

St. Michael Early Childhood Center  
**REGISTRATION FORM**  
**2010/2011**

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

Child's full name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name or nickname teacher should use for child \_\_\_\_\_ Sex \_\_\_\_\_

Student Ethnicity: (circle one) Black Hispanic Asian/Pacific Island American Indian White Multi Racial  
This information required for Diocesan Data Bank reporting purposes.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings enrolled at St. Michael School \_\_\_\_\_

Siblings enrolled at St. Michael Early Childhood Center \_\_\_\_\_

Siblings (name/age) \_\_\_\_\_

Is your child baptized catholic? \_\_\_\_\_

Are you a registered member of St. Michael's church? \_\_\_\_\_

If no, list other parish or church affiliation \_\_\_\_\_

**Please indicate your preference for placement.**

\_\_\_\_\_ **2 years old by 8/31/2010, 2 days a week, M/W or T/TH (circle one)**

\_\_\_\_\_ **3 years old by 8/31/2010, 2 days, T/TH**

\_\_\_\_\_ **3 years old by 8/31/2010, 3 days, M/W/F**

\_\_\_\_\_ **4 years old by 8/31/2010, 3 days, M/W/F**

\_\_\_\_\_ **4 years old by 8/31/2010, 5 days, M-F**

\_\_\_\_\_ **5 years old by 8/31/2010, Developmental Kindergarten, M-F**

(Please initial \_\_\_\_\_) **Upon enrollment the \$110 Registration fee is non-refundable and must accompany this form. A copy of your child's birth certificate is required at the time of registration.**

**Please indicate your method of tuition payment for the 2010-2011 school year:**

**1 payment in full** \_\_\_\_\_ **2 payments** \_\_\_\_\_  
**Monthly payment due on the fifth of each month** \_\_\_\_\_

**Tuition Scholarships** are available based upon financial need. Please request an appointment with the director in the ECC office.

Has your child attended another preschool or day care center? \_\_\_\_\_  
If so, where? \_\_\_\_\_

Are you aware of any handicaps or special needs your child may have? \_\_\_\_\_  
Have these been evaluated? \_\_\_\_\_ If yes, who did the evaluation? \_\_\_\_\_

Is there anything else about your child we should know that will be helpful (personality traits, etc?)  
\_\_\_\_\_  
\_\_\_\_\_

**Preschool Parent Handbook:** Handbooks are now accessible on line through the St. Michael website. They can be accessed at [www.stmichaelcary.org](http://www.stmichaelcary.org). I acknowledge that I have read the 2010-2011 St. Michael Early Childhood handbook and have been informed of policies and procedures.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:** I hereby give permission for my son/daughter to be photographed at St. Michael Early Childhood Center. I realize that the photo may be published in the newspaper, a magazine, the St. Michael preschool website, or other publication. The ECC will not use any child's name attached to a photo.

Signature \_\_\_\_\_

**Good Faith:** Children are accepted in good faith. However, it is sometimes necessary to remove a child from the program. The director reserves the right to dismiss any child, if, after a conference with the child's parents, she determines that it is in the best interest of the child.