



"Where learning is an adventure!"
11 Ingalls Avenue, Norwalk, CT 06854
Phone:475-215-6100 Fax:203-354-5593

Email: odysseyctenrollment@gmail.com Website: odysseyct.com

Dear Parent(s)/Guardian(s):

Thank you for your interest in the Maritime Odyssey Preschool. We know that you have a choice in where you educate your child and we are pleased that you have chosen to apply to our program. We look forward to your child attending. Learning is truly an adventure here and we will have a fun-filled and enriching time together.

Attached is our program application. Please fill out all the pages ***COMPLETELY*** as this information is necessary to ensure your child's safety as well as assisting us in providing a high-quality educational experience tailored to your child's developmental needs.

When submitting your application, please include the documents requested in the checklist on the following page to expedite the processing time. ***An incomplete application will delay processing and consequently delay the enrollment of your child into the program.***

Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Donald Austin,
Director of Enrollment & Recruitment

Enrollment Checklist

The Child Enrollment and Emergency Contact Form and Application of Enrollment is to be filled out completely and should be submitted with the following documents:

_____ Certified Birth Certificate with a raised seal or other official evidence of the date of your child's date of birth, e.g., passport, etc. **We will make a copy of this form for our records and return the original to you.**

_____ Two (2) proofs of residency. The following documents are acceptable proof:

- Mortgage statement
- Deed
- Signed lease with the landlord's name and telephone number.
- Printed Rental Statement provided your name and address is clearly listed.
- Recent utility bill (electric, gas, cable, telephone)
- A notarized letter from your landlord stating the following:
 - Your home address.
 - Your landlord's name, telephone number and address.

_____ Two (2) proofs of income:

- Recent and consecutive pay stubs covering a one (1) month period (4 if you get paid weekly, 2 if you are paid bi-weekly)
- W-2 forms from the current year
- Filed Tax Return from the previous year
- A notarized letter stating the weekly income of all adults in the household.
- A letter from your employer verifying your annual income
- workmen's compensation
- Social Security income.

_____ Current Early Childhood Health Assessment Record (also known as a Physical)

_____ Care 4 Kids Application



APPLICATION OF ENROLLMENT

PLEASE COMPLETE ALL FIELDS. AN INCOMPLETE APPLICATION CAN DELAY IT'S PROCESSING.

CHILD INFORMATION:

Child's first name: _____ Middle: _____ Last Name: _____
Date of Birth: _____ Place of Birth: _____ Primary Language Spoken: _____
[] Male [] Female
Street Address: _____ City: _____ State: _____ Zip: _____
This child lives with: Both Parents ___ Mother ___ Father ___ Guardian ___
Race/Ethnicity: White ___ African-American ___ Hispanic/ Latino ___ Asian ___ Other _____
This is my child's [] first time in a preschool setting [] My child has been in a preschool setting before. Name of previous preschool: _____

PARENT/GUARDIAN INFORMATION 1:

Parent/Guardian Name: _____
Relationship to child: Mother Father Guardian Grandparent Foster Parent Other U.S. Citizen? (please circle one): Yes
No Step-parent? (please circle one): Yes No
Address (if different from above): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Carrier: _____
Contact Email: _____
Employment Status: Full Time (35+ hours/week) ___ Full Time & Training ___ Training/School ___ Unemployed
Part Time (> 35 hours/week) ___ Part Time & Training ___ Retired ___ Disabled ___ Employer:
Address: _____ Employer
City: _____
State: _____ Zip: _____
Work Phone: _____ Work Schedule: _____
Work Schedule: _____

PARENT/GUARDIAN INFORMATION 2:

Parent/Guardian Name: _____
Relationship to child (circle one) : Mother Father Guardian Grandparent Foster Parent Other U.S. Citizen? (please circle one): Yes No Step-parent? (please circle one): Yes No
Address (if different from above): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Carrier: _____
Contact Email: _____
Employment Status: Full Time (35+ hours/week) ___ Full Time & Training ___ Training/School ___ Unemployed
Part Time (> 35 hours/week) ___ Part Time & Training ___ Retired ___ Disabled ___ Employer:
Address: _____ Employer
City: _____
State: _____ Zip: _____
Work Phone: _____ Work Schedule: _____
Work Schedule: _____



OTHER CHILDREN IN THE FAMILY

List names of all children in the family group at home, starting with the oldest, up to age 21. Record their current school and grade. If they are on this list but are not in school, please state a reason why, e.g., 'employed', 'illness', etc.

