

St. Francis of Assisi Parish Early Childhood Center

70 Adam Street Tonawanda, New York 14150

Center Office: (716)-692-7886

Website: www.stfrancistonawanda.org

E-Mail: babcock@stfrancistonawanda.org

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

2021-2022

General Information

Center Hours:

8:30 – 2:30 M – F

2:30 – 5:30 Afterschool M – F

Mission Statement

To provide of 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.

Before Care /Afterschool Care

All Students may participate in the **Before /Afterschool Care Program**. The program will provide a safe and caring place for students. Snack and water will be provided in the Afterschool care program.

The Afterschool Care Program runs 2:30 (dismissal) – 5:30pm. The cost is \$6.00 per hour-per child. Registration Fee- \$10.00. Late fee - \$6.00 per 15 minutes.

Before Care Program – Hours 7:30 am -8:00am \$6.00 per day per child.

Terrific 3’s

Students entering the 3 year old program must be 3 years old by December 1st.
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, skirts and a green St. Francis logo t-shirt, sweatshirt. (Order forms will be available in September) **SNEAKERS ARE REQUIRED EACH DAY.**

Health and Immunizations

All students entering Pre-k 3 & 4 must have Health /Immunization Forms at the time of registration.

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

A 3% discount is applied when the tuition is paid in full for the year and received by September 1, 2021

3 yr. old HALF day program: 5 day - \$3600.00 (\$360.00 per month)

3 yr. old FULL day program: 5 day - \$4500.00 (\$450.00 per month)
2 children- \$6000.00 (\$600.00 per month)

4 yr. old FULL day program: 1 child - \$4500.00 (\$450.00 per month)
2 children - \$6000.00 (\$600.00 per month)

4 yr. old FULL day UPK \$2700.00 (\$270.00 per month)

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3 year old / 4 year old Registration Form

2021-2022

WELCOME

Please print clearly and complete all the following information:

3 year old program: Full day M-F_____ Half day M-F_____

4 year old program_____

The City of Tona. 4 year old UPK program: Full day____ Half day____

(City of Tonawanda residents only)

Student's FULL Name _____

Date of Birth _____ Gender M/F

Family Name _____

Main Mailing Address: _____

City/Town (please circle one) _____ Zip Code _____

Phone: _____

Parent Information

Mother _____ (**maiden**) _____

Cell phone _____ **Home phone** _____

Home Address _____

Email _____

Occupation _____

Place of Employment _____

Business phone _____

Father _____

Cell phone _____ **Home phone** _____

Home Address _____

Email _____

Occupation _____

Place of Employment _____

Business phone _____

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. _____

Health /Immunization Forms are due at the time of registration.

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

Tuition Fees

Three year old **HALF** day program: 5 day- \$3600.00 (\$360.00 per month)

Three year old **FULL** day program: 5 day- \$4500.00 (\$450.00 per month)

2 children -\$6000.00 (\$600.00 per month)

Four year old program: **Full** day program: 1 child- \$4500.00 (\$450.00 per month)

2 children -\$6000.00 (\$600.00 per month)

Four year old **UPK full** day: \$2700.00 (\$270.00 per month)

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

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

Four year olds: 5 day sessions, Mon.- Friday Full Day 8:30- 2:30 pm

After School care - Monday through Friday 2:30 -5:30pm Rate is \$ 6.00 per hour / per child.

Before care - Monday through Friday 7:30 -8:00 am. Rate is \$6.00 per day /per child.

The Center is also a pick up/ drop off spot for students enrolled in the Tonawanda City School District. *For more information please call 692-7886.*

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, Before and After School Care payments and financial questions can be directed to the ECC office at (716) 692-7886.
- Applications to St. Francis Early Childhood Center require a completed registration form, medical form and \$100.00 registration fee (non- refundable).
- A 3% discount is applied when the tuition is paid in full for the year and received by September 1, 2021.
- The Empire State Tax Credit is available from New York State.
- We accept cash, check and credit cards.
- Please make checks payable to: St. Francis of Assisi RC Church.

Please print name. _____

Signature: _____

St. Francis of Assisi Early Childhood Center
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. _____

Allergies—Important information for us to know:

Before Care Program -\$6.00 per day per child
Afterschool Care -\$6.00 per hour per child
\$10.00 application fee with this form
PLEASE NOTE* A late fee charge of \$6.00 per child for every 15 minutes past 5:30 will be added to your bill.**

Parent/Guardian

Signature _____

Thank You. The Early Childhood Before 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) _____