

Registration Checklist

- Welcome Letter
- Application
- Emergency Form
- Release Form
- Immunizations
- Payment Policy
- Program Fees
- Registration fee of \$60.00 per family

The Early Learning Center at Assumption
2096 E Alder St
Walla Walla WA 99362
509.525.9478

Dear Parents,

We at Assumption Early Learning Center are happy to provide you with registration materials for the 2021-2022 school year. Please fill out the forms carefully. All forms need to be completely filled out to be accepted. Registration is open March 29th for current families and April 12th for all new families. To be assured of a space please return completed registration forms, accompanied by the registration fee, as soon as possible. Classes that are filled will have a waiting list.

If you have any questions on placement or class curriculum and structure please contact me anytime. I look forward to answering any questions you may have. Feel free to stop by my office, give me a call or send me an email.

We look forward to the coming year with excitement to see where God is leading our center. Each child that enters our doors is truly a gift from God. We are blessed to have the opportunity to share the love of your children and watch them grow and blossom socially, emotionally, academically and most importantly spiritually.

I will be happy to meet with you and answer any questions as you are deciding the best placement for your child for the coming year.

In the peace of Christ,

Geoff White

Geoff White - Director
Assumption Early Learning Center

THE EARLY LEARNING CENTER AT ASSUMPTION
Application Form 2021-2022

Child's Name: _____ DOB: _____ Age: _____

Father/Male Guardian: _____ Mother/Female Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Phone _____ Mother's Phone _____

Religion Preference: _____

****EMAIL:** _____
This will keep you informed of any news going on at the Center.

PLEASE MARK THE FOLLOWING PROGRAMS YOU WISH YOUR CHILD TO ATTEND: Please note late departure for morning classes at 12:00 is available upon request for a small additional fee.

_____ PRE K A.M. Monday - Friday 8:15-11:00 AM
_____ PRE K P.M. Monday - Friday 12:00-2:45 PM
Your child must be 4 by August 31

_____ Preschool at the Center T-TH 8:00-11:00 AM
Your child must be 3

_____ PRE K JR. at the Center M-W-F 8:00-11:00 AM

_____ Before/After school care During school year K-5 Mon. thru Fri.

_____ Childcare SUMMER Full time _____ Part time _____
Your child must be 2 ½ and potty trained

_____ Childcare SCHOOLYEAR Full time _____ Part time _____
Your child must be 2 ½ and potty trained

_____ Childcare DROP IN

Mark one or more racial identities:

Asian American Indian/Alaska Native
 White Native Hawaiian or Pacific Island.
 Black Other
Or African American

Mark one ethnic identity:

Hispanic or Latino
 Not Hispanic or Latino

Parent's Signature _____ Date: _____

Registration Fee \$60.00 per family

Walla Walla Catholic Schools Student Emergency Information Form 2021-2022

PARENTS/GUARDIANS ARE RESPONSIBLE FOR UPDATING THIS EMERGENCY FORM WITH ANY CHANGES THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR INCLUDING BUT NOT LIMITED TO: CHANGE OF ADDRESS, PHONE NUMBER, MEDICAL HISTORY AND INSURANCE.

NAME OF CHILD		DATE OF BIRTH	SEX	HOME PHONE	MOTHER'S CELL	FATHER'S CELL
HOME ADDRESS			ZIP CODE	E-MAIL ADDRESS		
STUDENT LIVES WITH:	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> STEP PARENT	<input type="checkbox"/> LEGAL GUARDIAN		
MOTHER OR GUARDIAN'S NAME	BUSINESS PHONE	FATHER OR GUARDIAN'S NAME	BUSINESS PHONE			
BUSINESS ADDRESS		BUSINESS ADDRESS				

IN EMERGENCY (AND PARENT CANNOT BE REACHED) I give permission for either of the following individuals to be contacted and my child may be released to any of them. Parent/Guardian signature:

NAME	HOME PHONE	CELL PHONE	RELATIONSHIP TO CHILD
HOME ADDRESS		BUSINESS ADDRESS AND PHONE	
NAME	HOME PHONE	CELL PHONE	RELATIONSHIP TO CHILD
HOME ADDRESS		BUSINESS ADDRESS AND PHONE	

IF MEDICAL CARE IS NECESSARY, CALL:

NAME OF DOCTOR	ADDRESS	PHONE
NAME OF DENTIST	ADDRESS	PHONE

Please check any of the spaces below which describe a health problem your child has which might require attention at school. If your child has no such problems, check "None of the above"

