

Registration Form 2018-2019

Registration forms will be returned if all forms and lines are not completed.

Children will not be put in a class until all forms are complete

Child's Full Name _____ Nickname _____
Age (as of September 1, 2018) _____ Date of Birth _____ Sex _____
T-Shirt Size: YXS YS Child's Best Contact Number _____
 2-4 6-8
Child's Home Address _____ City, State, Zip _____
Family Email Address _____

Father's Full Name _____
Best Contact Number _____ Father's Work Phone Number _____
Father's Address (if different from Child) _____

Mother's Full Name _____
Best Contact Number _____ Mother's Work Phone Number _____
Mother's Address (if different from Child) _____

Parents are: (circle) Married Separated Divorced Widowed Single

Is there a custody order on file with the State of Texas? (circle) Yes No Pending
If circled Yes, a current copy of your court order **MUST be attached*

Emergency Contact and Authorization to pick up
Please list 3 individuals (not a parent) to contact in the event of an emergency or for pick up. The address and phone number are REQUIRED. Do not turn paperwork until all lines are completed.

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

This section to be completed by Office Staff:
Registration Date: _____ Admission Date: _____
Registration Fee Paid ? **Y** **N** Registration Amt _____ Type of Payment _____
Days: _____
Withdrawal Date: _____

Photo Release

I understand that pictures (individual and group) will be taken during the school year. I give permission for SILECC to take photographs for the newsletter, St. Ignatius of Loyola website and class scrapbook and/or slide show.

Parent Signature _____ Date _____

Social Networking

I understand that the SILECC staff are prohibited in participating in social networking activities with parents during school hours (includes texting).

Parent Signature _____ Date _____

Handbook Information

I acknowledge receipt of SILECC parent handbook and tuition information.

Parent Signature _____ Date _____

Tuition Agreement

Payment for my child's program is due on 1st day of each month. Tuition is payable according to the tuition schedule whether or not my child attends. No refunds for partial attendance. This includes holidays, vacations and illness. **If tuition and/or late fees are not paid by the 10th, I understand that I need to pay a late fee of \$15.**
(parent initials) _____

Monthly Tuition Amount \$ _____ Non-refundable Registration Fee \$ _____

Our program is open Monday through Friday from 9:00 am to 2:00 pm. If I pick up my child up after 2:10pm, a **\$1 a minute** late penalty will be charged to my account. *Late penalties must be paid when you pick up your child.*
(parent initials) _____

In the event I choose to end my relationship with SILECC and withdraw my child, a two week notice must be given in writing. (parent initial) _____

Parent Signature Date

Director Signature Date

St. Ignatius of Loyola Early Childhood Center
7810 Cypresswood Dr. Spring TX 77379
Office: 281-370-3401
Fax :281-605-5161
www.silcc.org

Important Information
Please complete all lines.

Emergency Medical Attention Form

Please make sure all lines are completed.

Child's Name _____ Date of Birth _____

Child's Physician _____ Phone _____

Address _____

Insurance Name _____ Phone _____

Policy Holder _____ Policy No. _____

(A two sided copy of insurance card may be attached for complete information)

In the event I cannot be reached to make arrangements for emergency medical care,

- I authorize SILECC and its staff to obtain any necessary emergency medical care.
- I give consent for my child to be transported and supervised by St. Ignatius Early Childhood Center for **Emergency Care** to nearest Emergency Facility.

Parent Signature _____ **Date** _____

Attention: This part needs to be completed by a Physician or Healthcare professional in order for your child to start in SILECC.

Medical Statement of Health Form

Child's Weight _____ Height _____

Are there any existing illness, injuries _____

Has the child ever had seizures? Y N Comments: _____

Has this child had a vision test? Y N Comments: _____

(Required for **Pre K & Kinder**)

Has this child had a hearing test? Y N Comments: _____

(Required for **Pre K & Kinder**)

(All Pre K and Kindergarten children must have a hearing and vision screening completed. Child should be screened at your doctor's office).

Does this child have any allergies? Y N List Allergies: _____

(If Yes for Food Allergy, attach a Plan of Action from the Physician. This is required by the State).

Medications : _____

I have examined _____

Child's Name

Date of Birth

within the past year and find that he/she is able to take part in the preschool program.

Physician's Signature _____ **Date:** _____

Clinic Name and Address: _____

City, State, Zip: _____

***** PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORDS*****

St. Ignatius of Loyola Early Childhood Center
 7810 Cypresswood Dr. Spring TX 77379
 Office: 281-370-3401
 Fax :281-605-5161

Choose the days your child will be in our

Age Group	Days (Choose how many)	Registration Fee One time fee	Monthly Tuition 9 payments from Sept to May
9 months—17 months (Young Toddlers)	Tues & Thurs (2 days)	\$175 w/o Chickfila / \$235 with Chickfila	\$190
18 months—23 months (Older Toddlers)	Mon, Wed & Fri (3 days)	\$275 w/o Chickfila / \$335 with Chickfila	\$250
2 yrs old 3 yrs old	Mon-Fri (5 days)	\$375 w/o Chickfila / \$435 with Chickfila	\$450
Kindergarten 9:00 am —3:00 pm	Monday thru Friday Wednesday is Chickfila Day	\$425 w/o Chickfila / \$485 with Chickfila	\$550
Extended Care (Optional) 2:00 pm-3:00 pm No discount applied	2 days 3 days 5 days		\$75 \$110 \$125

Miscellaneous Fees:

_____ Please initial if you want your child to have Chick-fil-A Lunch. **Payment due with Registration fee.**

(Chicken Nuggets and Fruit) **\$60**

(First Tuesday/Wednesday of the Month (see calendar for exceptions), 9 Chick fila Lunches, Thanksgiving Feast, & Hotdog Lunch)

- Tuition payments may be paid by credit card cash or check. Tuition is paid monthly for a **9 month period**. The first payment is due in Sept 2018 and ends in May 2019.
- Tuition payments are due on the first day of the month. A late fee of **\$15** is added to your tuition after the **10th** of the month.
- A 3% discount will be given, if the annual tuition is paid by Sept. 30. (**Pay in Full Discount**). **Extended care tuition not eligible for discount.**
- A 5% family discount is given for 2 or more children. The discount is taken off of one child’s tuition. This is deducted from the lower tuition amount. (**Sibling Discount**)
- Family can use **either** the Pay in Full Discount **OR** Sibling Discount. Choice of one discount **ONLY**.

Parent Signature

Date