

**ST. MICHAEL'S EPISCOPAL PRESCHOOL
PROGRAM ENROLLMENT / PARENT CONTRACT
2020-2021 School Year**

Child's Name _____ **Date of birth:** _____

Our Preschool is a full day program available for children 18 months to 4 years old, for either three or five days a week.

With certain exceptions, St. Michael's Episcopal Preschool will closely follow the St. Tammany Parish Public School's 2020-2021 calendar. The Preschool session will run from August through May. To withdraw from the Preschool, a four-week written notice must be given to the school. If notice is given before the 15th of the month, one half of the tuition amount will be returned, after the 15th no tuition will be refunded.

St. Michael's Episcopal Preschool charges an annual tuition. For the parents' convenience, we can divide this annual tuition into ten equal payments. For this reason, no credit is given for missed days or holidays. Payment will be made by ACH withdrawal on the 5th of each month and tuition is paid a month in advance (e.g. August tuition is due on July 5th). The ten monthly payments are due July 5, 2020, through April 5, 2021.

There is a \$100.00 non-parish facilitation fee per family for the 2020-2021 school year, which will be drafted on July 5, 2020.

Please note: The \$250.00 registration fee is non-refundable, and drafted at the time of registration.

1) PLEASE CHECK DAYS CHILD WILL ATTEND PRESCHOOL (9am-3pm):
We follow the St. Tammany Parish School System birthday cut-off of Sept. 30th.

_____ Preschool 18-23 months (M-F)	10 monthly payments of \$716
_____ Preschool 2 years old (MWF)	10 monthly payments of \$510
_____ Preschool 2 years old (M-F)	10 monthly payments of \$665
_____ Preschool 3 years old (MWF)	10 monthly payments of \$510
_____ Preschool 3 years old (M-F)	10 monthly payments of \$665
_____ Preschool 4 years old (M-F)	10 monthly payments of \$665

2) PLEASE CHECK IF ANY DISCOUNT APPLIES: (Only one type of discount per family)

_____ Sibling discount 5% (second child, etc., equal or less)
_____ Annual prepayment discount 3%: Payment due by July 1, 2020
_____ Semi-annual payment discount 1% per semester: Payments due by July 1, 2020 and Dec. 1, 2020
_____ St. Michael's Episcopal Church Membership discount

Parent's Signature _____ Date: _____

Office Use:
Registration packet received by: _____
Date received: _____

St. Michael's Episcopal Education Center

4499 Sharp Road, Mandeville, LA 70471

Phone: 985-626-5724

STUDENT INFORMATION FORM

Child's Name _____ Birthdate _____ Male _____ or Female _____
 First Middle Last

Home Address _____
 Street City, State Zip

Guardian's Name _____ Home Phone _____

Occupation _____ Work Phone _____ Cell _____

Company Name & Address _____

Email Address _____

Guardian's Name _____ Home Phone _____

Occupation _____ Work Phone _____ Cell _____

Company Name & Address _____

Email Address _____

Persons to contact if parents cannot be reached in case of a medical emergency AND are authorized to pick up child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I authorize St. Michael's Episcopal Preschool to release my child to the following people only. No one else may pick up my child unless I give written consent to the school office. A photo ID must be presented by the pick-up person to verify their identification.

Physician's Name _____ Phone _____

Hospital of Preference _____ Phone _____

Dentist's Name _____ Phone _____

Medical History _____

Allergies _____

Is your child required to follow a special diet? Please explain _____

List any medical concerns _____

Religious Affiliation _____ Local Church _____

List any other child care or preschool facilities your child has attended _____

I authorize St. Michael's Episcopal Education Center to provide emergency medical care as necessary.

Signature _____ Date _____

ST. MICHAEL'S EPISCOPAL PRESCHOOL
PUBLIC INFORMATION/COMMUNICATION RELEASE

I agree that, the name, voice, and/or likeness of _____ may be used in news publications, audiovisuals and other electronic transmissions issued by St. Michael's Episcopal Preschool or by the members of the media with permission from St. Michael's Episcopal Preschool. These information items include, but are not limited to, photographs, videotapes, live broadcasts, sound recordings and/or electronic transmission related to school activities.

I waive compensation or reimbursement of any kind related to use of the above material for the minor child or myself.

Permission given:

Signature: _____ Date: _____

Print Name: _____

Permission refused:

I refuse permission for my child's _____, likeness to be used in this manner.

