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

CHILD'S NAME			
	{PLEASE PR	INT}	
<u>DAYCAI</u> {Please check ☑ below} ➢ New Enrollme	RE ENROLLMENT ~ *2	YEARS OLD*	
SESSIONS ARE AS FOLLOWS: (Early Arrival is before 8:00A Please indicate when you wo below. (A non-refundable registratio application.)	uld like your child to at	tend by marking the	column
TUITION for CLASS SESSIONS for 2-YEAR-OLD DAYCARE:	TIME	TUITION	Check selection ✓
Tuesday & Thursday (AM ONLY)	8:30AM - 11:30AM	\$240.00 month	
Tuesday & Thursday (Full Day)	8:30AM to 4:30PM	\$400.00 month	
Monday, Wednesday & Friday (AM ONLY)	8:30AM - 11:30AM	\$380.00 month	
Monday, Wednesday & Friday (FULL DAY)	8:30AM to 4:30PM	\$540.00 month	
Monday-Friday (AM ONLY)	AM-8:30AM-11:30AM	\$600.00 month	
Full Time - Monday thru Friday	8:30AM-4:30PM	950.00 month	
(All children must be picked EARLY ARRIVAL (by arranger CHILDREN STAYING FOR LUN LATE PICKUP (by arrangemen per day	nent only) {before 8:00. NCH & DISMISSED AT 1:	00PM: \$5.00	00 per day per day il pickup \$10
Please fill in the days you wi Sessions: (AM or Full Day) (A non-refundable registration application.) Parent Signature	on fee of \$50.00 per chi	ild must be enclosed	with this

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

Child's Name: PLEASE PRINT;	MaleFemaleDate of Birth:
(PLEASE PRINT) Child's Home Address:	{PLEASE CHECK ONE} 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:	
	Home Telephone
*{SOMEONE OTHER THAN PARENTS} Work Phone	Cell Phone
Relationship to child	
Names of other children in family	Year of Birth
	onal disabilities, which would limit activities?
•	would affect participation in the program? explain on backside of this form.
Does child have allergies we should be should	Id be aware of? n on backside of this form.
If a serious illness or accident occ parent can be reached, I give my Preschool-Kindergarten Inc., Persc or his/her ass	urs during School Center Session, and neither permission to Sacred Heart of Jesus Daycare- onnel to secure medical care from (physician) ociates, or from the most immediately
available licensed physician, at m Physician name and phone numb	
Parent's signature	Date of Registration
registration fee. PLEAS	urn it to Sister with non-refundable \$50.00 SE SEE OVER

CHILD'S NAME	
Does child have allergies we should be awa	re of?
	10 01 -
FoodPlantsother	
Please list type of allergies and please be specific.	
Does child have physical or emotional disabilities, which wor Please list type of disability and please be specific. Is there a should be aware of regarding your child?	
Is child on any medication, which would affect participation Please list medications and please be specific.	n in the program?
PARENT'S SIGNATURE	DATE

PARENTS: PLEASE NOTE:

Connecticut State Law mandates that all children entering School <u>MUST</u> 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

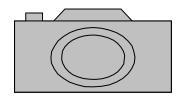
PERMISSION FOR WALKS AWAY FROM THE SCHOOL CENTER

My child has my perm Daycare-Preschool-Kin Child's Name	ssion to go for walks away from the Sacred Heart of ergarten Center	Jesus
ema s mame	{PLEASE PRINT}	
Parent's Signature_		
Date:		

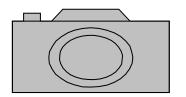
EMERGENCY MEDICAL PERMISSION

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 ohysician, 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			
(ple	ease print)		_
Parent/Guardian Signature			
Name of Parent/Guardian		Date	
,	(please print)		