Name Birth date School & Grade

- 1. _____
- 2. _____
- 3. _____
- 4. _____

INSURANCE AND HEALTH INFORMATION

Is your child currently covered by health insurance? (please check one): yes no

If yes: My child is covered under Private health insurance (Company/policy # _____)

HUSKY A HUSKY B Husky #: _____

Name of Child's Physician: _____ Telephone: _____

Address: _____

Does your child have any allergies or special needs that we should be aware of? yes no If yes, please describe:

(Please note that the Maritime Odyssey Preschool has open admission and is committed to serving children with special needs)

FINANCIAL INFORMATION

PLEASE REVIEW THE SCHOOL READINESS GUIDELINES INCLUDED IN THE PRESCHOOL HANDBOOK.

Gross weekly income (combined income of all employed members of your household): \$ _____

Number of members in your household: _____

Cost of child care for other children in the family (do not include the cost of he Maritime Odyssey Preschool): \$ _____

Is there any other financial information you would like us to know?: _____

PLEASE NOTE THAT YOU WILL NEED TO INCLUDE PROOF OF YOUR HOUSEHOLD INCOME WHEN APPLYING FOR SLIDING SCALE TUITION. THIS CAN BE ANY OF THE FOLLOWING: TWO CONSECUTIVE PAY STUBS, LAST YEAR'S W2 FORMS OR TAX RETURN, OR A NOTARIZED LETTER STATING THE WEEKLY INCOME OF ALL ADULTS IN YOUR HOUSEHOLD.



CHILD ASSESSMENT

Quality preschool programs use development screenings and assessment tools such as the Ages and Stages Questionnaire to put your child on the path to success in school. These tools are used by teachers to assess your child's abilities in language, literacy, reasoning, gross motor, fine motor and personal/social development to determine quickly and efficiently the needs of your child. Teachers analyze the results and adjust their instruction accordingly in order to meet the developmental needs of your child.

I hereby grant permission for my child to be included in **ALL** assessments and screenings. Child's Name:

_____ Date of Birth: _____ Gender: Male ___ Female: ___

Parent 1 Name: _____

Telephone: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent 2 Name: _____

Telephone: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

If you would like your child's primary health care provider to receive his or her Ages and Stages Questionnaire information, please complete the section below:

Primary Health Provider Name: _____

Practice Name: _____ Phone #: _____

Address: _____

My child's unidentified screening/assessment data and demographic information will be shared with our partners. Our partners may include but are not limited to Norwalk ACTS, Norwalk Public Schools, PEER and The Norwalk Early Childhood Council. My Ages and Stages Questionnaire information will be shared with Child Development Infoline.

By signing below you are giving permission to the Maritime Odyssey Preschool to forward the completed Ages and Stages Questionnaire (ASQ-3) to Child Development Infoline (CDI). Your permission allows Child Development Infoline to review your answers and send you information about your child's development. You are also giving Child Development Infoline permission to send your child's Ages and Stages Questionnaire (ASQ-3) information to his or her teacher and pediatrician so that they too can follow along with your child's developmental progress.

I understand that the information will be treated as confidential and will follow FERPA and HIPAA guidelines for privacy and security.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____



NORWALK SCHOOL READINESS / CDC AGREEMENT

You will be responsible for the following:

- My child's tuition will be subsidized by the State of Connecticut in the amount of _____ per year. ● I will provide accurate proof of family income annually.
- I will inform the program of any changes to my income status immediately.
- My share of the tuition will be determined by using the Office of Early Childhood sliding fee scale. ● I am responsible for my portion of the parent fee and will pay this on time according to my payment agreement.
- My child will attend on a regular basis, five days per week, minimally 6 hours per week. ● I allow the Norwalk School Readiness / CDC Programs to share information on a need to know basis. ● If I leave a Norwalk School Readiness Program / CDC with an unpaid balance, I forego my right to attend another Norwalk School Readiness / CDC Program until the balance is paid in full.
- Legal action will be taken if money is owed.

Norwalk School Readiness Providers:

- Brookside Preschool
- Carousel Preschool
- ELLI @ Fox Run
- ELLI @ Naramake
- ELLI at Tracey
- Growing Seeds
- L'il Critters
- Norwalk Community College
- Odyssey Learning Inc.
- Room to Grow
- Room to Grow Too
- The Children's Playhouse
- The Children's Playhouse Too
- The Marvin

AFFIDAVIT

I hereby certify that the information above is accurate to the best of my knowledge and that I can, if requested, submit documentation evidencing all income, assets and liabilities listed above.

