

**ST. RAPHAEL EARLY CHILDHOOD CENTER  
2010-2011 REGISTRATION FORM**

For office use only
Check No.
Date

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME OR NICKNAME TEACHER SHOULD USE FOR CHILD \_\_\_\_\_

HOME PHONE \_\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

ST. RAPHAEL PARISHIONER? YES \_\_\_ NO \_\_\_ IF NO, LIST CHURCH AFFILIATION \_\_\_\_\_

HAVE ANY OF YOUR CHILDREN ATTENDED THE ECC BEFORE? YES \_\_\_ NO \_\_\_ NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FIRM OR AGENCY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FIRM OR AGENCY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

**Please check the class in which you wish to enroll your child. You must select a 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> choice. All classes meet from 9 a.m.-12 noon except as indicated.**

Class	Stewardship Rate	Tuition	Supply Fee
_____ Transitional K - 5 days – M-F (9 a.m.-1 p.m.)	\$2,745/year \$305/payment	\$3,051/year \$339/payment	\$85
_____ 4 yrs. old by 8/31 - 5 days – M-F	\$2,457/year \$273/payment	\$2,727/year \$303/payment	\$75
_____ 4 yrs. old by 8/31 - 4 days – T-F (9 a.m.-1 p.m.)	\$2,430/year \$270/payment	\$2,700/year \$300/payment	\$75
_____ 4 yrs. old by 8/31 - 3 days – M/W/F	\$1,845/year \$205/payment	\$2,052/year \$228/payment	\$45
_____ 4 yrs. old by 8/31 - 3 days – T/Th/F	\$1,845/year \$205/payment	\$2,052/year \$228/payment	\$45
_____ 3 yrs. old by 8/31 - 3 days – M/W/F	\$1,845/year \$205/payment	\$2,052/year \$228/payment	\$45
_____ 3 yrs. old by 8/31 - 2 days – T/Th (9 a.m.-1 p.m.)	\$1,710/year \$190/payment	\$1,899/year \$211/payment	\$30
_____ 3 yrs. old by 8/31 - 2 days – M/W	\$1,431/year \$159/payment	\$1,584/year \$176/payment	\$30
_____ 3 yrs. old by 8/31 - 2 days – T/Th	\$1,431/year \$159/payment	\$1,584/year \$176/payment	\$30
_____ 2 yrs. old by 8/31 - 2 days – T/Th	\$1,467/year \$163/payment	\$1,629/year \$181/payment	\$30
_____ 2 yrs. old by 8/31 - 2 days – M/W	\$1,467/year \$163/payment	\$1,629/year \$181/payment	\$30
_____ 2 yrs. old by 8/31 - 1 day – F	\$729/year \$81/payment	\$810/year \$90/payment	\$15

**TOILET TRAINING:** Children in the 3-year-old, 4-year old and Trans K classes must be toilet trained before entering the Center. (This requirement *does not* apply to children in the 2-year-old program.)

**HEALTH RECORDS & IMMUNIZATIONS:** A copy of your child's latest health evaluation (including immunization record) is required of all students by August 1, 2010.

**REGISTRATION FEE:** A non-refundable registration fee of \$125 must accompany this form. This is *not* a tuition payment.

**SUPPLY FEE & FIRST TUITION PAYMENT:** Due May 1, 2010 for your child's name to remain on the class roster.

**SUBSEQUENT TUITION PAYMENTS:** For your convenience, tuition is divided into nine equal payments. After the May payment, all other payments are due the first of the month beginning September 1. Tuition is not refundable with the exception of families moving out of state before Feb. 1 and with 30 days prior notice.

NOTE ANYTHING ABOUT YOUR CHILD THAT THE TEACHER SHOULD BE AWARE OF AND CONSIDER (e.g. allergies, medications, physical or other handicaps, fears, major changes occurring)

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY CHILD CARE OR PRE-SCHOOL PROGRAMS PREVIOUSLY ATTENDED \_\_\_\_\_  
\_\_\_\_\_

WHAT IS THE MAIN LANGUAGE SPOKEN IN YOUR HOME? \_\_\_\_\_

BROTHERS' NAMES	AGES	At SRCS?	SISTERS' NAMES	AGES	At SRCS?

NAME OF CHILD'S PHYSICIAN \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Emergency contact authorized to pick up your child if neither parent can be reached:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

In the event of an emergency, I give permission for ECC staff members to administer first aid to my child. If medical attention is needed and neither parent can be reached by phone, I hereby authorize the school to call the physician indicated above and to follow his instructions. If the physician cannot be contacted or if immediate medical aid is required, I give permission for the ECC to take whatever actions they may deem necessary for my child's health and safety.

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)