

# St. Michael's ECC Registration PreK Readiness Room

(Effective August 1, 2022)



Address: 9444 W. Saginaw Rd. Reese, MI 48757

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Desired Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Baptism/Dedication Date \_\_\_/\_\_\_/\_\_\_ Where baptized \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent living at home with the child (circle): Mother Father Guardian (please explain)

\_\_\_\_\_

For Tax Purposes: Parents are married \_\_\_\_\_ Parents are not married \_\_\_\_\_

## Father's or Guardian's Information

## Mother's or Guardian's Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Texting: Y or N

Texting: Y or N

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Church Denomination: \_\_\_\_\_

Church Denomination: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

BROTHERS & SISTERS

| <u>Name</u> | <u>Birthdate</u> | <u>Name</u> | <u>Birthdate</u> |
|-------------|------------------|-------------|------------------|
|             |                  |             |                  |
|             |                  |             |                  |

Please indicate if there has been any medical trauma since birth of any condition the child may have now that would be beneficial for us to know. Please include items like premature birth, birth trauma, a sustained illness, asthma, allergies, developmental delays, etc. in the space provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Room Rate: 5 or Less Hours: \$8.00 an Hour / More than 5 Hours: \$41 a Day**

\*\* \$5 Discount for 5 day a week family\*\*

\*\* Extra \$1 Discount for 2 or more children from the same family\*\*

Breakfast (before 7:45 am) will be provided. Hot lunch will be provided, during the school year, for an extra \$3.50 per day; or, you may bring a lunch from home.

I understand that I will need to pay for my account balance by the end of each week. I will be billed for the child care that my child is scheduled for each month, unless I choose to use one of my child's 12 personal days.

Art/Crafts Fee \$25.00(per child; due in September each year; non-refundable

Your placement will be secured when you have paid a non-refundable enrollment fee of \$100 per child and this registration contract.

I UNDERSTAND THAT THIS REGISTRATION FEE IS NON-REFUNDABLE.

Signature\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signature\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Based on the information you provide, you will be registered in our program for the days and pick up and drop off times you select. We will limit enrollment for other students based on your child's scheduled times. **Per program rules, you will be billed per the contracted days you have noted. If you need to change these days/times, you need to complete a new contract and return it to the director or assistant director by the 25th of this month.**

-----For Office Use Only-----

Received on:\_\_\_\_\_

Date:\_\_\_/\_\_\_/\_\_\_