

# St. Francis of Assisi Parish Early Childhood Center



70 Adam Street Tonawanda, New York 14150

Center Office: (716) 692-7886

Website: [www.stfrancistonawanda.org](http://www.stfrancistonawanda.org)

E-Mail: [babcock@stfrancistonawanda.org](mailto:babcock@stfrancistonawanda.org)

Pastor: Rev. Michael G. Uebler Director: Sally Babcock, M. Ed.

## 2018-2019 General Information

### Center Hours:

8:30 – 2:30 M – F

2:30 – 5:30 Afterschool M – F

### Mission Statement

To provide a faith-based, safe, nurturing environment where creativity is encouraged and each child is recognized as one of God's children, growing in His love.

### Non-Discrimination Policy

St. Francis of Assisi Parish Early Childhood Center does not discriminate on the basis, of sex, color and ethnic origin. All Christians and non-Christians are welcome.

### Afterschool Care

All Students may participate in the Afterschool Care program. The program will provide a safe and caring place for students while they wait to be picked up. Snack and water will be provided. The program runs 2:30 (dismissal) – 5:30pm. The cost is \$5.00 per hour-per child, \$10.00 per family (2 or more children)-per hour. \$10.00 Registration Fee. \$5.00 per 15 minutes late fee.

## Terrific 3's

Students entering the 3 year old program must be 3 years old by December 1<sup>st</sup>.

Times: Monday –Friday Full day program **8:30** am - **2:30** pm.

Monday- Friday Half day program **8:30** am - **11:30** am

## Fantastic 4's

Students entering the 4 year old program must be 4 years old by December 1st.

Times: Monday – Friday Full day **8:30am** – **2:30** pm.

## Lunch Information

All Students staying for the Full Day programs must bring their lunch and drink. Please provide a list of any food allergies your child may have.

## Dress Code

Our students will wear a uniform. The uniform is Khaki pants, shorts, skorts and a green St. Francis logo t-shirt, sweatshirt or sweater. (Order forms will be available) **SNEAKERS ARE REQUIRED EACH DAY.**

**A nonrefundable \$100.00 Registration fee is due along with a completed registration form and medical information.**

Tuition is due by the 30<sup>th</sup> of each month. A 3% discount is granted for tuition paid in full by September 15<sup>th</sup>.

3 yr. old HALF day program: 5 day - \$2900.00(\$290.00 per month)

3 yr. old FULL day program: 5 day - \$3300.00(\$330.00 per month)

2 children- \$4450.00(\$445.00 per month)

4 yr. old FULL day program: 1 child - \$3300.00 (\$330.00 per month)

2 children -\$4450.00(\$445.00 per month)

4 yr. old FULL day UPK \$2000.00(\$200.00 per month)

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3 year old / 4 year old Registration Form

**2018-2019**

**WELCOME**

Please print clearly and complete all the following information:

**3 year old program:** Full day M-F\_\_\_\_\_ Half day M-F\_\_\_\_\_

**(Please check – for 3 year old program only)**

**4 year old program**\_\_\_\_\_

**4 year old UPK Program** Full Day \_\_\_\_\_ ½ Day \_\_\_\_\_ (City of Tonawanda Residents only)

Student's FULL Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Gender M/F

Family Name\_\_\_\_\_

Main Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent Information

Mother \_\_\_\_\_ (maiden) \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business phone \_\_\_\_\_

VIRTUS trained? Yes /No      Religious Affiliation \_\_\_\_\_

Parishioner of \_\_\_\_\_ Church

Father \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business phone \_\_\_\_\_

VIRTUS trained? Yes /No      Religious Affiliation \_\_\_\_\_

Parishioner of \_\_\_\_\_ Church

Marital Status of Parents **Married /Separated/ Divorced/Single**

Does the child live with both parents? **Y/N** If not, which parent has legal custody?

\_\_\_\_\_

**(A copy of legal documentation must be provided to the school before the child enters)**

**Health Information**

Child’s physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Describe any illnesses, diseases or physical and /or learning which may affect your child’s general health or participation.

