



Dear Potential Parent or Guardian,

Thank you for considering Little Saints for your child's education. We take great pride in welcoming you and thanking you for your trust in us potential partners in the formation of your child(ren).

An admissions packet must be completed for each child you wish to enroll. All necessary forms are attached. Please return the completed packet to the office.

ADMISSIONS APPLICATION INSTRUCTIONS...

1. Complete the admissions application.
2. Complete the Parent Questionnaire.
3. Return the completed forms to the Little Saints office.

Applications will not be processed unless all forms are completed. New family registration is from February 6-15, 2017. After that time, we will contact the families and inform them if they have a spot or will be placed on the wait list for that class.

In order for more parishioners to have the opportunity to attend Little Saints we will not be offering the option for families to register for both the MWF and TTH programs during open registration. After open registration and parishioners have been given the opportunity to register, we will offer available spots to those families who have noted on their class choice form that they are interested in both programs.

Thank you again for your interest in Little Saints for your child(ren). We are pleased at the possibility to having you join our school community and look forward to seeing what God will send our way. If you have questions, please call the school office at 832-381-2093.

Sincerely in Christ,

Denise Hunter
Coordinator

REGISTRATION FORM

Operation Name Little Saints Early Education Program		Director's Name Denise Hunter	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission (office use only) ____/____/____	Date of Withdrawal (office use only) ____/____/____	Hours and Days child will be in care (circle) MWF9-2 TTh9-2 MTWTHF9-2	
Parent's or Guardian's Name (if child lives with both, please list both)		Address (if different from child's address)	
Parent email address (that is checked regularly-office, teacher's, and room parents use this for distribution of information)			
List telephone numbers where Parents/guardian may be reached While child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips		<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– my consent for my child to participate in Field Trips:	
Parent's Comments:					
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools		<input type="checkbox"/> swimming pools <input type="checkbox"/> water table play	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<hr style="width: 80%; margin: auto;"/> Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Parent Questionnaire

Applicant's Name: _____ **Applying for Class:** _____

Applicant's Religion: _____

Father's Religion: _____ Mother's Religion: _____

If Catholic, parish where your family is registered: _____

ST. ANTHONY OF PADUA PARISHIONERS ONLY: Date of Parish Registration: _____

The progress of your child is very important to us. It is an integral part of our philosophy that each child be placed within our program to insure the building of a child's self-esteem and school success. The information, which you hold as a parent, is valuable to us. The information will remain confidential and will be viewed only by school officials and educators.

1. My child began to talk at _____ months and walk at _____ months.
2. My child attend speech/occupational therapy: Yes or No
If yes, how many hours per week: _____
3. Please list information that would help us to provide your child with the best learning experience.

Signature – Parent or Legal Guardian

Date



Little Saints Early Childhood Program Tuition and Fee Schedule 2017-2018 School Year

Registration Fee - \$125.00 per student due at registration and is non-refundable and non-transferable

Please review the chart below for your payment options. Your first payment for the 2017-2018 school year is due to Little Saints by May 15, 2017. Failure to make this payment may result in your child's removal from our rosters.

If you have any questions, please email Lillie at Lharwood@staoptw.org or Denise at dhunter@staoptw.org

Tuition

# of payments	MWF	TTH
One 5/15/17	\$3,455	\$2,525
Two 5/15/17 & 1/7/18	\$1,730	\$1,265
Nine 5/15/17 9/1/17 10/1/17 11/1/17 12/1/17 1/7/18 2/1/18 3/1/18 4/1/18	Each payment: \$385	Each payment: \$285

Supply fees are due per year on 5/15/17 in the following amounts:

MWF- \$160.00

TTH \$110.00

Payments can be made by checks made payable to St. Anthony of Padua Catholic Church(STAOP) or online at www.staoptw.org/little-saints.



Class Choice Form 2017-2018

Child's name _____ DOB (mm/dd/year) _____

Please indicate your 1st and 2nd choice for your child's class for next year. We will make every effort to place your child in your first choice; however, if that is not possible, we will place him/her in your second choice and on the waiting list for your first choice. We reserve the right to make changes to class schedules as necessary.

For the 2017-2018 school year,

Class choice is based on the child's age as of Sept. 1, 2017. My child will be in a (please circle)

Toddlers (TTh only) **Twos** **Threes** **Fours** class.

Classes will be offered MWF or TTH 9-2. The number of classes offered at each age level will be determined after registration. Please indicate your 1st and 2nd choice for days:

_____ MWF

_____ TTH

_____ My child will be in Transition which meets MTWThF 9-2.

(This is only a choice for children who will be 5 years old as of Sept. 1, 2017, but whose parents are choosing to wait a year to start Kindergarten.)

Thank you!