circle the phone number and email which are to be used as primary means of communications)

Mother's Name: _____

Address: _____

Contact Phone Number: _____ E-mail: _____

Occupation: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Father's Name: _____

Address: _____

Contact Phone Number: _____ E-mail: _____

Occupation: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

FAMILY INFORMATION

Sibling(s)' names and ages: _____

Family members/related people living with your child: _____



CHILD'S DEVELOPMENTAL HISTORY

Child's name: _____

Child's date of birth: _____

Does your child have siblings? (Чи є брати/сестри у вашої дитини?)

Has your child attended a child care center before? If yes, which one and how long? (Чи ваша дитина відвідувала дитячий садок до цього часу? Якщо так, який саме і як довго?)

What is your child's personality like? (Як би ви описали особистість вашої дитини?)

Are there any issues about your child's behavior we should be aware of? (Чи є якісь особливості чи проблеми з поведінкою вашої дитини, про які нам варто знати?)

How do you handle discipline at home? (Як ви підтримуєте дисципліну вдома?)

Does your child have any health problems we should know about? (Чи має ваша дитина проблеми зі здоров'ям, про які нам варто знати?)

Does your child have any allergies? (Чи ваша дитина має алергію?)

What are your child's dietary preferences? Does your child have any dietary restrictions? (Що ваша дитина любить їсти? Чи є якісь обмеження щодо її харчування?)

Does your child eat at the table? Can your child use a spoon and a fork for eating? (Чи ваша дитина їсть за столом? Чи вміє користуватись столовими приборами?)

Is your child toilet trained? How often does an accident happen? (Чи ваша дитина ходить в туалет? Як часто трапляється несподіванка?)

Does your child take a nap? When? What can help to make his/her nap the most comfortable? (Чи спить ваша дитина вдень? Коли? Що допомагає їй комфортному сну?)

What are your child's interests, favorite games, favorite toys? (Які інтереси, улюблені ігри та іграшки вашої дитини?)

Do you have any special needs/requests related to your family's religious preferences? (Чи є якісь особливості/прохання, що стосуються релігійного сповідання вашої сім'ї?)

Do you suspect that your child may have any special needs? Has your child been evaluated for any special needs? (Чи ви підозрюєте, що ваша дитина може мати особливі потреби? Чи проводилась оцінка спеціалістом щодо наявності особливих потреб?)

What are your expectations from our child care center? (Які ваші очікування від нашого садка?)

What other relevant information might we need to know? (Яку ще інформацію про вашу дитину нам варто знати?)



FINANCIAL AGREEMENT

Child's Name: _____

\$20 non-refundable registration fee is due upon enrollment

Please indicate your program choice:

Preschool, 3s program

M-F, 8:00 am - 5:30 pm, \$350/week _____

M-F, 8:00 am - 1:00 pm, \$250/week _____

Any day, 2 days minimum, 8:00 am - 5:30 pm, \$80/day _____

Any day, 2 days minimum, afternoon hours, \$10/hour (if available)

Preschool, 4s program

M-F, 8:00 am - 5:30 pm, \$350/week _____

M-F, 8:00 am - 1:00 pm, \$250/week _____

Any day, 2 days minimum, 8:00 am - 5:30 pm, \$80/day _____

Any day, 2 days minimum, afternoon hours, \$10/hour (if available)

Individual financial forms will be prepared for each family based on the program choice.

Signature of Parent or Guardian: _____ Date: _____



EMERGENCY MEDICAL PERMISSION FORM

Child's Name: _____

Known Allergies: _____

Insurance Carrier: _____ Insurance ID: _____

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

Address: _____ City: _____ Zip Code: _____

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

Address: _____ City: _____ Zip Code: _____

Emergency Authorization:

I give my consent for the First Aid and CPR certified staff of Barvinok 2 Children's Cultural Center, Inc. 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 or Guardian: _____ Date: _____

AUTHORIZED RELEASE PERMISSION FORM

In an emergency, adults to be contacted if parents cannot be reached and to whom the child can be released from the child care program on behalf of parents:

CONTACT 1:

Name: _____ Phone Number: _____

Relationship: _____

CONTACT 2:

Name: _____ Phone Number: _____

Relationship: _____

Signature of Parent or Guardian: _____ Date: _____



MEDIA RELEASE PERMISSION FORM

Child's Name: _____

Throughout the school year, Barvinok 2 Children's Cultural Center, Inc. will publish information about the programs which might include child's pictures and video. However, because of privacy laws, we want to secure parental permission before using pictures/videos or publishing information about any child. Please initial one of the following and sign below:

_____ I give permission for my child's photograph/video to be used for any media.

_____ I do not give permission for my child's photograph/video to be used for any media.

Signature of Parent or Guardian: _____ Date: _____

FIELD TRIP PERMISSION FORM

Children will go on a variety of field trips, away from facility as part of education program. Typical destinations of these field trips include walks around the neighborhood, Ukrainian Museum and Library of Stamford, St. Basil's Seminary, among others.

With this Permission Form, I hereby grant permission to my child to participate in **all** field trips and activities **within walking distance** from the Center's facility.

Signature of Parent or Guardian: _____ Date: _____

BEHAVIOR MANAGEMENT AND PARENT HANDBOOK FORM

The Parent Handbook includes all relevant information about the daycare's rules and procedures and will be distributed to the parents along with the application. Please read the Parent Handbook carefully and sign this form.

I acknowledge that I have read the Parents Handbook and agree to abide by the policies contained in it, including video surveillance policy among others, and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: _____ Date: _____



STUDENTS DIRECTORY

Our child care program Barvinok 2 will be publishing the Students Directory. This directory is for connecting parents to arrange common activities for children, such as play dates or birthday parties. The directory will be sent electronically to all families whose children attend our child care.

The directory includes any or all of the following information based upon your application forms:

- child's name and group
- child's date of birth
- parents' names
- parents' phone numbers
- parents' email addresses
- town/village of residence

If **you give permission** to include your family information in the directory, please, choose the first option and check the information you wish to be included.

If **you do not give permission** to include your family information in the directory, please, choose the second option (only your child's name and group he/she enrolled in will be included).

Please, fill out, sign, and return this form.

STUDENTS DIRECTORY FORM

I give permission to include the following information (please check):

____Mother's Name

____Father's Name

____Mother's Email

____Father's Email

____Mother's Phone Number

____Father's Phone Number

____Town/Village of Residence

____Child's Date of Birth

I do not give permission to include any of my family information in the Students Directory.

Parent Signature: _____

Date: _____