\_\_\_\_\_

List any allergies your child may have. \_\_\_\_\_

**Emergency Information**

List two people who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Public School of Residence**

Legal name of public school district of residence of child: \_\_\_\_\_

**Tuition Responsibility**

Three year old **HALF** day program: 5 day \$2900.00(\$290.00 per month)

Three year old **FULL** day program: 5 day \$3300.00(\$330.00 per month)

2 children -\$4450.00 (\$445.00 per month)

4 year old Program: **Full** Day Program: 1 child \$3300.00 (\$330.00 per month)

2 children -\$4450.00 (\$445.00 per month)

4 yr. old **FULL** day **UPK** program: 5 day \$2000.00 (\$200.00 per month)

**Three year olds: 5 day session, Mon.-Friday Full Day 8:30-2:30**

**Mon.-Friday -Half Day 8:30-11:30**

**Four year olds: 8:30- 2:30 pm**

**Early drop off is available from 7:30 am -8:00 am**

**After School Care-** Monday through Friday 2:30 -5:30pm Rate is \$ 5.00 per hour / per child.

Open to parochial and public school students ages 3 and 4. Grades K -5

Before/After School Care at St. Francis of Assisi Early Childhood Center offers a safe environment providing homework help, creative and physical activities .The Center is a drop – off spot for students enrolled in City of Tonawanda School District public schools or those students transported to the Center.

**Non-Discrimination Policy**

**St. Francis of Assisi Early Childhood Center and After School Care does not discriminate on the basis of the race, sex, color or ethnic origin. All Christians and non- Christians are welcome.**

**Additional Information:**

- **All tuition, after school care payments and financial questions must be directed to the business office at (716) 693-1150.**
- **Applications to St. Francis Early Childhood Center require a completed registration and medical form. \$100.00 registration fee (non- refundable).**
- **In the event a child withdraws from St. Francis Early Childhood Center, a full month’s tuition will be billed for any attendance in the month of withdrawal.**
- **The Empire State Tax Credit is available from New York State.**
- **Tuition is billed on a monthly cycle during the first week of the month with a due date of the 30<sup>th</sup> of that month, except for the last payment on June 15.**
- **A 3% discount is applied for a full tuition payments received by September 15, 2018.**
- **Please make checks payable to: St. Francis of Assisi Roman Catholic Church.**
- **By signing this agreement and the Tuition Commitment Form the undersigned takes full responsibility for tuition payment.**

**I agree to the tuition amount and understand the terms.**

**Please print name.**\_\_\_\_\_

**Signature:** \_\_\_\_\_

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70 Adam Street  
Tonawanda New York 14150

Office: (716)-692-7886

**APPLICATION FOR BEFORE / AFTER SCHOOL CARE**

Name(s) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Name: \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

List those who have your permission to pick up the child/children. We will use these phone numbers for emergencies also.

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ (work ) \_\_\_\_\_ (Cell ) \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ (work) \_\_\_\_\_ (Cell ) \_\_\_\_\_

(Please provide additional name on the back if needed)

**PLEASE CIRCLE all that apply and indicate days attending**

Before School Care                      After School Care                      Before and Afterschool Care

Daily— Monday, Tuesday, Wednesday, Thursday, Friday - pick up time \_\_\_\_\_

Weekly – pick up time \_\_\_\_\_

On Need/pick up time. \_\_\_\_\_

My child/children will be dropped off at the St. Francis Afterschool program by (circle) **BUS** **CAR**  
**WALKER** OR from our **Early Childhood Center**

Allergies—Important information for us to know:

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**\$5.00 per hour-per child**

**\$10.00 per Family-per hour**

**\$10.00 application fee with this form**

**PLEASE NOTE\*\*\* A late fee charge of \$5.00 per child for every 15 minutes past 5:30 will be added to your bill.**

Parent/Guardian

signature\_\_\_\_\_

Thank You. The Early Childhood and Afterschool Care Staff

Additional names who can pick up your child/children.

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Home

Phone\_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_