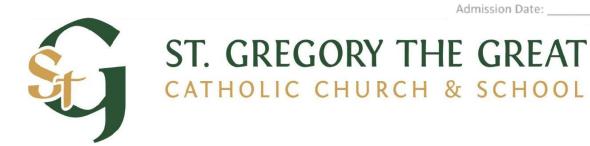
Admission	Date		



Registration Information

hild's Full Name:		Date of Birth:	
Child's Address:			
Parent's or Guardian's Name(s)			
Address (if different from child's	s address) :		
List telephone numbers below v	vhere parents/guardian can be r	eached:	
Name:	Relationship:	Phone Number:	
Name:	Relationship:	Phone Number:	
Emergency Contact:			
Name:	Relationship:	Phone Number:	
people listed below. Please list roor a person designated by the p	name & telephone number for ea arent/guardian after verification		
Name:	Relationship:	Phone Number:	
Name:	Relationship:	Phone Number:	
Name:	Relationship:	Phone Number:	

Tuition and Fees (June- May 2023)

	Weekly	Monthly
Full Time	\$185	\$740 (4 week) \$925 (5 weeks)
3 Days a Week	\$120	\$480 (4 week) \$600 (5 weeks)

Tuition must be paid one week/month in advance. Tuition is due every Monday Cash or Check to front office or online.

\$100 Registration Fee (non-refundable) is due each year.

Meals/Snacks:

Breakfast, morning snack and afternoon snack will be provided. Lunch is not provided.

St. Gregory the Great Child Development Center observes the following holidays:

New Year's Day, Spring Break March 13-17th, Good Friday, Easter Monday, Battle of Flowers, Memorial Day, July 4th, Labor Day, Thanksgiving (Thursday & Friday), Winter Break (Dec. 25-30th) Our facility will be closed on these days.



Authorization for Emergency Medical Attention

In the event of an emergency, I authorize St. Gregory the Great Catholic School permission to seek medical attention. Physician Name: ______ Phone: _____ Address: _____ Preferred Hospital: ______ Phone: _____ Address: _____ I give consent for the facility to secure any and all necessary emergency medical care for my child. Parent Signature: List any medical conditions that your child may have, such as allergies, existing illness, previous serious illness, injuries, and hospitalizations during the past 12 months, any medication prescribed long-term continuous use, and any other information which St. Gregory the Great Catholic School should be aware of: **Immunization Record** (initial) I have provided St. Gregory the Great Catholic School with a copy of my child's most current immunization record. **Admission Requirements** One of the following must be presented when your child is admitted to the child-care operation or within one week 1. Healthcare Professional's Statement: I have examined the above named child within the past year and find that he/she is able to take part in the child care program. Doctor's Signature Date 2. _____ A signed and dated copy of a healthcare professional's statement is attached. Name and Address of healthcare provider:



2022-2023 SCHOOL SUPPLY LIST

CHARGER TOTS

2	8ct. Crayola Washable Large Crayons
2	10ct. Crayola Ultra-Clean Washable Markers (broad)
1	16ct. Crayola Washable Watercolors
2	cans of shaving cream (no gel)
3	large boxes of facial tissue
2	rolls of paper towels
2	glue sticks
2	large containers of Clorox or Lysol disinfectant wipes

1	Lysol Disinfectant Spay
2	pump bottles of hand sanitizer
1	*Trifold KinderMat
1	*box of baby wipes
1	*box of pampers
1	*small blanket
1	reusable bag or backpack (for nap supplies//clothes)
3 sets	*complete change of clothes in Ziploc bag (child's name on bag and clothes) and an extra pair of shoes

Supplies will need to be replenished throughout the year. Teachers may require additional supplies as needed. If any supplies are lost or consumed, replacement is required.

Please write child's name only on * items (MUST BE VISIBLE & LEGIBLE). The teacher will collect all items and distribute as needed.

Families purchasing a prepackaged school supply kit, please note that all supplies on this list will come in your order except for the following items:

- box of baby wipes
- box of pampers
- small blanket
- reusable bag or backpack
- 3 complete sets of clothes and an extra pair of shoes