



St. Stephen's in-the-Field Parish Preschool

7269 Santa Teresa Blvd.
San Jose, CA 95139
(408) 629-1843
www.ssitf.org

2011/2012
APPLICATION FOR ENROLLMENT

Child's Name: _____ Male _____ Female _____
Last First Middle

Address: _____
Street City State Zip

Home Phone Number _____ Current Age: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Occupation: _____ Bus. Address: _____

Work/Cell Telephone: _____ email address: _____

Mother's Name: _____

Occupation: _____ Bus. Address: _____

Work/Cell Telephone _____ email address: _____

Child living with both parents _____ Mother only _____ Father only _____ Other _____

Other children in family and ages: _____

Present church membership: _____

Active in church? Yes _____ No _____ Is child baptized? Yes _____ No _____

Please describe your child's medical history and all health considerations (i.e. food allergies, bee sting allergy, epilepsy, etc.). If your child is currently being treated by a physician or psychologist/counselor, please indicate the nature of the treatment – including medication. If there are any psychological or educational evaluations in the past, please include copies of those assessments.

Class Sessions and Tuition Fees

Please check the session being applied for:

_____ T/Th 2 ¾ * - 4 yr olds 8:30 – 11:30 a.m. \$280/month

_____ MWF 2 ¾ * - 4 yr olds 8:30 – 11:30 a.m. \$380/month

_____ M-F 4 year olds 8:30 – 11:30 a.m. \$490/month

_____ Extended daycare M-F 7:00 am to 6:00 pm at \$6/hr.

* **Must be 2 years and 9 months old by September 1st.**

** **Potty training is required.**

Staff will assist the child with toileting needs the first two weeks if needed. If the child is still not ready (three accidents per week) he or she will be placed at the top of the enrollment waiting list until successfully potty trained.

Medical Release

I, the undersigned, hereby give permission for any and all medical attention to be administered to my child _____, in the event of accident, injury, sickness, etc., incurred while attending St. Stephen's in-the-Field Parish Preschool events or activities, under the direction of the employees, agents, and /or assigns of St. Stephen's in-the-Field Parish Preschool until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of September 1, 2010 through August 31, 2011.

Insurance Co.: _____ Policy #: _____

_____ YES, I give permission as described above. _____ NO, I do not give permission as described above.

Permission to use Photograph

St. Stephen's in-the-Field Parish Preschool periodically takes photos of our students in action. They may be in and out of the classroom, on the playground, and at school functions. These pictures may be used in pamphlets, flyers, and on our website and may be circulated around the community. **If you do not want a picture of your child to be used in these circumstances, please indicate below.**

_____ YES, St. Stephen's in-the-Field Parish Preschool may use my child's photo.

_____ NO, St. Stephen's in-the-Field Parish Preschool may not use my child's photo.

Confirmation of Enrollment

\$100.00 Non-refundable registration fee due with application.

The first month's tuition is payable by August 15th, 2011. Thereafter, monthly tuition is due the 1st of every month beginning October 1st. Checks should be made payable to: St. Stephen's Parish Preschool.

A non-refundable enrollment fee is due with this enrollment confirmation. Classes are subject to change or are canceled depending on enrollment numbers. A registration refund will be given if this happens. There may be occasional special activities (such as field trips) for which there will be an additional charge.

By signing below, I acknowledge that I have carefully reviewed the information contained herein and that the above information is true and accurate. Furthermore, by signing below, I confirm my child's enrollment at St.

Stephen's in-the-Field Parish Preschool for the 2011-2012 school year and signify a willingness to abide by the school's standards.

We as parents understand that quality education requires the joint effort of home and school. As a result, we will be supportive of the programs and policies of the preschool in order to strengthen our child's Christian education.

Parent/guardian signatures _____ Date _____

Parent/guardian signatures _____ Date _____

I heard about St. Stephen's in-the-Field Parish Preschool in the following way:

Website _____
Local signage _____
Word of Mouth _____
Other _____

For Office Use Only:

Date received: _____ Registration fee received: \$ _____ Check # _____

Class Placement: _____

Preschool Forms Completed:

- _____ Admission Agreement
- _____ Lic 613A Personal Rights
- _____ Lic 627 Consent for Medical Treatment
- _____ Lic 702 Child's Health History
- _____ Lic 701 Child's Physician's report, including immunization information
- _____ Lic 700 Identification & Emergency Information
- _____ Lic 995 Notification of Parents Rights
- _____ Handbook Acknowledgement

St. Stephen's Parish Preschool does not discriminate against race, color, religion, national or ethnic origin



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Admission Agreement

St. Stephen's Parish Preschool offers a varied program for 2 yr 9 mo to 4 year old children. This program focuses on developing the whole child through art, music, creative play, math manipulatives, reading readiness and field trips.

Class sessions

T/Th	2 ¾* - 4 year olds	8:30 – 11:30 a.m.	\$280/month
MWF	2 ¾* - 4 year olds	8:30 – 11:30 a.m.	\$380/month
M-F	4 year olds	8:30 – 11:30 a.m.	\$490/month

Extended daycare available M-F 7:00 a.m. to 6:00 pm. \$6/hr.

*** Must be 2 years and 9 months old by September 1st.**

Potty training is required.

Staff will assist in the child with toileting needs the first two weeks if needed. If the child is still not ready (3 accidents per week), he or she will be placed at the top of the enrollment waiting list until successfully potty trained.

There will be a fee of \$5.00 for every 15 minutes the parent is late for child pickup. The late fee is due at pickup time.

