

## Valley Catholic Early Learning School REGISTRATION FORM

### CHILD INFORMATION

Last Name	First	Middle	Preferred Name	Gender	DOB

Last school attended	Current Grade in School
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Last Name	First	Middle	Preferred Name	Gender	DOB

Last school attended	Current Grade in School
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Last Name	First	Middle	Preferred Name	Gender	DOB

Last school attended	Current Grade in School
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### PLEASE CIRCLE WITH WHOM CHILD(REN) RESIDES:

Parents    Father    Stepfather    Mother    Stepmother    Guardian

### PARENT/GUARDIAN INFORMATION

Father's Name in Full

\_\_\_\_\_  
Last                      First                      Preferred Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please circle:    Single    Married    Divorced    Deceased

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work email \_\_\_\_\_

Spouse (if not mother) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name in Full

\_\_\_\_\_  
Last                      First                      Preferred Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please circle:    Single    Married    Divorced    Deceased

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work email \_\_\_\_\_

Spouse (if not father) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

**PERSONS (OTHER THAN PARENT/GUARDIAN) AUTHORIZED TO PICK UP YOUR CHILD:**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PARKING INFORMATION**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License # \_\_\_\_\_ Color \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License # \_\_\_\_\_ Color \_\_\_\_\_

**IN CASE OF EMERGENCY & PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL:**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Allergies/ Food Allergies or Restrictions: Please fill out the Allergy Form

If child is Kindergarten or older, date of last Tetanus shot \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**SNAPDRAGONS: AFTER SCHOOL SCHEDULE/TUITION**

*Families with Schoolage Children (Kindergarten-6th Grade):*

Based on our family's needs, we want to be billed:

After School Monthly

\_\_\_\_\_ 1-4 Days per month Days scheduled: \_\_\_\_\_

\_\_\_\_\_ Two Days per week Days scheduled: \_\_\_\_\_

\_\_\_\_\_ Three Days per week Days scheduled: \_\_\_\_\_

\_\_\_\_\_ Four Days per week Days scheduled: \_\_\_\_\_

\_\_\_\_\_ Five Days per week

**CONTRACTUAL AGREEMENT**

\*Valley Catholic Early Learning School reserves the right to refuse admittance, revoke admittance, suspend or expel any student who does not cooperate with the policies established in the handbook. The high standards adhered to by our school apply to after hours as well. If any parent or student refuses to follow the standards of the school, they place the student's admission or attendance at Valley Catholic Early Learning School in jeopardy and the student is subject to expulsion or revocation of the student's admission. As signatories to the registration form, parents/guardians acknowledge that they must be in agreement with the philosophy and mission of Valley Catholic Early Learning School, demonstrate a spirit of cooperation, and uphold the handbook. Parents/Guardians must also agree and acknowledge that if either parents/guardians or the student violates this agreement, the student may, within the discretion of the school, be subject to revocation of acceptance, suspension or expulsion.

\*If emergency medical care is needed, I authorize Valley Catholic Early Learning School to take whatever measures are deemed necessary when I cannot be reached and I will assume full financial responsibility. This includes the retention of an ambulance in such a case of emergency.

\*I grant permission for my child(ren) to participate in all Valley Catholic Early Learning School activities including water/sprinkler play, field trips (with prior notice) and transportation to and from the Center, when applicable.

\*I release, indemnify and hold harmless Valley Catholic Early Learning School and its staff from any loss or damage to toys, clothes or other personal articles.

\*I release, indemnify and hold harmless Valley Catholic Early Learning School, its agents and employees from any and all claims, damages and/or other liabilities for injuries to or damage by child, which are not a result of gross negligence by Valley Catholic Early Learning School, its agents or employees.

\*I warrant to Valley Catholic Early Learning School that I am entitled to legal custody and possession of the listed child(ren), and accordingly am authorized to place said child(ren) in the care and custody of the personnel of Valley Catholic Early Learning School, as well as assume all financial responsibilities for the child(ren). I understand that in the unlikely event that this account is submitted to collections, all collection fees would be incurred by me. I understand that it is my responsibility to update this form if changes occur. Further, I am authorized to sign this enrollment form.

\*I certify that I will read and do agree to abide by all of Valley Catholic Early Learning School's policies and procedures as outlined here and in the Handbook.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_