BD21315_

SACRED HEART OF JESUS DAYCARE-PRESCHOOL-KINDERGARTEN, INC.

*PLEASE RETURN THIS PORTION OF THE FORM WITH YOUR REGISTRATION FORM*

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{PLEASE PRINT}

DAYCARE ENROLLMENT ~ \*2 YEARS OLD\*

{Please check BD21301_ below}

* New Enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SESSIONS ARE AS FOLLOWS:

(Early Arrival is before 8:00AM) (All children must be picked up by 5:00PM)

Please indicate when you would like your child to attend by marking the column below.

(A non-refundable registration fee of **$50.00** per child must be enclosed with this application.)

|  |  |  |  |
| --- | --- | --- | --- |
| **TUITION for CLASS SESSIONS for**  **2-YEAR-OLD DAYCARE:** | **TIME** | **TUITION** | **Check selection** |
| Tuesday & Thursday  (AM ONLY) | 8:30AM – 11:30AM | $220.00 month |  |
| Tuesday & Thursday  (PM ONLY) | 1:30PM – 4:30PM | $220.00 month |  |
| Tuesday & Thursday (Full Day) | 8:30AM to 4:30PM | $380.00 month |  |
| Monday, Wednesday & Friday (AM ONLY) | 8:30AM – 11:30AM | $360.00 month |  |
| Monday, Wednesday & Friday (PM ONLY) | 1:30PM – 4:30PM | $360.00 month |  |
| Monday, Wednesday & Friday (FULL DAY) | 8:30AM to 4:30PM | $520.00 month |  |
| Monday-Friday  (AM OR PM ONLY) | **AM**-8:30AM-11:30AM  OR  **PM**-1:30PM-4:30PM | $580.00 month |  |
| Full Time – Monday thru Friday | 8:30AM–4:30PM | 900.00 month |  |

(*All children must be picked up by 5:00PM)*

**EARLY ARRIVAL** (by arrangement only) {before 8:00AM} $5.00 per day

**CHILDREN STAYING FOR LUNCH & DISMISSED AT 1:00PM:** $5.00 per day

**{Please see Sister to make arrangements for late pick up}**

Please fill in the days you wish your child to attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sessions: (*AM, PM or Full Day)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*A non-refundable registration fee of $50.00 per child must be enclosed with this application.)*

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

BD21315_

SACRED HEART OF JESUS DAYCARE-PRESCHOOL-KINDERGARTEN, INC.

DAYCARE & PRESCHOOL ENROLLMENT

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_\_\_Female\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_

{PLEASE PRINT} {PLEASE CHECK ONE}

#### Child’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s First & Maiden Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion\_\_\_\_\_\_\_\_\_\_

Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom Cell Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Cell Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*{SOMEONE OTHER THAN PARENTS} Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of other children in family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Birth\_\_\_\_\_\_\_\_\_\_\_\_

Does child have physical or emotional disabilities, which would limit activities?

Yes\_\_\_\_\_\_\_No\_\_\_\_\_\_**If yes, please explain on backside of this form.**

Is child on any medication, which would affect participation in the program?

Yes\_\_\_\_\_\_\_No\_\_\_\_\_\_**If yes, please explain on backside of this form.**

Does child have allergies we should be aware of? Food\_\_\_\_\_\_Plants\_\_\_\_\_other\_\_\_\_\_

**If yes, please explain on backside of this form.**

**If a serious illness or accident occurs during School Center Session, and neither parent can be reached, I give my permission to Sacred Heart of Jesus Daycare-Preschool-Kindergarten Inc., Personnel to secure medical care from (physician) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or his/her associates, or from the most immediately available licensed physician, at my personal expense.**

**Physician name and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Parent’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please complete this form and return it to Sister with non-refundable **$50.00** registration fee. PLEASE SEE OVER

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{PLEASE PRINT}

Does child have allergies we should be aware of?

Food\_\_\_\_\_\_Plants\_\_\_\_\_other\_\_\_\_\_

Please list type of allergies and please be specific.

Does child have physical or emotional disabilities, which would limit activities?

Please list type of disability and please be specific. Is there anything else that we should be aware of regarding your child?

