



St. Cecilia Childcare Registration Form 2021-2022

There is a \$25 per family non-refundable registration fee due at the time of registration. Forms will **only** be accepted with the fee and all outstanding balances paid in full.

Please complete a separate form for each child and return to the School Office or Early Learning Center.

Child's Name: _____ Age: _____

Date of Birth: _____ Gender: _____

Allergies, Dietary Restrictions or Medical Needs:

Do we have permission to post your child's allergies? YES _____ NO _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Employer's Name: _____

Employer's Name: _____

Work Phone: _____

Work Phone: _____

DEMOGRAPHICS

Please circle your child's ethnicity: Non-Hispanic/Latino Hispanic/Latino

Please circle your child's race:

Asian American

American Indian/Native Alaskan

Black/African American

Native Hawaiian/other Pacific Islander

White

Two or more races

Please circle your child's religion: Catholic Non-Catholic

ALLERGY/MEDICAL /DIETARY CONDITION

If applicable, please explain the type of medical diagnosis (asthma, allergy, etc.) and so forth for your child below and provide information regarding the treatment and/or steps St. Cecilia should take in case of an emergency at school. * Please note that additional forms must be on file for use of an inhaler, epi-pen or medication that is dispensed during school.

MILK DEVATION

Please circle: My child is allergic to milk.

My child is not allergic to milk.

If applicable please complete... I request that my child not be served milk while at St. Cecilia Early Childhood Learning Center. In place of milk I will provide my child with _____.

Emergency Contact Person: _____ Phone Number: _____
(Other than listed above)

Child's Doctor: _____ Phone Number: _____

PERMISSION TO SEEK MEDICAL CARE

In your absence, do we have permission to seek medical care for your child?

YES _____ NO _____

PERMISSION TO TRANSPORT

Do we have permission to send your child to the hospital should if that becomes necessary?

YES _____ NO _____ If yes, which hospital? _____

Please Circle the Program Needed:

One Year Old

Two Year Old

Three/Four Year Old

Please tell us what will your children's schedule look like?	Hours needed (ex. 8am-4:30pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please explain as needed...

Does your child have any special needs?	YES	NO	
Does your child receive any special services?	YES	NO	
Will your child receive services at the center?	YES	NO	
Name of service provider and frequency?			

ST. CECILIA EARLY CHILDHOOD LEARNING CENTER HANDBOOK & DAILY HEALTH CHECKS

St. Cecilia Early Childhood Learning Center Handbook explains all of the procedures for our school to maintain a safe and orderly learning environment. It is important for all parents to read through the handbook to become familiar with the expectations including but not limited to our daily health checks. The handbook is available in a shared link or hard copy upon request from the Director.

_____ By initialing, I attest that I have read the St. Cecilia Early Childhood Learning Center Handbook and agree to abide by all of the rules, regulations, and policies of St. Cecilia School contained in the handbook.

ONSITE FIELD TRIP PERMISSION

I give permission for my child to go (walk) to other areas on the school premises. My child is also allowed to participate in programming and activities provided by staff from the licensed child care program or school personnel upon the discretion of the staff. Supervision must be maintained by a qualified adult staff at all times. Programming options on the premises may include but is not limited to: the soccer fields, the church undercroft, the Church and surrounding grounds, the Library, the Music Room, the Computer Lab, and the parking lot. Please check YES or NO if you give permission for your child to participate in onsite field trips.

YES _____ NO _____

PHOTO/VIDEO PERMISSION

St. Cecilia Early Learning Childhood Center uses students' names, photos, student work and/or videotaped images throughout the year in various media outlets including the yearbook, website and through local media such as newspaper and television. Please check YES or NO if you give permission for your child to be videotaped or photographed for print/computer media.

YES _____ NO _____

SCHOOL COMMUNICATIONS

St. Cecilia Early Learning Childhood Center sends most communications via email or through phone messages. Please circle YES or NO below to indicate your preference for receiving these communications.

** If you need to receive a paper copy of the school communications please let the Director know.*

Mother: cell phone YES/NO

Mother: email YES/NO

Father: cell phone YES/NO

Father: email YES/NO

NUT-FREE CENTER

St. Cecilia Early Childhood Learning Center is a "NUT FREE" school. We ask that you assist us in providing our students with a safe school environment. It is important that there is strict avoidance to all nuts and nut containing products (peanuts, walnuts, pecans, almonds, peanut butter, almond butter, Nutella, etc.) to avoid a life-threatening allergic reaction. To reduce the chance of this occurring, please be mindful of the following:

1. If your child has eaten peanuts/nuts before coming to school, please be sure your child's hands and face have been thoroughly washed before entering the school.
2. Please do not allow your child to bring any food items containing nuts or nut products into the school or store them in their locker for after school consumption. (Please read all labels.)
3. When planning your child's lunch, we ask that no foods containing nuts or nut products be brought into the school under any circumstances. (Please read all labels)

_____ Please acknowledge your understanding that St. Cecilia's ECLC is a nut-free school by initialing on the line.

EMERGENCY CONTACTS

If a parent cannot be reached, the emergency contact (front of this form) and those listed below will be used to pick your child up from school and/or contact for an illness, emergency, or early dismissal.

Please note that we cannot release your child to anyone that is not listed on this emergency contact list. Please indicate below all who are allowed to pick up your child.

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Please acknowledge your understanding of the following by initially on the line:

_____ **I understand the fee for child care at St. Cecilia School is \$35 per day (\$20 per day for any care less than 5 hours) for my child. I also agree I will be charged for my child's scheduled days whether he/she is there or not.** As we continue to improve our facilities and resources, tuition and fees are reviewed annually and are adjusted accordingly. (Only necessary to initial if enrolled in childcare/daycare.)

_____ I agree to be responsible for any additional costs associated with the collection of any fees for materials or late fees.

_____ I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

I, as legal parent/guardian, hereby state that the information contained on this four page form is accurate to the best of my knowledge. I authorize St. Cecilia Early Childhood Learning Center to share pertinent medical information with school staff, volunteers or emergency personnel and to seek medical care/assistance for my child in an emergency.

Mother's Signature: _____ Date: _____

Father' Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____
(if applicable)