

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.

2019-2020

General Information

Center Hours:

8:30 – 2:30 M – F

2:30 – 5:30 Afterschool M – F

Mission Statement

To provide an excellent education to the whole child in a Christian faith-based setting by focusing on the social, emotional, physical, intellectual, moral and spiritual development in a safe, nurturing environment where children develop a lifelong love of learning.

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 \$6.00 per hour-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.

2019- 2020 Registration & Health Form

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 or sweater. (Order forms will be available) **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. We accept checks, cash and Pay Pal. (PayPal has a 2.25% fee.)

Tuition is due by the 30th of each month. A 3% discount is granted for tuition paid in full by September 16th.

3 yr. old HALF day program: 5 day - \$3000.00(\$300.00 per month)

3 yr. old FULL day program: 5 day - \$3500.00(\$350.00 per month)
2 children- \$4750.00(\$475.00 per month)

4 yr. old FULL day program: 1 child - \$3500.00 (\$350.00 per month)
2 children -\$4750.00(\$475.00 per month)

4 yr. old FULL day UPK : \$2200.00(\$220.00 per month)

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3 year old / 4 year old Registration Form

2019-2020

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. _____

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

Four year old **UPK full** day \$2200.00 (\$220.00 per month)

Three year old **HALF** day program: 5 day \$3000.00(\$300.00 per month)

Three year old **FULL** day program: 5 day \$3500.00(\$350.00 per month)

2 children -\$4750.00 (\$475.00 per month)

Four year old Program: **Full** Day Program: 1 child \$3500.00 (\$350.00 per month)

2 children -\$4750.00 (\$475.00 per month)

Go Green: I would like my tuition bills to be emailed. YES/NO

Email: _____