Is child on any medication, which would affect participation in the program?

Please list medications and please be specific.

###### PARENT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_

***PARENTS: PLEASE NOTE:***

Connecticut State Law mandates that all children entering School **MUST** have a physical examination and all immunizations be current and up-to-date. This information cannot be more than 1-year-old. Please be sure to make an appointment and have the child’s physical form completed and bring it on the first day of school.

Dear Parents: When weather permits, the Sisters and Staff of Sacred Heart of Jesus Daycare-Preschool-Kindergarten Center do take the children outside. At times, they cannot play on the playground due to the conditions of the playground, {too wet}, so we take them for walks away from the school either around the neighborhood block or to the playground at Clintonville School, provided school is not in session. Please sign the permission slip below. If you do not give us permission, we will be forced to keep your child inside with Sister or another teacher or aide.

*Please fill in the form below and return it with your enrollment form.*

## Sacred Heart of Jesus Daycare-Preschool-Kindergarten, Inc.

##### 90 Chapel Hill Road

**North Haven, CT 06473**

**Tel. #:** Monday-Friday-8:00AM-5:00PM ~ **203-889-2531** (School Center)

**OR**

Monday-Friday- before 7:30AM; after 5:00PM or weekends

~ **203-239-8012** (Convent)

**Email:** [**shjdaycareprek.kindergarten@yahoo.com**](mailto:shjdaycareprek.kindergarten@yahoo.com)

**Website:** **sistersaremyteachers.com**

Fax #: 203-891-5743

**+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +**

{DETACH & RETURN WITH ENROLLMENT FORM}

## PERMISSION FOR WALKS AWAY FROM THE SCHOOL CENTER

My child has my permission to go for walks away from the **Sacred Heart of Jesus Daycare-Preschool-Kindergarten Center**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{PLEASE PRINT}

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EMERGENCY MEDICAL PERMISSION

NAME OF CHILD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

I give permission to Sacred Heart of Jesus Daycare-Preschool-Kindergarten Center Sisters & staff to take whatever emergency measures deemed necessary for the care and protection of my child while in attendance and under the supervision of the Nursery school Sisters & staff. (First Aid, evacuation)

If a serious illness or accident occurs during Sacred Heart of Jesus Daycare-Preschool-Kindergarten Center attendance, I give permission to the personnel of Sacred Heart of Jesus Daycare-Preschool-Kindergarten Center to secure medical care from my child’s pediatrician or from the most immediately available licensed medical personnel, at my personal expense.

In a medical emergency, where more than first aid is to be applied, I understand that in this medical situation, the Sisters & staff will need to contact the local emergency resource (911) before contacting the parents, guardians, child’s physician, and/or emergency phone contacts given by the parents.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit (police, fire rescue vehicle or ambulance) if deemed necessary. The child will be transported at my personal expense and the child will be taken to an emergency hospital in the company of a staff member.

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

(please print name of the Hospital/Medical Facility of your choice)

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

Signature of Parent/Guardian Date

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

Printed name of Parent/Guardian

* A copy of this emergency medical permission form will be placed in each student’s folder. This form and child’s medical record will be taken with the child to the Hospital/Medical Facility.

**Sacred Heart of Jesus**

**Daycare-Preschool-Kindergarten, Inc.**

**Permission for Picture Publication**



Dear Parents/Guardians ~

Throughout the year, the Sisters & Staff occasionally take pictures of the children during every day playtime, activities/events and special occasions. We also publish pictures in The Advisor and at times in The Citizen or The Courier. We do not identify children by name but your permission is now required by the State. We may also post group/class pictures of the children on our Website (sistersaremyteachers.com) as well as our Facebook page (Sacred Heart of Jesus Daycare-Preschool-Kindergarten) (look for our logo above); again with **NO NAMES** identifying your child. Thank you for your cooperation.

Sister Jacinta Ibe, Director

& Staff of Sacred Heart of Jesus Daycare-Preschool-Kindergarten, Inc.

I give permission for my child’s picture to be published in the local newspapers, our Website, Facebook, School Publications and posted in School.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)