

Photo Release

I understand that pictures (individual and group) will be taken during the school year. I give permission for SILECC to take photographs for the newsletter, St. Ignatius of Loyola website and Brightwheel.

Parent Signature _____ Date _____

Social Networking

I understand that the SILECC staff are not allowed to participate in social networking activities with parents.

Parent Signature _____ Date _____

Handbook Information

I have received, read, understood, agree and had an opportunity to ask questions about the SILECC parent handbook.

Parent Signature _____ Date _____

Brightwheel App

The Brightwheel App is used as the main communication for our preschool. I understand and agree that I will be receiving messages and notices on my phone through the Brightwheel App. All information is privacy protected between parent, teacher and administration. All communication with teachers should be done through the Brightwheel App.

Parent Signature _____ Date _____

Tuition Agreement

Non-refundable Registration Fee \$ _____ Monthly Tuition Amount \$ _____

_____ I understand that tuition is due on 1st day of each month. Tuition is payable according to the tuition schedule whether or not my child attends. No refunds for partial attendance. This includes holidays, vacations and illness.
Please initial

_____ I understand that **if tuition is not paid by the 10th of the month, that I need to pay a late fee of \$15.**
Please initial

_____ Our program is open Monday through Friday from 9:00 am to 2:00 pm. I understand that if I pick up my child up after 2:10pm, a **\$1 a minute** late is **due when I pick up my child.** Late fees will be based on the time of Brightwheel check out.
Please initial

_____ In the event I choose to end my relationship with SILECC and withdraw my child, a **two week notice** must be given in writing.
Please initial

This section to be completed by Office Staff:

Registration Date: _____ Admission Date: _____

Registration Fee Paid ? **Y N** Registration Amt _____ Type of Payment _____

Days: _____

Withdrawal Date: _____

Emergency Medical Attention Form

Important Information
Please complete all lines.

Child's Name _____ Date of Birth _____

Child's Physician _____ Phone _____

Address _____

In the event I cannot be reached to make arrangements for emergency medical care,

- I *authorize* SILECC and its staff to obtain any necessary emergency medical care.
- I give *consent* for my child to be transported and supervised by St. Ignatius Early Childhood Center for **Emergency Care** to nearest Emergency Facility.

Parent Signature _____ **Date** _____

Does your child have any allergies? Y N

(If Yes for *Food Allergy*, attach an Allergy Action Plan from the Physician before the first day of school. This is required by the State).

List of allergies: _____

Does your child take any medications? Y N

List of medications: _____

Does your child have any existing illness and special needs, previous injuries and hospitalizations that we need to know?

Y N

If yes, please list here: _____

Medical Statement of Health Form

Attention: This part needs to be completed by a Physician or Healthcare professional in order for your child to start in SILECC.

Child's Full Name: _____

Date of Birth: _____

The patient above was examined in our office and found to be in good health. He / She may participate in St. Ignatius of Loyola Early Childhood Center.

Has this child had a vision test? Y N Results Required: _____

(Required for PreK 4 & Kinder)

Has this child had a hearing test? Y N Results Required: _____

(Required for PreK 4 & Kinder)

(All Pre K and Kindergarten children must have a hearing and vision screening completed. Child should be screened at your doctor's office).

Physician's Signature _____ Date: _____

***** PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORDS*****

This form may be faxed to our office to St. Ignatius of Loyola. The fax number is 281-605-5161.

Please circle the days your child will attend

Age Group	Days (Choose how many days)	Registration Fee One time per year fee	Monthly Tuition 9 payments from Sept to May
8 months— 4 years old <i>(3 & 4 year old must be potty trained by the first day of school)</i>	Tues & Thurs	\$175	\$210
	Mon, Wed & Friday	\$275	\$275
	Monday to Friday (5 days)	\$375	\$475
Kindergarten 8:50 am –2:50 pm	Monday thru Friday	\$425	\$575
Extended Care (Optional) 2:00 -3:00 No discount applied to	2 days 3 days 5 days		\$75 \$110 \$150
Extended Care (optional) 2—4:30 pm No discount applied	2 days 3 days 5 days		\$150 \$225 \$325

Miscellaneous Fees:

_____ Please initial if you want your child to have Chick-fil-A Lunch.

Payment due with Registration fee.

(Chicken Nuggets and Fruit) **\$65 - 9 Chickfila Lunches(Nuggets, fruit cup and juice)**

(First Tuesday/Wednesday of the Month (see calendar for exceptions), Thanksgiving Feast, & Hotdog Lunch)

- One time or automatic monthly payments can be setup through **Faith Direct**. **You MUST choose the 4th of the months or you will incur a late fee.** You can also pay by credit card, check or cash. **The brightwheel app cannot accept payments.** Faith Direct sign up information is included in this packet.
- A 3% discount will be given, if the annual tuition is paid in full by Sept. 30. **(Pay in Full Discount).** **Extended care tuition not eligible for discounts.**
- A 5% family discount is given for 2 or more children. The discount is taken off of one child’s tuition. This is deducted from the lower tuition amount. **(Sibling Discount)**
- Family can use **either** the Pay in Full Discount **OR** Sibling Discount. Choice of one discount **ONLY.**

Parent Signature

Date