

# OUR LADY OF LOURDES PRESCHOOL

November 1, 2021

Dear Parents,

Thank you for your interest in the Our Lady of Lourdes Preschool Program. We will be accepting registration forms, along with the registration fee of \$100, from November 1, 2021 thru November 19, 2021. We will be letting parents know if their child made it into our program by December 9, 2021. We currently have 2 programs, a Pre-school 3 year old room and a Pre-Kinder 4 year old room. If your child will be 4 by August 1, 2022 they would be in our Pre-Kinder class, as they will be eligible for Kindergarten the following school year. If your child will be 3 by August 1, 2022 they will fill our Preschool class, and move on to the Pre-Kinder the following year. If you have any questions please feel free to give us a call 502-893-5881.

Thank you,

Ms. Dana Payton

Director of Preschool

## OLOL PRESCHOOL & AFTERCARE FEE SCHEDULE 2022/2023

Fees, rates or tuition are based on enrollment, not attendance. Charges will be Incurred according to the number of days or program you have committed your child to attend. No adjustments will be made due to illness or vacations.

There will be 10 equal payments with the **first payment due by the 31<sup>st</sup> of August. The remaining payments are due by the 15<sup>th</sup> of each month Sept. thru May**  
All payments will be paid through FACTS unless you are paying the whole amount or paying a ½ year.

### After School Care

Annual Registration Fee Per Child \$75.00

#### AFTERCARE MONTHLY RATES

Grades K - 8 3:00 - 6:00 p.m. \$278.00 / 5 days a wk.  
\$204.00 / 3 days a wk.  
**Thursdays only** 1:00-6:00 p.m. \$81.00 per month

### Preschool

#### *5 Day Program only*

Annual Registration Fee Per Child \$100.00

#### MONTHLY TUITION RATES

7:15 a.m. - 1:00 p.m. \$460.00  
7:15 a.m. – 2:50 p.m./ 7:15 am-12:50 pm (Thur) \$540.00  
7:15 a.m. - 6:00 p.m. \$565.00

An additional 10% Discount applies to all those who already have children attending OLOL K-8 school.

7:15 a.m. – 1:00 p.m. \$414.00  
7:15 a.m. – 2:50 p.m./ 7:15 a.m.-12:50 p.m. (Thur) \$486.00  
7:15 a.m. – 6:00 p.m. \$508.00

There is a \$15.00 discount for each additional child per family that is enrolled **FULL TIME** in our K-8 Aftercare programs.

**\*\*REFER TO YOUR HANDBOOK FOR THE FEES DUE TO INSUFFICIENT FUNDS OF PAYMENT OR LATE PICK UP OF YOUR CHILDREN FROM THE CENTER.**

If you have any questions please contact Ms. Dana Payton or Ms. Teresa Roehrig 502-893-5881.

# OUR LADY OF LOURDES PRESCHOOL 2022/23

## REGISTRATION ACCEPTANCE PROCEDURES

1. Children who will be returning.
2. Children who will turn 4 years old by August 1, 2022 whose parents are active members in order of date of registration into the parish. Children who will turn 3 years old by August 1, 2022 whose parents are active members in order of registration into the parish. ( See definition of *Active* below) **\*\*CHILDREN MUST BE FULLY POTTY TRAINED.**  
Potty trained is a **must** as we aren't licensed to change children.
3. *Active* defined as intention card signed and submitted and parishioner honoring intention to parish.
4. Families that have other children attending Our Lady of Lourdes School.
5. Families that intend on sending their child to Our Lady of Lourdes School.
6. Non active parishioners by date of registration into the parish.
7. Non parishioners in order of when applications are returned.

**Our Lady of Lourdes Preschool Program**

**2022-2023**

***Registration Fee \$100.00 per Child***

**Information about Child**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Name your child goes by: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_\_\_ Age as of 8-1-21: \_\_\_\_\_

**Parent Information**

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Father's Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail address \_\_\_\_\_ E-Mail address \_\_\_\_\_

**Persons authorized to pick up your child other than parents**

Person One: \_\_\_\_\_ Ph#: \_\_\_\_\_ Relation: \_\_\_\_\_

Person Two: \_\_\_\_\_ Ph#: \_\_\_\_\_ Relation: \_\_\_\_\_

Person Three: \_\_\_\_\_ Ph#: \_\_\_\_\_ Relation: \_\_\_\_\_

Person Four: \_\_\_\_\_ Ph#: \_\_\_\_\_ Relation: \_\_\_\_\_

**Emergency Numbers other than parents (Must list at least two)**

Contact One: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Two: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Three: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child will be attending: 7:15-1:00 or 7:15 to 2:50 or 7:15 to 6:00 5 days a week  
7:15 to 12:50 TH  
With this option

Has your child attended a licensed childcare facility previously? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you intend for your child to attend Our Lady of Lourdes School grades Kindergarten through 8<sup>th</sup> grade?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
Do you have other children that are already attending Our Lady of Lourdes school Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child fully potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_  
I agree that my child WILL BE fully potty trained by the 1<sup>st</sup> Day of school. \_\_\_\_\_

**FULLY POTTY TRAINED includes:**

\*When engaged in activity, being able to know they need to stop and go potty.

\*Being able to wake up during a nap if they need to go potty.

\*Being able to take care of properly cleaning themselves after using the potty.

### Our Lady of Lourdes Aftercare/Pre-School Program Medical Release Form

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Aftercare/Pre-School Program.

I hereby grant permission for the Director of person placed in charge by the Director to take whatever steps may be necessary to obtain emergency medical care.

The steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed in the emergency contact list on the registration form.
2. If we cannot contact your or your child's physician, we will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to an emergency hospital by ambulance in the company of a staff member. In no instance will the child be transported by a staff member's vehicle.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The Program will not be responsible for anything that happens as a result of false information give at the time of the enrollment.
5. The Program will not assume responsibility for a child who has not been registered in the Aftercare/Pre-School Program or who has not reported to the staff that day.

Does your Child have any physical condition(s) or allergies of which we should be made aware?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," please explain.

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Signed (Mother) \_\_\_\_\_ Date \_\_\_\_\_

or

Signed (Father) \_\_\_\_\_ Date \_\_\_\_\_