

**ST. RAPHAEL EARLY CHILDHOOD CENTER
2012-2013 REGISTRATION FORM**

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|---------------------|
| 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 1st, 2nd, & 3rd choice.
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.) | \$2,916/year \$324/payment | \$3,204/year \$356/payment | \$85 |
| _____ 4 yrs. old by 8/31 - 5 days – M-F | \$2,610/year \$290/payment | \$2,871/year \$319/payment | \$75 |
| _____ 4 yrs. old by 8/31 - 4 days – T-F (9 a.m.-1 p.m.) | \$2,574/year \$286/payment | \$2,835/year \$315/payment | \$75 |
| _____ 4 yrs. old by 8/31 - 3 days – M/W/F | \$1,953/year \$217/payment | \$2,151/year \$239/payment | \$45 |
| _____ 4 yrs. old by 8/31 - 3 days – T/Th/F | \$1,953/year \$217/payment | \$2,151/year \$239/payment | \$45 |
| _____ 3 yrs. old by 8/31 - 3 days – M/W/F | \$1,953/year \$217/payment | \$2,151/year \$239/payment | \$45 |
| _____ 3 yrs. old by 8/31 - 2 days – T/Th (9 a.m.-1 p.m.) | \$1,818/year \$202/payment | \$1,998/year \$222/payment | \$30 |
| _____ 3 yrs. old by 8/31 - 2 days – M/W | \$1,521/year \$169/payment | \$1,674/year \$186/payment | \$30 |
| _____ 3 yrs. old by 12/31 - 2 days – T/Th | \$1,521/year \$169/payment | \$1,674/year \$186/payment | \$30 |
| _____ 2 yrs. old by 8/31 - 2 days – T/Th | \$1,557/year \$173/payment | \$1,710/year \$190/payment | \$30 |
| _____ 2 yrs. old by 8/31 - 2 days – M/W | \$1,557/year \$173/payment | \$1,710/year \$190/payment | \$30 |
| _____ 2 yrs. old by 8/31 - 1 day – F | \$792/year \$88/payment | \$864/year \$96/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, 2012.

REGISTRATION FEE: A non-refundable registration fee of \$135 must accompany this form. This is *not* a tuition payment.

SUPPLY FEE & FIRST TUITION PAYMENT: Due May 1, 2012 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? |
|-----------------|------|----------|----------------|------|----------|
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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)