

Start Date \_\_\_\_\_

Exit Date \_\_\_\_\_

**Mater Dei Child Care Center  
Enrollment Form**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Email \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Office Address \_\_\_\_\_ Allergies \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

Emergency Contacts (Must have two):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone number \_\_\_\_\_ Work number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone number \_\_\_\_\_ Work number \_\_\_\_\_

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

Name \_\_\_\_\_ Phone Home (cell) \_\_\_\_\_

Address \_\_\_\_\_ Phone (work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother's Email \_\_\_\_\_

Child's Name \_\_\_\_\_ Age Group \_\_\_\_\_

Child's Name \_\_\_\_\_ Age Group \_\_\_\_\_

Mater Dei Child Care Center's Tuition Rates:

Age Group      Weekly      Bi-weekly

Toddlers      \$185      \$370

Pre School      \$165      \$330

Drop-in Care \$50 daily if space is available

Late Fee \$15 weekly/by 5:30 PM, Tuesday

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>

All rates subject to change. Hours of operation: 6:30AM – 5:30PM

Two week written notice is required if withdrawing from program.

I (we) hereby authorize Mater Dei Parish hereinafter call Company to initiate debit entries to my or our ( ) checking or ( ) savings account indicate 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.

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

\_\_\_\_\_  
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 : \_\_\_\_\_