

ST. STEPHEN MARTYR PRE-SCHOOL
And Out of School Care
Registration, Information and Financial Agreement

Child's Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Who Does Child Live with? _____

Name of Father/Male Guardian: _____

Name of Mother/Female Guardian: _____

Home Telephone: _____ Mom Cell #: _____

Dad Cell #: _____ Other: _____

Who should we contact first if needed? _____

Are you Catholic _____? If yes, with what parish are you a member? _____

E-Mail address _____

Approved Parties to Pick Up Child: (Only those listed will be able to pick up child)

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Emergency Contact Information:

Father's Employer: _____ Phone: _____

Address: _____

Mother's Employer: _____ Phone: _____

Address: _____

Emergency Contact #1

Name: _____ Relationship: _____ Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

Medical Insurance Info:

Carrier Name _____ Group: _____ I.D. _____

Who carries the Insurance? _____

(Please Provide us with a photocopy of your Medical Insurance Card, Front and Back)

ST. STEPHEN MARTYR PRE-SCHOOL
And Out of School Program
Registration, Information and Financial Agreement

Child's Name: _____

Medical Information:

Does your child have an updated immunization card? _____ *All children entering the pre-school program are required to have Physicals and Current Immunization shots and eye exam before school starts in August. Please return this form to us by the beginning of the school year.*

Does your child have any allergies? (Please List clearly)

Does your child have any physical limitations that would interfere with regular Pre-School Activities? (Please describe clearly) _____

Please indicate with **YES** or **NO** to the following questions:

Has your child ever had: Chicken Pox? _____ Mumps? _____
Whooping Cough? _____ Polio? _____ Scarlet Fever? _____
Other? _____

Is your child on any medication? (Please List Clearly)

Medication #1 _____ For What Treatment _____
Medication #2 _____ For What Treatment _____
Medication #3 _____ For What Treatment _____

(Parents must complete a Prescription Authorization Form in order for the Daycare to administer any Medications. See Director for Form or print it from the ssmartyr.org website)

Medical Consent

In case of an Emergency and I/We cannot be reached, I/We hereby authorize the St. Stephen Martyr Pre-School & out of School Program Director/Care Giver to obtain emergency Medical Care of my Child _____.
(Child's Name)

Signature of Parent (Guardian) _____ Date: _____

Signature of Parent (Guardian) _____ Date: _____

Signature of Parent (Guardian) _____ Date: _____

Hospital of Choice: _____ Telephone: _____

ST. STEPHEN MARTYR PRE-SCHOOL
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Child's Name: _____

Financial Agreement

- I, as a Parent/Guardian of the above-named child, do hereby agree to pay the scheduled amount of charges as cited in the attached rate sheets.
- I understand that my payment is due not later than the 15th of the month if paying for monthly Preschool Only charges and is due weekly on Monday for full-time weekly services. After School Care Part-time fees will be billed after the end of the month and are due by the 15th of the following month.
- I understand that I am responsible for any late fees and any returned check fees.
- I understand that my registration fee is nonrefundable unless I am not accepted into the program.
- I understand that upon registering for summer care that I am responsible for payment for the entire St. Stephen Martyr summer break except for the Friday before our summer fundraising event and one week (5 days) vacation if I decide to use them.

Parent Signature: _____ **Date:** _____

Billing Address: _____

Enrollment Status

Please Check One:

____ **Pre-School Only** ____ **Pre-School and Daycare** ____ **Pre-School and Part-time Daycare**
____ **After School Care Full-time** ____ **After School Care Part-time**

Days Daycare is Needed

Please check all days needed:

____ **Monday** ____ **Tuesday** ____ **Wednesday** ____ **Thursday** ____ **Friday**

Payment Frequency

Please Check One:

____ **Weekly** ____ **Monthly (Available for Pre-School Only Status)**

An authorization form for automatic withdrawal of Preschool, After School Care & Summer Care Fees must be on file in the Parish Office. Daycare staff are not allowed to take payments. ALL billing and payment questions MUST BE DIRECTED to Celeste Fautz (502-635-5813 or cfautz@ssmartyr.org)

If you register for Full-time, your child/children are expected to attend on a full-time basis and you will be charged accordingly. If for any reason your child/children are not going to be at Daycare, (e.g. they go home after school with a friend or you pick them up from school) you must notify the Office, so time is not spent trying to locate them. This also holds true for Part-time After Care Status. If we are not notified and we spend time looking for your child/children, you will be charged for 1 hour of service. If your child is absent from school, you DO NOT need to notify Daycare, as the School provides a daily list of absent students. You are still responsible for payment of these days.