

St. Michael's ECC Registration
Infants' Room - Ones' & Twos' Room
(Effective August 1, 2022)



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

Phone: (989)-868-3830

Email: ecc@stmichaelsrichville.org

Fax: (989)-868-4288

Facebook: @eccstmichaels

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: \$9.00 an Hour / More than 5 Hours: \$45 a Day

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

** Extra \$1 a day 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 by:_____

Date:___/___/___