

SACRED HEART OF JESUS DAYCARE-PRESCHOOL-KINDERGARTEN, INC.
PLEASE RETURN THIS PORTION OF THE FORM WITH YOUR REGISTRATION FORM

CHILD'S NAME _____
 {PLEASE PRINT}

PRESCHOOL ENROLLMENT *3-4 YEARS OLD*

{Please check below}

- New Enrollment _____
- Returning in September _____

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.)

<u>TUITION for CLASS SESSIONS for 3-4-YEAR-OLD PRESCHOOL:</u>	<u>TIME</u>	<u>TUITION</u>	<u>Check selection</u> <input checked="" type="checkbox"/>
Tuesday & Thursday (AM ONLY)	8:30AM - 11:30AM	\$220.00 month	
Tuesday & Thursday (Full Day)	8:30AM to 4:30PM	\$340.00 month	
Monday, Wednesday & Friday (AM ONLY)	8:30AM - 11:30AM	\$320.00 month	
Monday, Wednesday & Friday (FULL DAY)	8:30AM to 4:30PM	\$500.00 month	
Monday-Friday (AM ONLY)	AM-8:30AM-11:30AM	\$520.00 month	
Full Time - Monday thru Friday	8:30AM-4:30PM	850.00 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

LATE PICKUP (by arrangement only) 5:05pm-5:30 \$5 per day; 5:30pm until pickup \$10 per day

Please fill in the days you wish your child to attend _____

Sessions: (AM or Full Day) _____

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

Parent

Signature _____ Date _____

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}

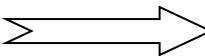
Work Phone _____ Cell Phone _____

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. 

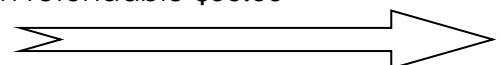
If a serious illness or accident occurs during School Center Session, and neither parent can be reached, I give my permission to Sacred Heart of Jesus Daycare-Preschool-Kindergarten Inc., Personnel to secure medical care from (physician) _____ or his/her associates, or from the most immediately available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

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)