- Blood disease (sickle cell anemia, aplastic anemia, malaria, hemophilia, etc.)
- Heart problem require limitations
- Diabetes
- Food allergy requiring immediate attention**
- Digestive disorder (ulcers, colitis)
- Hearing impairment requiring preferential seating; or complete hearing loss
- Insect sting allergy – severe – requiring immediate attention**
- Malignancy (leukemia, sarcoma, Hodgkin's disease, etc.)
- Neurological problem (cerebral palsy, hydrocephalus, etc.)
- Orthopedic problem requiring limitations ("brittle bone disease", rheumatoid arthritis)
- Respiratory problem – severe – requiring limitations (asthma, cystic fibrosis, etc.)
- Seizure disorder (epilepsy, etc.)
- Urinary tract disorder (nephritis, absence of kidney or bladder, etc.)
- Vision impairment requiring preferential seating, or complete vision loss
- None of the above**

LIST NAMES OF PEOPLE (FIRST AND LAST NAME) THAT HAVE YOUR PERMISSION TO PICK UP YOUR CHILD:

I **authorize** the staff of Walla Walla Catholic Schools to procure surgical, medical, hospital or dental care for my child in the event of injury or illness if I cannot be contacted to make arrangements for such treatment. It is understood by me that the expense of this service will be accepted by me.

I **do not authorize** the staff of Walla Walla Catholic Schools to oversee any medical treatment in my absence.

Insurance Carrier: _____ Policy #: _____

Subscriber's: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Email address _____

THE FORMS BELOW ARE ALL NECESSARY TO COMPLETE YOUR CHILD'S FILE. PLEASE READ CAREFULLY. THERE ARE THREE SECTIONS!!!

Dear Parent:

According to Washington State Administration Code we need to have in your child's file the date of their most recent visit with a health care provider. Thank you for your compliance.

CHILD'S NAME _____ BIRTH DATE _____

DATE OF LAST PHYSICIAN'S VISIT _____

PARENT/GUARDIAN _____

DATE _____

I have read the Parent Handbook and fully understand the policies and procedures of The Early Learning Center.

Release Form Signature

Child's Name: _____

I grant permission for any photography, audiotape or videotape of my child participating in Assumption Childcare/Preschool events to be used in promotional materials by the schools. In addition, I understand and give my consent that I may be photographed, taped, or videoed by the Assumption Childcare, and the same may be used in any media related to the programs of Assumption Childcare/Preschool.

Parent/Guardian Name: _____
(Please Print)

Signature: _____ Date: _____

Parent or guardian signature is required for those under the age of 18.

The Early Learning Center at Assumption

The Early Learning Center at Assumption
Childcare/Preschool
Payment Policy
2021-2022

Child's Name _____

All charges for any Early Learning Center programs and child care are to be ***paid in advance*** of use. In order to save on paper and mailing costs, we do not paper bill. Invoices will be sent out via email each month.

Regarding our childcare program, monthly reservation calendars are to be filled out and returned to the office along with your payment ***by the first of the month***. Our staffing is based on the reservation calendars, therefore ***we cannot refund money for days not used***.

PRE K and Preschool programs are to be paid by the first class day of the month.

All DSHS co-payments must be made by the first of the month.

If calendars and/or payments are not returned to the office by the fifth of the month, you will be charged an administrative fee of \$10.00. This will be added to your bill.

I have read this statement and understand the content.

Parent's Signature

Date

Full Time Childcare

\$40.00 per day

A calendar (available at the ELC office) for days to be used will be filled out and turned in by the 1st of the month with full payment due by the 5th of the month. There will be no credit for sick days. All classes outside of childcare will be billed in the following manner:

Full time, five days per week childcare includes your choice of one class listed below without any additional charges. If you fall below five days a week, not including holidays, then you will have to pay the full tuition rate for that class.

PART TIME CHILDCARE

\$40.00 per day (5 or more hours) /\$27 per half day (less than 5 hours)

A calendar for days to be used will be turned in by the 1st of the month. There will be no credit for sick days. All classes outside of childcare will require full tuition.

DROP IN CHILDCARE

Occasional care

\$46.00 per day/\$30 per half day

You must call the morning care is needed to check space availability.

Payment is due the same day childcare is provided.

PROGRAMS

PreK AM 8:15-11:00 am \$275.00 per month

(PreK PM) 12:00-2:45 pm \$275.00 per month

Both classes are Monday through Friday

Your child must be 4 by August 31,2019

Classes are held in the primary building at Assumption

PreK JR- \$175.00 per month

Monday-Wednesday-Friday 8-11 am

Classes are held upstairs at the center.

Preschool- \$140.00 per month

Tuesday and Thursday 8-11 am

Your child must be 3.

Classes are held upstairs at the center.

Late departure for morning classes at 12:00 pm \$10.00 per day.

Before morning class care and walk to class \$5.00 per day.

If the student is dropped off at 7:30am or after to be walked to class, there is no charge

Late pick up after center closes \$20.00 fee plus additional \$1.00 per minute after first 15 minutes.

After School Bunch-Assumption Students- \$11 per day after school. \$27 Noon release. \$40 no school days.

10% Discount

Catholic Parish Families

Sibling Discount Siblings attending the ELC, Assumption or DeSales.

Each family can apply one of the two discounts.

NON REFUNDABLE REGISTRATION FEE OF \$60.00 per family.