Declaración jurada: por la presente certifico que la información en esta forma es correcta y verdadera a mi leal saber y entender y que puede, si se solicita, presentar documentación que evidencie todos los ingresos, activos y pasivos listados en esta forma.

WARNING: Any false statement you make under oath that you do not believe to be true and that is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.

In order for my child to participate in the School Readiness/ CDC program, I agree to all the requirements listed above.

Parent name and signature: _____ **Date:** _____

Parent name and signature: _____ **Date:** _____

Provider name and signature: _____ **Date:** _____



FEE CALCULATION SHEET

Date: _____

Child's Name: _____ DOB: ____/____/____

Custodial Parent: Mother Father Both Guardian

Mother's Name: _____ Employed: Yes No Gross Yearly
Income: \$ _____

Father's Name: _____ Employed: Yes No Gross Yearly
Income: \$ _____

Additional Income:

Rental income: \$ _____ Unemployment Income: \$ _____ Other: \$ _____

Gross Additional Income: \$ _____

of children: _____ # of adults: _____ Total # in household: _____

Total Gross Yearly Income: \$ _____

SECTION TO BE COMPLETED BY THE PROGRAM ADMINISTRATOR

Calculation:

% of State Median Income (SMI): _____

\$ _____ Weekly Fee (Calculated from OEC Fee Schedule) \$ _____ Monthly Fee full day/extended

day monthly fee school day monthly fee part day monthly fee Yearly Fee Determination:

\$ _____ Date _____

Parent's Signature: _____ Date: _____ The school staff has

explained how my child's fee has been calculated to me and I have received a copy of this form.

WARNING:

It is a criminal offense to make a false statement or misrepresentation to any department of the State of Connecticut as to any matter within its jurisdiction.

I verify that the calculation of income is true, correct and currently represents the total income of my family. All submitted information is subject to review by State and local auditors. Programs have the right to terminate services if the information submitted is fraudulent.



DEVELOPMENTAL QUESTIONNAIRE

Child's Name: _____ Birth Date: ___/___/___ Nickname: _____

Please answer the following questions:

Does your child have any special needs? _____

Does your child currently receive or have they ever received services? If yes, which of the following categories does it fall into?
Speech ___ Physical ___ Behavior ___ Developmental Delay ___ Other ___

Has your child ever had an evaluation for: Speech ___ Vision ___ Hearing ___ Other related services ___

If yes, what were the results?

Was this a full 40 week pregnancy?

Yes No

If born premature, at how many weeks was your child born? _____

At what age did your child sit up? ___ months

At what age did your child crawl? ___ months

Were there any problems during pregnancy? Yes No

At what age did your child walk? ___ months.

How would you describe your child's activity level?

Does your child have bladder control? Yes No

Does your child have bowel control? Yes No

Does your child often ask you to repeat what you have said? Yes No

Toilet him/herself? Yes No

Was the delivery normal? Yes No

Does your child have playmates? Yes No

Can your child ?

Does your child talk with playmates? Yes No

Button Yes No

How does your child get along with playmates? _____

Unbutton Yes No

What are your child's sleeping hours? _____ pm to _____ am

Unzip Yes No

Does your child usually sleep through the night? Yes No

Snap Yes No

Does your child usually nap? Yes No

Unsnap Yes No

Can your child's speech be understood by someone other than the parents/guardians?

How long does your child nap for? _____ Hours

Yes No

How does your child react to new people? _____



Does your child speak in complete sentences?

Yes No

How many average words per sentence does your child Use?

2 – 3 words 4 – 5 words 5+ words

Has your child ever had an ear infection? Yes No

If yes, how many? _____

Has your child had any day care / preschool experience prior to this? Yes No

If yes. What kind of experience does your child have?

Daily Child Care In Home Care Preschool

Is there any other information or concerns that you Would like to share about your child? _____

Has your child been separated from you for long periods of time? Yes No

How did your child react to this experience?

What types of toys or activities does your child or activities does your child enjoy using? _____

What makes you happy or most proud of your child and what do you find most challenging?

How does your child react to new situations? _____

How does your child express anger or frustration? _____

How do you respond to it? _____

What helps to calm them when upset, angry or hurt? _____

How do you discipline them? _____

Are there any special traditions or celebrations that you would like to share with us about your family? _____

How physically active is your child? _____



HOME LANGUAGE INFORMATION

English:

What is the language that the student first learned to speak? _____

What is the primary language spoken by the student's parents or guardians where the student lives?

