

**For Office Use Only**

Date Registered \_\_\_\_\_  
Returning \_\_\_\_\_ New \_\_\_\_\_  
Reg. Fee \$80.00 \_\_\_\_\_  
Sibling Fee \$40.00 \_\_\_\_\_  
Deposit \_\_\_\_\_

**2016-2017 REGISTRATION FORM**

Please Print Clearly

**CHILD:**

Name of Child \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last)

Name you want the teacher to use in the classroom: \_\_\_\_\_ Sex M or F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Circle One)

Home Address \_\_\_\_\_  
Street City State and Zip

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father only \_\_\_\_\_

List any **allergy** (food, insect bite, etc.) and the reaction your child may have: \_\_\_\_\_  
(If none, please write "NONE".)

Previous child care program or school attended: \_\_\_\_\_

List any physical, mental or emotional conditions known to you, and any behavioral characteristics which may affect classroom participation: \_\_\_\_\_

**MOTHER:**

\_\_\_\_\_ / \_\_\_\_\_ Hours at Work  
(First Name) (Last Name) Occupation \_\_\_\_\_ : \_\_\_\_ AM to \_\_\_\_ : \_\_\_\_ PM

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**FATHER:**

\_\_\_\_\_ / \_\_\_\_\_ Hours at Work  
(First Name) (Last Name) Occupation \_\_\_\_\_ : \_\_\_\_ AM to \_\_\_\_ : \_\_\_\_ PM

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**List local person(s) we should call if your child should become ill and parent(s) cannot be reached for pick up.**

1. Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Other children in family:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**How did you learn about St. Johns?** \_\_\_\_\_ Previously Attended \_\_\_\_\_ Family \_\_\_\_\_ Friend/Neighbor \_\_\_\_\_ Internet \_\_\_\_\_ Phone Directory  
\_\_\_\_\_ Local School \_\_\_\_\_ Direct Mailing \_\_\_\_\_ Other: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# ST. JOHN'S CECE

## I have read and understand the following:

- **\$80.00 REGISTRATION FEE IS DUE AT REGISTRATION** (NON-REFUNDABLE) (\$40.00 for second child) (Cash or Check payable to: St. John's CECE)
- **DEPOSIT (ONE MONTH'S TUITION) IS DUE BY MAY 10, 2016.** After May 10, 2016 the deposit is due upon registration. This deposit is used for May 2017 tuition payment, is refundable only with a 30 day written notice of withdrawal and will not be refundable for May 2017.
- **MONTHLY TUITION September through April is due the 1<sup>st</sup> of each month.** If payment is made after the 10<sup>th</sup> of the month, a \$25.00 late fee will be charged. (A 5 % discount is offered if you pay the 2016-17 school year tuition in full by September 10, 2016.) There are no refunds for absences or weather/emergency closings.
- **\$85.00 ACTIVITY FEE IS DUE 1<sup>ST</sup> DAY OF SCHOOL** (NON-REFUNDABLE). This activity fee is for all 3 & Pre-K 4 year old classes for eye testing, school bag, t-shirt, field trips and special activities for the school year.
- **\$25.00 ACTIVITY FEE IS DUE 1<sup>ST</sup> DAY OF SCHOOL** (NON-REFUNDABLE). This activity fee is for all 2 year old classes for a school bag, t-shirt and special activities for the school year.
- **The following necessary forms:** Proof of birth (birth certificate, passport, or copy of placement agreement), School Physical Form, Authorization for Pickup Form, Emergency Treatment Form, School Directory Form, Opt-Out Photography Form and 3's & 4's Field Trip Permission Form must be submitted for each child.

Parent's Signature

Date

## PRESCHOOL CLASS SELECTION (Circle Desired Class)

**IT MAY BE NECESSARY TO COMBINE CLASSES BY DAYS OR AGES DUE TO ENROLLMENT.  
MONTHLY TUITION STATED BELOW IS 9 EQUAL PAYMENTS OF AN ANNUAL FEE.**

<u>Child's Age by 9/30/2016</u>	(Ratio)	<u>Days of Week</u>	<u>Time</u>	<u>Monthly Tuition</u>
2 Year Olds – 3 Days	(10 Children, 2 Adults)	Tue-Wed-Thu	9-1:00	\$320.00
2 Year Olds - 5 days	(10 Children, 2 Adults)	Mon-Tue-Wed-Thu-Fri	9-1:00	\$405.00
*****				
<u>Child's Age by 9/30/2016 and fully toilet trained</u>	(Ratio)	<u>Days of Week</u>	<u>Time</u>	<u>Monthly Tuition</u>
3 Year Olds – 3 Days	(14 Children, 2 Adults)	Tue-Wed-Thu	9-1:00	\$320.00
3 Year Olds – 5 Days	(14 Children, 2 Adults)	Mon-Tue-Wed-Thu-Fri	9-1:00	\$405.00
*****				
<u>Child's Age by 9/30/2016 and fully toilet trained</u>	(Ratio)	<u>Days of Week</u>	<u>Time</u>	<u>Monthly Tuition</u>
Pre-K 4 Year Olds – 3 Days	(16 Children, 2 Adults)	Tue-Wed-Thu	9-1:00	\$320.00
Pre-K 4 Year Olds – 5 Days	(16 Children, 2 Adults)	Mon-Tue-Wed-Thu-Fri	9-1:00	\$405.00

## CHILD CARE CENTER 2016-2017

- The Child Care Center is available before and after preschool for all children in the CECE program.
- The hours are **8:00 am – 9:00 am** and **1:00 pm – 5:30 pm**.
- Fee is \$7.00 per Scheduled Calendar Hour or \$8.00 per **Unscheduled Hour** (available as staffing permits).
- Billing child care time is per half hour (\$3.50 scheduled or \$4.00 unscheduled).