

Overnight Childcare Information

The Academy of Independent Learners (AIL) is a new school in Bridgeport, CT that integrates typical and atypical learners in a nurturing, child-led environment. It's an extension of a 16-year arts & cultural organization, Bridgeport Connecticut Center of the Arts. AIL addresses the individual academic, social, emotional and familial needs of our students...every student! In addition to our daycare and school age services, we now offer an overnight childcare program to support parents who need overnight care for their children due to their employment schedules.

Overnight Childcare Program:

- Open to children of all ages (infants and up)
- Parents/guardians should pack:
 - Children should arrive prepared for bed by bringing their own blanket, pillow, clothes to sleep in, snacks, etc.
 - Children ages 5 and under must be packed with their own food
 - Children ages 6 and up will have food provided for them
 - It is recommended that *all* students be sent with an extra change of clothes
 - We ask that children who are not potty trained are sent with a sufficient amount of diapers to last them through the night.
- Overnight program hours extend from 8:00 pm- 7:00 am the following morning. Hours can be negotiated based on need.
- Overnight students can not be present at AIL beyond 12 hours
 - If students in the overnight program also attend day school at AIL, then these students must leave at the end of the regular school day and then come back for the start of the overnight program. Likewise, when the overnight program ends, students have to leave and come back to start the regular day school the following morning.
- Program tuition is \$215.00 each week, per child (Financial aid for those who qualify.)

****Note:** To help expedite the application process please submit: Parent ID, Child's Medical Insurance, Last Two Pay Stubs, Child's Birth Certificate or SSN, and Physical Form

For more information please contact 203-502-1206 (ask for Academy of Independent Learners) or ailinfo@instruction.com

www.aileducation.org

789 Reservoir Ave Fl #2, Bridgeport, CT 06606

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

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

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

Child's Address: _____ City: _____ Zip Code _____

Mother's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Mother's Employer: _____ Work #: (____) _____

Mother's Employer Address: _____ City: _____ Zip Code _____

Father's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Father's Employer: _____ Work #: (____) _____

Father's Employer Address: _____ City: _____ Zip Code _____

Weekly Care Schedule: (please include the child's hours in care for each day)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Persons permitted to remove the child from the child care program on behalf of parent. (Use back for additional names.)

Name: _____

Phone #: _____ Relationship _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

(Use back for additional names.)

Name: _____

Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Last Tetanus: _____

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 (**program's name**) _____, 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: _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it 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:** _____

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