While your child is in our program he/she will have the opportunity to participate in a wide variety of activities. These activities will promote all aspects of development. Children will be offered choices whenever possible. Children will also have the experience of structure.

Extended Care is available as an optional service for all preschool enrolled children only. St. Stephen's Parish Preschool offers no other additional or optional services than the developmentally age-appropriate preschool education described above, and extended care.

PAYMENT OF TUITION

The tuition for our program is due monthly. Payments must be received by the first day of every month for that month. Failure to pay will be cause for suspension of services until full payment is made. If the preschool should be closed on a day when tuition is due, then all tuitions shall be due the previous business day. If your child will be absent on a day tuition is due, you are still required to have your tuition payment submitted by 3:00 P.M.

- Tuition is not prorated for scheduled vacations, holidays, or partial months of school.
- There are no refunds in fees for absences of your child. This includes absences due to illness.
- There will be a charge of \$10.00 per day for late payments.
- There will be a charge of \$10.00 for any checks returned for N.S.F. plus any other charges from the bank. After two returned checks, parents will be required to pay tuition fees by cash or money order.

It is St. Stephen's Parish Preschool's intent that the monthly tuition as specified above will apply for the designated specified school year. However, if a change is deemed necessary to either the tuition or the program, a minimum 30-day notification of any changes will be provided.

EXTENDED DAY OPTION

St. Stephen's Parish Preschool offers an extended care option for our registered families. Extended care hours are from 7:00 A.M. to 6:00 P.M. Monday through Friday, and are for those families whose children attend classes in the morning sessions. The cost is a flat fee of \$6.00 per hour. Time or rates will not be pro-rated. Parents can pay the same day their child is attending extended care, or you may opt to keep a monthly tab if you will be utilizing this service more often. Availability is based on our 10:1 student/teacher ratio. Please let your teacher know when your child will be attending Extended Day care. Parents will need to provide a "sack" lunch on days that their child will participate in Extended Day care (and anything else their child may need). Extended care activities are listed on our separate Extended Day Schedule.

ADJUSTMENT PERIOD

St. Stephen's Parish Preschool recognizes that this might be the first preschool experience for many of the children. We intend for this to be a happy experience – experiencing the joy of learning with friends. However, if your child appears to be unhappy, or the arrangement is unsatisfactory for any reason, we will notify the parent. We ask that the parent(s) let us know if they see the same. We, or the parent(s), may terminate the contract any time during the first month's adjustment period.

CHILD MANAGEMENT

In dealing with children who have difficulty conforming to school rules and getting along with classmates, we look for the opportunity to teach positive alternative behavior. Children are directly involved in exploring their behavior, how it affects others, and what they can do to solve problems in appropriate ways.

While your child is in our care, he/she will only receive positive encouragement. Children will not be subject to any corporal or physical punishment of any kind. We believe the most effective way to enforce positive behavior is through praise, respect, re-direction, and positive reinforcement. We also teach children problem solving during conflicts with other children.

ADMISSION REQUIREMENTS

St. Stephen's Parish Preschool admits preschool children (ages 2 years and 9 months through 4 years old) of any race, color, religion, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, religion or national and ethnic origin in administration of our educational policies.

All forms must be completed before your child can enter the preschool program. There are no exceptions. All forms must be updated yearly or as needed. The following forms are due into the school office by August 15 along with the first month's tuition.

- Copy of signed Admission Agreement
- Personal Rights form (LIC 613A)
- Consent for Emergency Medical Treatment form (LIC 627)
- Identification and Emergency Information (LIC 700)
- Physician's Report (LIC 701), including Immunization requirements
- Child's Preadmission Health History – Parent's Report (LIC 702)
- Notification of Parents Rights form (LIC 995)
- Any other miscellaneous forms

TERMINATION

St. Stephen's Parish Pre-school requires a 30-day written notice to terminate the contract by either party. Tuition will still be due if a child is removed without proper notice. Parents may pay one month's fee in lieu of the 30-day notice.*

***If a child displays difficulty in following rules, and respecting adults or other children, the school reserves the right to ask the parents to make other arrangements.**

REASONS FOR TERMINATION BY PRESCHOOL (but not limited to):

- Failure to comply with policies and contract
- Destructive or hurtful behavior by child that persists despite parents cooperation in stopping behavior

- Hurtful or confrontational behavior by parents/guardians towards St. Stephen’s Parish Preschool staff or other parents.
- Non-payment of fees or and/or recurring late payment of fees.

St. Stephen’s Parish Preschool reserves the right to change, combine, or cancel class sessions if there is not adequate enrollment. St. Stephen’s Parish Preschool will notify its students and families as early as possible if there are any changes made to the sessions.

If St. Stephen’s Parish Preschool cancels a class session, you may choose one of the following options:

- Enroll in a different class session that has openings.
- Refund or full credit of monies submitted to St. Stephen’s Parish Preschool, including the registration fee.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES - COMMUNITY CARE LICENSING AGENCY RIGHTS

The Department of Social Services has the authority to interview children or staff, and to inspect and audit child or childcare center records, without prior consent. The Department of Social Services has the authority to observe the physical condition of the children including conditions that could indicate abuse, neglect or inappropriate placement.

Please return this signed page to the preschool along with all forms required to enroll your child at St. Stephen’s Parish Preschool.

The Parent Handbook and Admission Agreement have been designed to help build a good working relationship with you. Please ask us if anything is unclear.

I hereby acknowledge that I am aware of the conditions stated in the policies and procedures of the ***Parent Handbook*** and the above ***Admission Agreement***, and I agree to abide by these requirements.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Director Signature _____ Date _____

7/5/09

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent, Domestic Partner or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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