

# Sacred Heart Early Childhood Center

32245 St. Joe Road, Dade City, FL 33525 ♥ Telephone 352-588-4060, Fax 352-588-4871

Children Are Our Ministry - Infants to 12 years

License#C06PA0062 ♥ www.sacredheartecc.com ♥ e-mail sheccleo@embarqmail.com

## 2017-2018 REGISTRATION FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F  
(Last - First - Middle) (Nickname)

Address \_\_\_\_\_ Phone \_\_\_\_\_ Enrollment Days M T W T F  
(Street - City - State - Zip) VPK with wrap-around VPK only Am Pm Full Day

Other children in the home (names, ages) \_\_\_\_\_

Marital Status of Parents: Married / Separated / Divorced / If Divorced, a copy of the custody agreement must be provided.

Student lives with: Both parents / Mother / Father / Other \_\_\_\_\_

The following information pertains to: (circle one) **Father** **Step-Father** **Guardian** **Deceased**

Regular Working Hours: _____	Driver's License # _____
Mr. Dr. Last: _____	First: _____ Middle Initial: _____
Address: Street: _____	City: _____ State: _____ Zip: _____
Home Telephone: ( ) _____	Cell Phone: ( ) _____ e-mail _____
Business Name: _____	Occupation: _____ Business Telephone( ) _____

The following information pertains to: (circle one) **Mother** **Step-Mother** **Guardian** **Deceased**

Regular Working Hours: _____	Driver's License # _____
Mrs. Dr. Last: _____	First: _____ Middle Initial: _____
Address: Street: _____	City: _____ State: _____ Zip: _____
Home Telephone: ( ) _____	Cell Phone: ( ) _____ e-mail _____
Business Name: _____	Occupation: _____ Business Telephone( ) _____

**Persons permitted to Remove Child from Center: Mother yes / no Father yes / no**

**Emergency Contact Information: Other than parent/guardian, the following are permitted to pick up the child.**

Name: _____	Relationship: _____	Phone: _____
Driver's License No.: _____	Address: _____	
PLEASE CHOOSE ONE: at any time with permission only		
Name: _____	Relationship: _____	Phone: _____
Driver's License No.: _____	Address: _____	
PLEASE CHOOSE ONE: at any time with permission only		

**We must have written authorization for any changes in pick-up personnel.**

We/I **DO or DO NOT** give permission to have our name, address, phone number, child's name and grade level published or released to other parents for purposes of social events, i.e. birthday parties.

We/I **DO or DO NOT** give permission for photographs of my child to be used without charge by SHECC in brochures, news releases, newsletters, and educational publications.

I have been provided with, read and understand all the policies of Sacred Heart Early Childhood Center as stated in the SHECC Booklet, and I agree to adhere to these policies. I have been provided with and have read a copy of "Know Your Child's Day Care". I understand that any willful omission or untrue statement may warrant the non-acceptance or dismissal of my child. I understand the Center will not assume responsibility for a child that has not been signed in upon arrival.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date



## Personal Information

**Please provide date (if applicable) and details for all that apply to your child:**

Accidents \_\_\_\_\_

Run High Fevers \_\_\_\_\_

Frequent Ear Aches \_\_\_\_\_

Seizures \_\_\_\_\_

Frequent Nosebleeds \_\_\_\_\_

Surgery \_\_\_\_\_

Frequent Stomach Aches \_\_\_\_\_

Other \_\_\_\_\_

Does your child have any special needs, characteristics or limitations? \_\_\_\_\_

If yes, please provide documentation. \_\_\_\_\_

Do you have any concerns about your child's hearing, speech or sight? \_\_\_\_\_

If so please explain. \_\_\_\_\_

Has your child had prior evaluations for hearing, speech, sight or behavior? \_\_\_\_\_

