

ST. THERESE EARLY EDUCATION CENTER

7277 N.W. Highway 9 Kansas City, MO 64152 • (816) 746-1500 • Fax (816) 741-4474

www.sttheresenorth.org

2012-2013 REGISTRATION FORM

RE-ENROLLMENT NEW STUDENT Date of Enrollment _____

CHILD'S NAME: _____ NICK NAME: _____ DATE OF BIRTH: _____

Gender: U.S Citizen: Yes No

Marital Status: M/S/D/W

Mother: Mrs./Ms./Dr. _____	Father: Mr./Dr. _____
Address: _____	Address: (if different) _____
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip _____
Home Phone: (____) _____	Home Phone: (____) _____
Business Phone:(____) _____	Business Phone:(____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____
Email: _____	Email: _____

Email will be used for all newsletters and school correspondence.

Who should we contact first? _____ Work Cell Home

Child's Pediatrician: _____ Phone:(____) _____

Child's Dentist: _____ Phone:(____) _____

Hospital Preference (in the case of an emergency):

St. Lukes Northland Hospital North Kansas City Hospital

Ethnicity of Child (please circle one):

American Indian – Asian – Black – Hispanic - Native Hawaiian/Pacific Islander – White – Multiracial

Religious Affiliation of Child:

Catholic Parish where registered _____

Non Catholic

Sibling at St. Therese School? Yes No If yes, student name _____

Primary Language spoken in the home: _____ Second language spoken in the home: _____

If your family has any cultural background information to share that would help us better serve you and your family, please note that information here _____

Has your child ever participated in a child care program before? If yes, where? _____

Has your child ever been evaluated and/or recommended for special needs? (If yes, please explain & submit evaluation)

Has your child ever participated in a special needs program? (If yes, please explain) _____

Does your child have any special health needs? (i.e. asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, seizures, diabetes) Yes No If yes, list condition: _____

Does your child have any allergies*? Yes No If yes, list allergies: _____

Is medication required? Do you have a doctor's plan of treatment? If yes, please submit copy.

(If health condition, allergy or special need is indicated, you must fill out a Special Health Needs Form with more specific information)

*Food allergies require physician notation on Child Medical Examination Report

Information about your child's food allergies will be posted in the food preparation area and in his/her classroom as a visual reminder to all those who interact with your child. I hereby give consent to St. Therese EEC to post information about my child's allergies. Yes No N/A

Please indicate class requested:

Full-time Program for infant – 5 yr. olds:

Center policy states that children's attendance should be limited to no more than 10 hours per day.

- Infant Room (6 wks – approx. 1 year)
- Toddler Rooms (approx. 1 yr. – approx. 2 yrs)
- Two-Year-Old Rooms (approx. 2 yrs – 3 yrs)
- Three/Four-Year-Old Rooms (3 or 4 before August 1st)*

**In order to register for a preschool program, children must be three years or older before August 1, 2012 and be independently toilet trained by the start of the school year.*

Part-time Program for 3 – 5 year olds: Morning Session 8:00-11:00/Afternoon Session 12:00-3:00/Full Day Session 8:00 – 3:00 (these classes closely follow the St. Therese School calendar).

- Tues./Thurs. Morning 8a.m. -11a.m. (3 before August 1st)*
- Tues./Thurs. Afternoon 12p.m.-3p.m.(3 before August 1st)*
- Mon./Wed./Fri. Morning 8a.m.-11a.m. (4 before August 1st)*
- Mon./Wed./Fri. Afternoon 12p.m. – 3p.m. (4 before August 1st)*
- Tues./Thurs. Full-Day 8a.m. – 3p.m. (3 or 4 before August 1st)*
- Mon./Wed./Fri. Full-Day 8a.m. – 3p.m. (3 or 4 before August 1st)*

For families who are divorced or have special guardianship:

REQUIREMENT:

The court document detailing custodial rights must be on file for your child to attend St. Therese Early Education Center.

-Name of Primary Residential Parent: _____

-Name of Secondary Residential Parent: _____

Guardian (if other than parents): _____

Your contact information will be made available on the EEC and school webpage (Sycamore).

We prefer our address to be unlisted

We prefer our phone to be unlisted

We prefer our email to be unlisted

During the course of the year, it is possible that we could receive media coverage of special school/center events happening at our Center.

I hereby grant permission for my child to be included in the photographs, videos and other recordings made in connection with St. Therese Early Education Center.

(Please initial)

Agree _____ Disagree _____

Emergency Contacts: If for some reason the custodial parent(s) or guardian(s) cannot be reached, the following people will be permitted to remove your child from the center in case of emergency, such as illness, accident, or early release. List at least 2 local people. Please list contact's legal name as written on photo identification.

Name: _____ Relationship to child: _____ Home:(____) _____
Cell:(____) _____

Name: _____ Relationship to child: _____ Home:(____) _____
Cell:(____) _____

Name: _____ Relationship to child: _____ Home:(____) _____
Cell:(____) _____

Other persons authorized to pick up your child with your prior notification (only list if different from Emergency Contacts). Please list contact's legal name as written on photo identification.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Please notify the front desk of any changes in this information during the school year.

We admit students of any sex, race, color, national and/or ethnic origin to all the rights, privileges, programs and activities accorded to students of the Center.

Parent/Guardian Signature: _____ **Date:** _____

-----*FOR OFFICE USE ONLY*-----

Registration Fee: \$ _____ Date Paid _____ Check # _____ Cash ____ CC ____

PTO Fee: \$ _____ Date Paid _____ Check # _____ Cash ____ CC ____