**St. Francis of Assisi Parish Early Childhood Center**



70 Adam Street Tonawanda, New York 14150

 Center Office: (716) 692-7886 Fax: (716) 692-1043

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

E-Mail: shengst93@gmail.com

Pastor: Rev. Michael LaMarca Director: Mrs. Sara Hengst

**2024-2025**

**General Information**

**Center Hours:**

**8:30 – 2:30 Monday – Friday**

**2:30 – 5:30** Afterschool Care Monday – Friday

**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** begins at 2:15pm (dismissal) for the 3 year olds or 2:30pm (dismissal) for the 4 year olds. The program ends at 5:30pm. The cost is $8.00 per hour-per child. The registration fee is $10.00. There is a late pick up fee of $8.00 per 15 minutes.

**Before Care Program**  begins at 7:30am and ends at 8:00am. The cost is $8.00 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 – **2:15** 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 wear a uniform. The uniform is Khaki pants, shorts (weather permitting), or a skort and a green St. Francis logo t-shirt or 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 **non-refundable** **$100.00** **Registration fee is due along with a completed registration** **form** **and physical/immunization records.**

 A 3% discount is applied when the tuition is paid in full for the year and received by September 1, 2024.

 **3 yr. old HALF day program**: 3 days - $2,950 ($295 per month), 2 children $3,750 ($375 monthly)

 5 days - $4,550 ($455.00 per month), 2 children $5,800 ($580 monthly)

 **3 yr. old FULL day program**: 3 days - $3,550 ($355 per month), 2 children $4,550 ($455 monthly)

 5 days - $5,700 ($570.00 per month), 2 children $7,250 ($725 monthly)

**4 yr. old FULL day program**: 5 days - 1 child - $5,700 ($570.00 per month)

 2 children -$7,250 ($725.00 per month)

**4 yr. old FULL day UPK:** 5 days - $3,500 ($350.00 per month)

 5 days – 2 children $4,500 ($450.00 per month)

**St. Francis of Assisi Early Childhood Center**

 70 Adam Street Tonawanda, New York 14150

Center Office: (716) 692-7886

Fax: (716) 692-1043

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

Pastor: Rev. Michael LeMarca Director: Mrs. Sara Hengst

3 year old / 4 year old Registration Form

**2024 - 2025**

**WELCOME**

 Please print clearly and complete all the following information:

**3 year old program: Full day M-F\_\_\_\_\_ Half day M-F\_\_\_\_\_\_\_** **3 Day (Mon. Wed. Fri.) Half Day**\_\_\_\_\_\_ **3 Day (Mon. Wed. Fri.) Full Day \_\_\_\_\_\_\_**

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

**The City of Tonawanda 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 and 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**

3 year old **HALF** day program: 3 days - $2,950 ($295 monthly), 2 children $3,750 5 days, $4,550.00 ($455.00 monthly), 2 children $5,800 ($580 monthly)

3 year old **FULL** day program; 3 days - $3,550 ($355 per month), 2 children $4,550 5 days - 1 child - $5,700.00 ($570 per month)

 2 children -$7,250.00 ($725 per month)

 Four year old **FULL** day program: 5 days, 1 child- $5,700.00 ($570 per month)

 2 children -$7,250.00 ($725 per month)

Four year old **UPK FULL** day: 5 days, $3,500.00 ($350.00 per month), 2 children $4,500

**Three year olds:** **5 day sessions, Monday-Friday Full Day 8:30-2:15**

 **Monday-Friday - Half Day 8:30-11:30, 3 Day (Mon., Wed., Fri.)**

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

**After School Care -** Monday through Friday 2:15 (3 yr. olds), 2:30 (4 yr. olds) - 5:30pm. **The rate is $8.00 per hour / per child.**

**Before School Care -** Monday through Friday 7:30 - 8:00 am. **Rate is $8.00 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 (716) 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, physical and immunization 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, 2024.**
* **The Empire State Tax Credit is available from New York State.**
* **We accept cash, check and credit cards (a 3% credit card fee will be added).**
* **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 Fax: (716) 692-1043

**APPLICATION FOR BEFORE / AFTER SCHOOL CARE**

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_

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

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

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

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Allergies**- Important information for us to know:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before Care Program - $8.00 per day per child**

**Afterschool Care - $8.00 per hour per child**

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

**PLEASE NOTE \*\*\* A late fee charge of $8.00 per child for every 15 minutes past 5:30 will be added to your bill. \*\*\***

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)\_\_\_\_\_\_\_\_\_\_\_\_\_