

Start Date _____
Termination Date _____

**Mater Dei Child Care Center
Enrollment Form**

Child's Name _____ **(Nickname)** _____

Date of Birth _____ **Sex** _____

Address _____ **City/Zip Code** _____

E-Mail Address _____

Mother's Name _____ **Occupation** _____

Home Address _____ **Home Phone** _____

Employer's Name _____ **Dept.** _____ **Work Phone** _____

Father's Name _____ **Occupation** _____

Home Address _____ **Home Phone** _____

Employer's Name _____ **Dept.** _____ **Work Phone** _____

Hours of Care Needed – starting _____ **AM to** _____ **PM.**

Days of Week Care Needed - M Tu W Th F (Circle)

Child's Physician _____ **Phone** _____

Physician's Office Address _____ **Allergies** _____

Emergency Hospital Preference _____

Emergency Contacts other than Parents (must have two): (list alternate drivers on back)

Name _____ **Home Phone** _____

Home Address _____ **Work Phone** _____

Name _____ **Home Phone** _____

Home Address _____ **Work Phone** _____

(Signature of Parent/Guardian)

(Date)

Enrollment is open to any child regardless of race, religion, color, sex, national/ethnic (ancestry) origin, physical handicap.

**Mater Dei Child Care Center
Parents' Financial Agreement/Internet Banking Agreement**

Name _____ Phone (Home) _____

Address _____ Phone (Work) _____

City/State _____ Zip _____

E-Mail _____

Child's Name

Age Group

Mater Dei Child Care Center's Tuition Rates:

Age Group	Weekly	Bi-weekly
Toddlers	175	350
Pre School	155	310

Drop-in Care 50 daily if space available Late Fee \$10 weekly/ by 6PM, Tuesday
 School Day Out/school aged children \$30 all day/\$15 half day

I agree to pay \$ _____ weekly or bi-weekly (circle one)

Yearly registration fee of \$50 per child is due on August 1st.

Vacation Bible School – Ages 3 up to 12 attend in June. Extra fee is \$40/currently.

All rates subject to change. Hours of operation: 6:30AM – 6:00PM

Two week written notice is required if withdrawing from services.

I (we) hereby authorize Mater Dei Parish hereinafter called Company to initiate debit entries to my or our () checking or () savings account indicated below at the depository institution named below. Hereinafter called Depository and to debit the same to such account. Debits from account will be made weekly or bi-weekly on Tuesdays. Attach a voided check if new to center or if account has changed.

If you are receiving funding from DCF or another agency for care, be aware that the fund might not cover the full tuition. You are responsible for paying remaining balance.

Depository

Name _____ City _____ Zip _____

Routing # _____ Account # _____

This authorization is to remain in full force and effect until Company has received WRITTEN NOTICE from me to terminate in such time and manner as to afford Company and Depository a reasonable opportunity to act on it.

Parent's Signature

Date

Spouse's Signature required for joint account

Provider's Signature

Date

Parent Involvement and Support

Write "yes" next to the intended event please. You will be contacted for help when the event(s) comes up. If you need to change your plan, it is totally understandable. This sign of support gives the staff an idea of where to begin with projects. All levels of involvement are appreciated.

Name of Child _____

1. Bring healthy treat for a classroom party.

Halloween _____ Christmas _____ Valentine's _____

2. Bring small toy/stickers/book for each child for a classroom party.

Halloween _____ Christmas _____ Valentine's _____

3. Bring small individually wrapped candy to stuff plastic Easter eggs to hunt on Holy Thursday. _____

4. Repair bicycles when needed. _____

5. Donate toys or books no longer using. _____

6. Rake leaves/bag them when needed in the fall. _____

7. Paint where needed on Annual Cleaning Day in mid-August. _____

8. Share personal talent or hobby such as playing instrument, gardening, sewing, photography, cooking etc. _____

9. Drive on a field trip when needed. _____

10. Other suggestions _____

I give my permission to Mater Dei Child Care Center to photograph my child,
_____ for purposes of the center.

Parent's signature: _____ Date : _____