If so, what were the results? \_\_\_\_\_

Are there any restrictions on normal physical activities? \_\_\_\_\_

Unusual or special instructions: \_\_\_\_\_

Please give a statement of your evaluation of your child's health: \_\_\_\_\_

Child's habits, fears, etc.: \_\_\_\_\_

**\*Please provide a note from your physician if limitations, special instructions, allergies are noted.**

What method of behavior control is used at home? \_\_\_\_\_

How would you describe your child's personality:  friendly  aggressive  shy

withdrawn  happy  moody  other

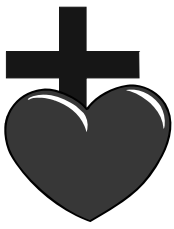
Religious preference: \_\_\_\_\_ Member of Parish/Church \_\_\_\_\_

What do you hope your child will gain from his/her experience at Sacred Heart Early Childhood Center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## 2017-2018 Tuition Contractual Agreement

This Agreement is made by and between Sacred Heart Early Childhood Center and \_\_\_\_\_, parent/guardian of \_\_\_\_\_. The following has been agreed upon between the two parties:

### **Tuition payment Procedures:**

**Family Rates:** Discount applies for families with two or more siblings. Discount applies to tuition only. Families with subsidized care are not eligible for discount.

Other children in the home attending SHECC. \_\_\_\_\_

**Parishioner Discount:** A 5% discount is available for registered and supporting Sacred Heart Catholic Church parishioners. Discount applies to tuition only. Families with subsidized care are not eligible for discount. The parish priest must complete a subsidy form (obtained from Business Manager). See handbook for further details.

**Registration fee:** Registration fees are due annually and are non-refundable. They are due July 1<sup>st</sup> and expire June 30<sup>th</sup>. The rates are as follows: One child \$75.00, Family \$150.00, Summer only \$40.00.

### **Initial beside each statement below indicating that you understand and agree to follow the policies stated.**

Rates are calculated on an adult to child ratio, NOT necessarily the age of the child. All terms and payment procedures apply. Full tuition payments are due throughout the year, regardless of absences, including, but not limited to vacation, illness, holidays, or weather closings.

\_\_\_\_\_ (parent or guardian initials)

Prearranged extended care hours are from 5:30 p.m. until 6:00 p.m. at an additional cost of \$10.00 weekly. All children must be picked up by 6:00 p.m. A late fee of \$3.00 per child, per five minutes applies to children picked up after 5:30 p.m. and who are not registered in the prearranged extended care hours. After 6:00 p.m., a late fee of \$10.00 per child, per five minutes applies. No discounts apply.

\_\_\_\_\_ (parent or guardian initials)

I have read and agree to the full contents of the SHECC Parent Handbook. I understand that disregarding these policies can result in termination from child care enrollment.

\_\_\_\_\_ (parent or guardian initials)

I understand that this agreement shall be in effect until which time parent/guardian or SHECC has given termination notice in accordance to the Parent Handbook policy, or upon re-enrollment at the beginning of each fiscal year, at which time a new Tuition Contractual Agreement must be signed.

\_\_\_\_\_ (parent or guardian initials)

### **VPK (Voluntary Pre-Kindergarten Rates)**

For those children enrolled in our VPK program, on those days only and that come from 9:00 a.m. to 12:00 p.m., there is no charge to the parents. We do offer a half-day wrap around program for those children that arrive before 9:00 a.m. and/or need care after 12:00 p.m. The rate for this is printed on the back side of this form. Daily Rate applies for all non VPK days. VPK parents, please mark full day on the Tuition Contractual Agreement and note VPK under the tuition plan you choose.

The State of Florida will pay in full the tuition for your child to attend 540 hours per year, 3.00 hours per day, 5 days per week as long as your child does not exceed 20% in absences in any given month. Children with excessive absences may be terminated from the program.

\_\_\_\_\_ (parent or guardian initials)

### **ELC (Early Learning Coalition)**

For families that qualify, ELC of Pasco and Hernando Counties, Inc., will pay their approved daily rate for tuition for your child less parent fees. Unexcused absences will not be paid by ELC and remain the responsibility of the parent. If eligibility is terminated, full tuition applies.

\_\_\_\_\_ (parent or guardian initials)