What is the primary language spoken by the student when s/he is at home? _____

Spanish:

¿Cuál es la lengua que el estudiante primero aprendió hablar? ¿ _____

¿Cuál es la lengua primaria hablada por los padres o los guardas del estudiante donde viven los estudiantes? _____

¿Cuál es la lengua primaria hablada por el estudiante cuando está en la casa?

French:

Quelle est la langue que l'étudiant a appris la première fois à parler ?

Ce qu'est la langue primaire parlée par les parents ou les gardiens de l'étudiant où les étudiants vit?

_____ Ce qui est la langue primaire parlée par l'étudiant quand sil est à la domicile?

Portugese:

Che cosa è la lingua che l'allievo in primo luogo ha imparato che parlare?

_____ Che cosa è la lingua primaria parlata da i genitori o da i guardiani del l'allievo in cui gli allievi vive? _____

Che cosa è la lingua primaria parlata quando el casa? _____

Other: _____

Parent/Guardian Signature: _____ Date: _____

Printed Parent/Guardian Name: _____

Adapted from the Norwalk Public Schools' Developmental Questionnaire Form and Home Language Survey



Authorization for Pick-Up/ Emergency Contact Sheet

I, _____, give permission for the following persons to pick up my child, _____, from the Maritime Odyssey Preschool. I understand that only the people listed on this form will be authorized to pick-up my child. I understand that a picture ID is required when picking up my child from the program. I agree to show an ID upon request. I understand that authorized persons on this list will be asked to provide identification and it will be checked against this form. If the person attempting to pick-up my child is not on this form or if there are any questions, I will be contacted and my child will not be allowed to leave the program until I send an authorization by email from my email of record. Any child between the ages of 13 and 18 who is authorized to pick-up with parental consent is required to show a picture school ID. No child under the age of 13 will be allowed to pick-up a child.

I understand that if I have full custody of my child and do not wish for his/ her father/mother/legal guardian to pick-up my child, I will need to provide a court order showing full custodial rights. I have read and understand this policy. I hereby hold the Maritime Odyssey Preschool, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my child being picked-up from the program by an authorized alternate person in my absence.

Parent/ Guardian Signature: _____ **Date:** _____

Parent/ Guardian Signature: _____ **Date:** _____

Alternate Person #1:

Name: _____

Telephone #: _____

Alternate Person #3:

Name: _____

Telephone #: _____

Alternate Person #5:

Name: _____

Telephone #: _____

Alternate Person #7:

Name: _____

Telephone #: _____

Alternate Person #9:

Name: _____

Telephone #: _____

Alternate Person # 2:

Name: _____

Telephone: _____

Alternate Person # 4:

Name: _____

Telephone: _____

Alternate Person # 6:

Name: _____

Telephone: _____

Alternate Person # 8:

Name: _____

Telephone: _____

Alternate Person # 10:

Name: _____

Telephone: _____

The following individual(s) is/are my child(ren) and is/are between the ages of 13 – 16 and is/are authorized to pick up his/her//their sibling enrolled in The Maritime Odyssey Preschool. They must present their school identification in order to pick up your child.

Parent/ Guardian Signature: _____ **Date:** _____

Sibling #1:

Name: _____

Telephone #: _____

Sibling # 2:

Name: _____

Telephone: _____



PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION

Throughout the course of the school year, the Maritime Odyssey Preschool will be going on field trips to various destinations which will include, but is not limited to, The Maritime Aquarium. Field trips will differ in travel time, distance and duration (depending on the exhibits and/or activities). Your child will be transported to field trip destinations on a First Student school bus, equipped with seatbelts.

This Parent/Guardian Field Trip Permission and Medical Authorization form gives consent to the Maritime Odyssey Preschool to take your child on all field trips, regardless of destination, without me having to grant additional consent, while my child is enrolled in the program. If you do not consent to your child attending field trips, he/she will be excluded from the program on scheduled field trip days.

Health Needs (Initial and Complete as appropriate):

_____ My child has **NO** special health needs the staff should be aware of, and **NO** medication is required on field trips. I agree that it is my responsibility to keep Odyssey updated of the health needs of my child during the time my child is enrolled in the program. I further agree to notify the staff of the Maritime Odyssey Preschool if there is a change in my child's health needs.

