

Valley Catholic Early Learning School 2019-20 REGISTRATION FORM

CHILD INFORMATION

Last Name	First	Middle	Preferred Name	Gender	DOB

Last school attended	Grade entering 2019
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Last Name	First	Middle	Preferred Name	Gender	DOB

Last school attended	Grade entering 2019
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Last Name	First	Middle	Preferred Name	Gender	DOB

Last school attended	Grade entering 2019
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PLEASE CIRCLE WITH WHOM CHILD(REN) RESIDES:

Parents Father Stepfather Mother Stepmother Guardian

PARENT/GUARDIAN INFORMATION

Parent Name in Full _____ <div style="text-align: center;">circle Mother/Father</div> Last _____ First _____ Preferred Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Religion _____ Parish _____ Occupation _____ Employer _____ Wk Phone _____ Cell _____ Preferred email _____ Spouse (if not mother) _____ Occupation _____ Employer _____ Wk Phone _____ Cell _____	Parent Name in Full _____ <div style="text-align: center;">circle Mother/Father</div> Last _____ First _____ Preferred Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Religion _____ Parish _____ Occupation _____ Employer _____ Wk Phone _____ Cell _____ Preferred email _____ Spouse (if not father) _____ Occupation _____ Employer _____ Wk Phone _____ Cell _____
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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 _____

SCHOOL-AGE: AFTER SCHOOL SCHEDULE/TUITION

Families with Schoolage Children (Kindergarten-5th Grade):

After School Monthly (if available)

_____ 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	

*space in the school-age program is limited and will be accomodated on a first come, first serve basis. Students may be placed on a waitlist for school-age enrollment.

*a change of schedule form will need to be filled out when changes are needed

*changes cannot be accomodated mid-month (see handbook for more information)

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, outdoor walks/activities on our campus, but outside of the ELS building, including visiting Maryville, Elementary, Middle and High Schools, and the Convent on Campus, third party programs such as Zoo School, music lessons with teachers from VCMuS, etc. 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.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____