

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 _____