

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	\$180	\$360
Pre School	\$160	\$320

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 1<sup>st</sup>.

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. Help Out with any fundraisers projects for the Center. \_\_\_\_\_

3. Bring small individually wrapped candy to stuff plastic Easter eggs to hunt. \_\_\_\_\_

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. \_\_\_\_\_

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

9. Drive on a field trip when needed. \_\_\_\_\_

10. Provide goodies for National Teacher Appreciation Day in May. \_\_\_\_\_

11. 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 : \_\_\_\_\_