

## Registration Form 2019-2020

***Children will not be assigned to a class until all lines and forms are completed***

<b>Child's Full Name</b> _____			
First	Middle	Last	Nickname _____
Date of Birth _____	Age (as of September 1, 2019) _____	Gender _____	
T-Shirt Size: _____	Best Contact Number _____		
Child's Home Address _____		City, State, Zip _____	
Are you a registered parishioner of St. Ignatius of Loyola?      YES      NO			

<b>Father/ Guardian's Full name</b> _____	
Best Contact Number _____	Father's Work Phone Number _____
Father's Address (if different from Child) _____	
Father's Email address _____	

<b>Mother/Guardian's Full Name</b> _____	
Best Contact Number _____	Mother's Work Phone Number _____
Mother's Address (if different from Child) _____	
Mother's Email address _____	

<b>Parents are:</b> <i>(circle)</i> Married    Separated    Divorced    Widowed    Single
---

Is there a custody order on file with the State of Texas? <i>(circle)</i> YES    NO    PENDING
<b><i>If Yes, a current copy of your court order <b>MUST</b> be attached or we will not be able to enforce the court order.</i></b>

<b>Emergency Contact and Authorization to pick up</b>	
<i>Please list 3 individuals (not a parent) to contact in the event of an emergency or for pick up. <b>The address and phone number are REQUIRED. Do not turn paperwork until all lines are completed.</b></i>	
Name _____	Phone _____
Address _____ City, State, ZIP _____	
Name _____	Phone _____
Address _____ City, State, ZIP _____	
Name _____	Phone _____
Address _____ City, State, ZIP _____	

**Photo Release**

I understand that pictures (individual and group) will be taken during the school year. I give permission for SILECC to take photographs for the newsletter, St. Ignatius of Loyola website and class scrapbook and/or slide show.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Social Networking**

I understand that the SILECC staff are not allowed to participate in social networking activities with parents.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Handbook Information**

I have received, read, understood, agree and had an opportunity to ask questions about the SILECC parent handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Brightwheel App**

The Brightwheel App is used as the main communication for our preschool. I understand and agree that I will be receiving messages and notices on my phone through the Brightwheel App. All information is privacy protected between parent, teacher and administration. All communication with teachers should be done through the Brightwheel App.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tuition Agreement**

Non-refundable Registration Fee \$ \_\_\_\_\_ Monthly Tuition Amount \$ \_\_\_\_\_

\_\_\_\_\_ Please initial I understand that tuition is due on 1st day of each month. Tuition is payable according to the tuition schedule whether or not my child attends. No refunds for partial attendance. This includes holidays, vacations and illness.

\_\_\_\_\_ Please initial I understand that **if tuition is not paid by the 10th of the month, that I need to pay a late fee of \$15.**

\_\_\_\_\_ Please initial Our program is open Monday through Friday from 9:00 am to 2:00 pm. I understand that if I pick up my child up after 2:10pm, a **\$1 a minute** late penalty will be charged to my account. *Late penalties must be paid when you pick up your child.*

\_\_\_\_\_ Please initial In the event I choose to end my relationship with SILECC and withdraw my child, a **two week notice** must be given in writing.

**This section to be completed by Office Staff:**

Registration Date: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Registration Fee Paid ? **Y N** Registration Amt \_\_\_\_\_ Type of Payment \_\_\_\_\_

Days: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

**Emergency Medical Attention Form**

**Important Information**  
**Please complete all lines.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Name \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy No. \_\_\_\_\_

**( A two sided copy of insurance card may be attached for complete information )**

In the event I cannot be reached to make arrangements for emergency medical care,

- I authorize SILECC and its staff to obtain any necessary emergency medical care.
- I give consent for my child to be transported and supervised by St. Ignatius Early Childhood Center for **Emergency Care** to nearest Emergency Facility.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Does your child have any allergies?                    Y        N

**(If Yes for Food Allergy, attach a Plan of Action from the Physician. This is required by the State).**

List of allergies: \_\_\_\_\_

Does your child take any medications?                    Y        N

List of medications: \_\_\_\_\_

Does your child have any existing illness and special needs, previous injuries and hospitalization that we need to know?

Y        N

If yes, please list here: \_\_\_\_\_

\_\_\_\_\_

**Medical Statement of Health Form**

**Attention: This part needs to be completed by a Physician or Healthcare professional in order for your child to start in SILECC.**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The patient above was examined in our office and found to be in good health. He / She may participate in St. Ignatius of Loyola Early Childhood Center.

Has this child had a vision test?    Y    N    Comments: \_\_\_\_\_  
(Required for **Pre K & Kinder**)

Has this child had a hearing test?    Y    N    Comments: \_\_\_\_\_  
(Required for **Pre K & Kinder**)

**(All Pre K and Kindergarten children must have a hearing and vision screening completed. Child should be screened at your doctor's office).**

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORDS\*\*\***

This form may be faxed to our office to St. Ignatius of Loyola. The fax number is 281-605-5161.

**Choose the days your child will be in our care**

Age Group	Days (Choose how many days)	Registration Fee One time fee	Monthly Tuition 9 payments from Sept to May
<b>9 months— 4 years old</b> <i>(3 &amp; 4 year olds need to be potty trained by the first day of school)</i>	Tues & Thurs	<b>\$175</b>	<b>\$200</b>
	Mon, Wed & Friday	<b>\$275</b>	<b>\$260</b>
	Monday to Friday (5 days)	<b>\$375</b>	<b>\$450</b>
<b>Kindergarten</b> <b>9:00 am —3:00 pm</b>	Monday thru Friday	<b>\$425</b>	<b>\$550</b>
<b>Extended Care (Optional)</b> <b>2:00 pm-3:00 pm</b> <b>No discount applied to Extended Care</b>	2 days		\$75
	3 days		\$110
	5 days		\$125

**Miscellaneous Fees:**

\_\_\_\_\_ Please initial if you want your child to have Chick-fil-A Lunch.

***Payment due with Registration fee.***

(Chicken Nuggets and Fruit) **\$65**

**(First Tuesday/Wednesday of the Month (see calendar for exceptions), 9 Chickfila Lunches, Thanksgiving Feast, & Hotdog Lunch )**

- One time or automatic monthly payments can be setup through Faith Direct. You can also pay by credit card, check or cash. (Request for information to sign up for Faith Direct)
- A 3% discount will be given, if the annual tuition is paid by Sept. 30. **(Pay in Full Discount). Extended care tuition not eligible for discount.**
- A 5% family discount is given for 2 or more children. The discount is taken off of one child's tuition. This is deducted from the lower tuition amount. **(Sibling Discount)**
- Family can use **either** the Pay in Full Discount **OR** Sibling Discount. Choice of one discount **ONLY**.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date