Signature: _____ Date: _____

Print Name: _____

WEBCASTING CONSENT AND RELEASE

The Webcasting Consent and Release is required by all students who are registering with St. Michael's Episcopal Preschool. If you do not return this signed consent form, we will be unable to complete your registration into our program. The in-house monitoring is controlled by St. Michael's Executive Director and staff.

I understand that I have enrolled my child _____, in St. Michael's Episcopal Preschool, located at 4499 Sharp Rd, Mandeville, LA 70471. St. Michael's Episcopal Preschool has a program whereby my child is under constant streaming video surveillance for in-house purposes only and will not be available for outside viewing. By my signature below, I hereby consent to the video recording or monitoring of myself and/or my child named above.

I, _____, certify that I am the parent/legal guardian of the individual(s) named above, I have read this release and approve of its terms.

Signature: _____ Date: _____

Print Name: _____

EXTENDED CARE POLICY (Preschool only)

St. Michael's Episcopal Preschool offers extended care to each of the students enrolled in the full-day preschool program. No additional registration is required. Registered preschool students may use the extended care services daily or on an occasional basis. **Extended Care is available from 7:30am to 9:00am and from 3:00pm to 5:30pm at a cost of \$5.00 per hour.**

Although we do provide a 15 minute drop off window in the morning (8:45am to 9:00am), families dropping children off before 8:45am will be charged from the drop off time until 9:00am. Children remaining at school after 3:15pm will be placed in the extended care program, and families will be billed from 3:00pm until pick up time. Extended Care bills will be sent out on the first school day of the month for the prior month.

This form needs to be signed by all parents even if you do not plan to use extended care. In case of an emergency, you may need extended care and will need the policy acknowledgement in your child's file.

Extended care is available only until 5:30pm. If a child is not picked up by 5:30pm, the account will be charged an additional \$2.00 for every minute after 5:30pm until the child is picked up. Misuse of late pickups will be referred to the Head of School for a required earlier pickup.

I have read and understand St. Michael's Episcopal Preschool Extended Care Policy.

Signature

Date

Please indicate below if you will be using extended care on a regular basis or only occasionally.

_____ Before Care, (please circle program) 3 days/week, 5 days/week

_____ After Care, (please circle program) 3 days/week, 5 days/week

_____ Occasionally only

ST. MICHAEL'S EPISCOPAL PRESCHOOL
MEDICAL INFORMATION

Child's Name: _____

1. Has your child had any difficulty with his/her hearing? If yes, please explain.
2. Has your child had any difficulty with his/her vision? If yes, please explain.
3. Does your child have any difficulty or disabilities which need our special help or special attention? If yes, please explain.
4. Please note any serious past illnesses.
5. Has your child ever had a seizure? If yes, when, what type and list medication.
6. Does your child have any allergies? If yes, please explain and list any special precautions necessary, symptoms to watch for or any medication.
7. Does your child take medication on a regular basis? If yes, please name the medication and the condition.
8. In case of a medical emergency and we are unable to reach you, please list below persons authorized to discuss your child's health and medical treatment.

Name _____ Phone _____
Name _____ Phone _____

Signature _____ Date _____

St. Michael's Episcopal Preschool
Parent Handbook Acknowledgement Form

I have received and read the 2020-2021 St. Michael's Episcopal Preschool Parent Handbook. I understand all of the policies and procedures and agree to comply with them.

Child's Name _____

Parent Signature

Date

1509.12

Child Care Criminal Background Checks (CCCBC)

In accordance with Bulletin 137 (Louisiana Early Learning Center Regulations), all employees of St. Michael's Episcopal Preschool and Mother's Day Out must have a Child Care Criminal Background Check (CCCBC). No teacher or staff member will be allowed to start work at St. Michael's without a cleared CCCBC.

Parent Signature

Date

2109.A

Non-Vehicular Excursions Authorization

My child, _____, has my permission to participate in the following on-site activities when the children are walking and accompanied by staff of center:

Type of Activity:

Location of Activity:

Monthly Fire Drills
Mandeville Fire Department Puppet Show
Cleco (during Community Helpers week)
Seasonal nature walks

St. Michael's Preschool covered driveway
St. Michael's Preschool covered driveway
St. Michael's Preschool covered driveway
St. Michael's Preschool property

Parent Signature

Date

1913.A

Water Activities Authorization Form

My child _____ has my permission to participate in the following types of water activity:

Sprinklers and water tables

Location of activities: playground

Parent's Signature

Date

*This permission must be updated at least annually