# 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: _____

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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 stated. I understand that my payment is due by the 10th of the Month if paying monthly preschool charges only, and due prior to services weekly for all other services. 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 with the exception of the Friday of our parish picnic and one weeks (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)

*Please keep in mind that if you register for Full-time, we expect your child/children 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 we don't spend time in the afternoon trying to locate them. This also holds true for Part-time 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, we get a daily list of absent students. You are still responsible for payment of these days.*