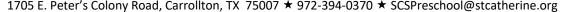
St. Catherine of Siena Preschool & Mother's Day Out1705 E. Peter's Colony Road, Carrollton, TX 75007 * 972-394-0370 * SCSPreschool@stcatherine.org





Enrollment Agree	ement				
Child's Name:			Name to be used in school:		
Last	First	Middle			
Age as of Sept 1st	Date of Birth	Sex Religion	Member	of St. Catherine's?	
		City	Charles	7in Codo	
Street		,	State	Zip Code	
	and other important info via ema				
		ame:		□ Dath Davanta	
Phone #2				☐ Mother☐ Father	
Father:	PI	Place of Employment			
Mother:	PI.	ace of Employment	_	☐ Guardian	
Emergency Conta	act Information (local numb	ers only, in order of preferenc	re)		
1			Relationship:		
Name	Address	Phone			
2			Relationship:		
Name	Address	Phone			
Authorized Perso	ons for Pick-Up (other than p	parents)			
1			Relationship:		
Name	Address	Phone			
2	Address	Phone	Relationship:		
Health & Person					
	nal physical activities? (please spe				
Does your child have dia	agnosed food allergies? Yes	☐ No. If yes, Food A	llergy Emergency Plan must	t be submitted.	
Allergies? Other pertinent health information?					
Any special fears, develo	opmental concerns, emotional pro	oblems or special needs? _			
Spacial poods may inclu	de current or previous serious illnesses	injuries/hospitalizations wit	hin the last 12 menths, reasons	able need accommodations or	
	equipment, symptoms or indications o				
Names and ages of othe	r children in family:				
Class & Tuition In	nformation				
Please check requested	class:				
\square MDO 2's (T/Th,	9a-2p) ☐ PreK 3's (T/Th, 9	a-2p)	s (M-Th, 9a-2p)	PreK 4's (M-Th, 9a-2p)	
	l tuition of \$, wh				
•	of each month. I understand that a	•	•		
=	Director a written notice of withd	• •	·		
	ion. I understand that NO WITHDI nt-in-full of the remainder of the 1	·	•		
	are no refunds made for days mis			radon rees are NOW	
Cimatura		D-1-			
Signature:		Date:			

1 **Enrollment Agreement** Rev 2024-01-22

Authorizations



I give consent for my child to participate in the following water activities: water table play & sprinkler play.

I hereby authorize a member of St. Catherine's Preschool staff to take my child to a nearby facility for medical treatment in the event of emergency in which neither parent can be reached. I hereby authorize any licensed physician or medical treatment center to treat my child. I hereby release St. Catherine's Preschool and Mother's Day Out and its staff from any and all liability for injuries or illness resulting from conditions or circumstances beyond its control.

Receipt of Written Operational Policies I acknowledge receipt of the facility's operational policies, including those for: Discipline and guidance Suspension and expulsion Emergency plans Procedures for conducting health checks Procedures for parents to discuss concerns with the director Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions Procedures for parents to participate in operation activities I have read the school's Parent Handbook and agree with its policies. Date: Date: Procedures for release of children Illness and exclusion criteria Illness and exclusion criteria Procedures for dispensing medicine Illness and exclusion criteria Illness and exclusion criteria Procedures for dispensing medicine Illness and exclusion criteria Illness and exclusion criteria Illness and exclusion criteria Procedures for dispensing medicine Illness and exclusion criteria Illness and exclusion criteria Procedures for dispensing medicine Illness and exclusion criteria Procedures for dispensing medicine Illness and exclusion criteria Illness and exclusion criteria Procedures for dispensing medicine Illness and exclusion criteria	Printed Name:	Relationship to Child:	
I acknowledge receipt of the facility's operational policies, including those for: Discipline and guidance Suspension and expulsion Emergency plans Procedures for conducting health checks Immunization requirements for all children Meals and food service practices Procedures to visit the center without securing prior approval including criteria for extreme weather conditions Procedures for parents to participate in operation activities I have read the school's Parent Handbook and agree with its policies.	Signature:	Date:	
 Discipline and guidance Suspension and expulsion Emergency plans Procedures for conducting health checks Procedures for parents to discuss concerns with the director Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions Procedures for parents to participate in operation activities Phave read the school's Parent Handbook and agree with its policies. Procedures for release of children Illness and exclusion criteria Procedures for dispensing medicine Immunization requirements for all children Meals and food service practices Procedures to visit the center without securing prior approval Procedures for supporting inclusive services Procedures for parents to contact Child Care Licensin (CCL), DFPS, Child Abuse Hotline and CCL website 	Receipt of Written Operational Policies		
	 Discipline and guidance Suspension and expulsion Emergency plans Procedures for conducting health checks Procedures for parents to discuss concerns with the director Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions Procedures for parents to participate in operation activities 	 Procedures for release of children Illness and exclusion criteria Procedures for dispensing medicine Immunization requirements for all children Meals and food service practices Procedures to visit the center without securing prior approval Procedures for supporting inclusive services Procedures for parents to contact Child Care Licensing 	
		Date:	

For Office Use Only					
Fees Paid Registration: \$	Check/MO:	Date:			
Tuition Paid: \$					
Notes:					