_____ My child has the following special health need: _____
I have submitted the following medical documents and medication to the school's Director of Enrollment:

- Plan of Care from my child's primary care physician
- Medication Administration Form
- Name of medication(s) _____

In the event my child experiences a medical emergency, the Maritime Odyssey Preschool staff will follow the established protocol outlined in the Parent Handbook. I do hereby give consent for my child to be transported by ambulance to the nearest hospital and whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I hereby hold the Maritime Odyssey Preschool, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my child's participation on any field trips sponsored by Odyssey. I further understand that field trips have certain risks involved and that reasonable attempts will be made to safeguard my child.

_____ I do hereby give my consent to the Maritime Odyssey Preschool to take my child on all field trips.

_____ I **DO NOT** give my consent to the Maritime Odyssey Preschool to take my child on field trips.

Child's Name: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____



Photography, Publicity and Release

I, _____, give permission to the Maritime Odyssey Preschool to use my minor child's, name, likeness, image, voice, and/or appearance as such which may be embodied in any pictures, photos, video recording, audiotapes, digital images, and the like, taken by or made on behalf of the Maritime Odyssey Preschool. I agree that the Maritime Odyssey Preschool has complete ownership of such pictures, etc., including any copyrights, and may use them for any purpose consistent with the mission of the Maritime Odyssey Preschool. These uses may include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I acknowledge that I will not receive any compensation for the use of such pictures, etc. Further, I, for myself and on behalf of my child, hereby release the Maritime Odyssey Preschool and any related entities, whether separately incorporated or not, including but not limited to the related entities' members, directors, officers, executives, administrators, employees, agents, representatives, volunteers, insurers, re-insurers (collectively referred to as the "Releases") from any and all claims and/or damages which may arise out of or are in any way connected with such use.

I have read and understood the Photography, Publicity and Release

_____ (Signature)

Print Name: _____

I give my consent to the Maritime Odyssey Preschool to use my child's name and likeness to promote the program, and/or their activities.

_____ (initial)

I do not give consent to the Maritime Odyssey Preschool to use my child's name and likeness to promote the program, and/or their activities.

_____ (initial)



INFORMED CONSENT FOR DENTAL TREATMENT

Child's Name: _____ Date of Birth: _____
Month Day Year

Dental Insurance: Husky ID# _____ Private Insurance ID# _____

Dear Odyssey Family,

I am Dr. Carol Felder, the dentist for the Maritime Odyssey Preschool. I have owned my private dental practice and provided dental services to Norwalk residents for over 10 years. The Maritime Odyssey Preschool and I have partnered to provide quality and convenient dental care services to your child. I will provide dental care such as examination, cleaning, and fluoride treatment for your child during school hours. Parents will not have to miss work time and your child will not miss school time to receive dental care. If you have any questions or would like to discuss your child's dental health with me please feel free to call me at any time. I look forward to keeping your child's smile healthy.

Smiles,
Dr. Carol Felder

1. I authorize dental treatment by Dr. Carol Felder, hygienist and staff. I understand that dental treatment will occur at my child's learning center during school hours.

2. I am the Parent/Legal Guardian of the child named above.

3. The following procedures may be performed on your child:

Dental examination

Dental x-rays

Cleaning

Fluoride

Sealants

Fillings

Extractions (Tooth removal) of baby teeth

Gum treatment Local anesthesia (Numbing medicine)

4. Although not frequent, risks and complications can occur with dental and oral surgery procedures. Risks and complications include but are not limited to: the possibility of pain or discomfort during the treatment, swelling, infection, bleeding, injury to adjacent teeth and surrounding tissue, temporary or permanent numbness, and allergic reactions.

5. This consent shall remain in effect until I choose to terminate it.

6. I also understand that I am free to withdraw my consent to dental treatment at any time.

7. I hereby acknowledge that I have read and understand this consent form.

8. By signing this consent form, I authorize and direct Dr. Carol Felder and the staff of her choice, to perform upon my child, whom I am empowered to consent, the dental treatment or oral surgery procedures explained herein.

I DECLINE THE DENTAL CONSENT AND DO NOT WANT MY CHILD TO BE SEEN BY DR. CAROL FELDER.



HANDBOOK/PARENT PARTICIPATION AGREEMENT

HANDBOOK AGREEMENT

I have read and understand the contents of the Maritime Odyssey Preschool Parent Handbook. I understand the contents to be the policies and procedures of the program and agree to abide by the practices therein. If I have concerns or questions I will discuss with school administration prior to signing this document.

PARENT PARTICIPATION AGREEMENT

As a parent in the Maritime Odyssey Preschool I understand that it is important to be involved in my child's education. **I agree to attend at least 2 parent workshops and / or events sponsored by the Maritime Odyssey Preschool.**

Parent's/Guardian's Signature _____

Date _____

