

St. Catherine of Siena Preschool & Mother's Day Out

1705 E. Peter's Colony Road, Carrollton, TX 75007 ★ 972-394-0370 ★ SCSPreschool@stcatherine.org



Enrollment Agreement

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? _____

Address _____
Street City State Zip Code

We send tuition notices and other important info via email. Email _____

Phone #1 _____ Name: _____

Phone #2 _____ Name: _____

Father: _____ Place of Employment _____

Mother: _____ Place of Employment _____

Child lives with:
☐ Both Parents
☐ Mother
☐ Father
☐ Guardian

Emergency Contact Information (local numbers only, in order of preference)

1. _____ Relationship: _____
Name Address Phone

2. _____ Relationship: _____
Name Address Phone

Authorized Persons for Pick-Up (other than parents)

1. _____ Relationship: _____
Name Address Phone

2. _____ Relationship: _____
Name Address Phone

Health & Personal Information

Any restrictions on normal physical activities? (please specify) _____

Does your child have diagnosed food allergies? ☐ Yes ☐ No. If yes, Food Allergy Emergency Plan must be submitted.

Allergies? _____ Other pertinent health information? _____

Any special fears, developmental concerns, emotional problems or special needs? _____

Special needs may include current or previous serious illnesses, injuries/hospitalizations within the last 12 months, reasonable need accommodations or modifications, adaptive equipment, symptoms or indications of complications, or medications prescribed for continuous long-term use.

Names and ages of other children in family: _____

Class & Tuition Information

Please check requested class:

☐ MDO 2's (T/Th, 9a-2p)

☐ PreK 3's (T/Th, 9a-2p)

☐ PreK 3's (M-Th, 9a-2p)

☐ PreK 4's (M-Th, 9a-2p)

I agree to pay an annual tuition of \$_____, which may be paid in ten (10) monthly installments of \$_____ which will be due on the first day of each month. I understand that any tuition paid after the 5th of the month is subject to a late fee of \$25.00.

I agree to submit to the Director a written notice of withdrawal 30 days prior to the last day of attendance or agree to pay one (1) additional month of tuition. I understand that NO WITHDRAWALS will be accepted after March 1st and any withdrawal made after that date will require payment-in-full of the remainder of the 10-month installment plan. I understand that all registration fees are NON-REFUNDABLE and there are no refunds made for days missed due to family vacations or illness.

Signature: _____ Date: _____

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.

Printed Name: _____

Relationship to Child: _____

Signature: _____

Date: _____

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
- 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 (CCL), DFPS, Child Abuse Hotline and CCL website

I have read the school's Parent Handbook and agree with its policies.

Signature: _____

Date: _____

For Office Use Only

Fees Paid

Registration: \$ _____ Check/MO: _____ Date: _____

Tuition Paid: \$ _____

Notes: _____