



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 5-14, 2018. 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



## Little Saints Early Childhood Program Tuition and Fee Schedule 2018-2019 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 2018-2019 school year is due by May 15, 2018. Failure to make this payment may result in your child's removal from our rosters.

We want to thank you for choosing Little Saints for your child's preschool years. In order to maintain our excellent staff and facilities, tuition increased approximately 3% which has been approved by the School Advisory Committee. We have also had a slight increase in supplies. Registration fees remain the same.

If you have any questions, please email Lillie at [Lharwood@staoptw.org](mailto:Lharwood@staoptw.org) or Denise at [dhunter@staoptw.org](mailto:dhunter@staoptw.org)

### Tuition

# of payments	MWF	TTH
One 5/15/18	\$3,560	\$2,600
Two 5/15/18 & 1/7/19	\$1,780	\$1,300
Nine 5/15/18 9/1/18 10/1/18 11/1/18 12/1/18 1/7/19 2/1/19 3/1/19 4/1/19	Each payment: \$396	Each payment: \$289

**Supply fees are due per year on 5/15/18 in the following amounts:**

MWF- \$170.00                      TTH \$120.00

***Payments can be made by checks made payable to St. Anthony of Padua Catholic Church (STAOP) or online at [www.stao pcs.org/little-saints](http://www.stao pcs.org/little-saints).***





# REGISTRATION FORM



Operation Name <b>Little Saints Early Education Program</b>		Director's Name <b>Denise Hunter</b>	
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) <b>MWF9-2 TTh9-2 MTWTHF9-2</b>	
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 <b>name, address and phone number</b> 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 <b>ONLY</b> with the following persons. Please list <b>name &amp; telephone number</b> for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>		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:	
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>		<b>Walk home</b>		<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	
<b>2. <input type="checkbox"/> FIELD TRIPS:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– my consent for my child to participate in Field Trips:	
<b>Parent's Comments:</b>					
<b>3. <input type="checkbox"/> WATER ACTIVITIES:</b>		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			
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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.		
_____ <b>Signature - Parent or Legal Guardian</b>		

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:

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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).



# REGISTRATION FORM



## 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.

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\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date