

January 24, 2024

Dear Families,

Registration for the 2024-2025 school year is now open. This registration will be open to all our current students **only for 2 weeks**. We will open registration to the parish and then the public beginning February 8. Siblings not presently attending may also be enrolled on a space-available basis. We will accept cash, check, or credit card or Faith Direct payment for registration.

The classes and fees are listed in the registration form. The registration fee will include a school t-shirt and consumable school supplies. Parents will provide snack, lunch, diapers, wipes, and nap mats. There are 2 tuition payment options: 1) prepay tuition by September 15th and receive a 3% discount or 2) **pay nine monthly** payments beginning on the first day of school in August and ending in first day of school in April 2024. We also offer a break to families with more than one child (families may use only **one** of the discounts; please see parent handbook and registration forms for information). We have also included a registration form for after-school care from 2-3 pm and/or 2-4:30 pm. We will have limited spots available, and it will be filled on a first come, first served basis.

For 2024-2025 school year, we require the **completed** registration form (all lines completed) and appropriate **non-refundable registration fee**.

All 2023-2024 tuition accounts must be current through February to register. All registrations from currently enrolled families must be submitted to our office no later than 3:00 p.m. on Tuesday, February 6, to be guaranteed a spot.

All updated medical and shot records must be brought in or mailed to the office before attending the Open House in August. **All lines on the forms must be filled out.** Please pay close attention as there are some new items on the forms that must be filled out by you and your child's physician. **Please plan schedule your doctor's appointments early enough so that forms will be completed before Open House in August.** Children four years and older **must** also have vision and hearing screening. This needs to be done by a health care professional at your child's yearly check up. Every child is required to have a new health form and a current immunization record on file with us **prior to the Open House**. If your child/children will see the doctor during the summer months, please bring an updated shot record when school begins. **All children must be current with their immunizations to begin classes. Any child with a doctor diagnosed allergy must have an allergy action plan on file with the school. All doctors can provide this for you.**

You will be notified of a time for Meet the Teacher before the first day. Our first day will be Thursday, August 22. Please do not hesitate to contact us if you have any questions or concerns.

Kathy Schaefer
Director of Early Childhood
281-290-4619
kschaefer@silcc.org

Donna Quiambao
Co-Director of Early Childhood
281-290-4616
dquiambao@silcc.org

Registration, Tuition and Extended Care Fees

No of Days	One Time Registration Non Refundable/ Will not be prorated if you don't start August	Monthly Tuition 9 equal payments from August to April	After Care till 3:00 pm Monthly Fee	After Care till 4:30 pm Monthly Fee
2 days	\$225	\$ 260	\$75	\$155
3 days	\$325	\$ 325	\$110	\$230
5 days	\$425	\$ 550	\$ 330	\$330
Kindergarten	\$450	\$650		

- Tuition is set for the year and divided into 9 equal monthly payments, starting in **August** and ends in **April**. There is no prorated tuition for any month.
- One time or automatic monthly payments can be setup through **Faith Direct**. You can also pay by credit card, check or cash. **The brightwheel app cannot accept payments**. Faith Direct sign up information is included in this packet.
- A 3% discount will be given, if the annual tuition is paid in full **BY SEPTEMBER 15TH. (Pay in Full Discount). Extended care tuition not eligible for discounts.**
- A 5% family discount is given for 2 or more children. The discount is taken off of one child's tuition. This is deducted from the lower tuition amount. (**Sibling Discount**)
- There is **no discount** on the registration fee and extended care.
- Family can use **either** the Pay in Full Discount **OR** Sibling Discount. Only one discount can be applied.
- If your child/children increase the number of days they attend, the additional registration fee will be charged.

You cannot pay through the brightwheel app. We do not have the feature available.

Faith Direct Online Payment

Online Payments is only through Faith Direct at www.faithdirect.net, church code **TX134**.
 First Month Payment due on first day of school each month. Total payments will be 9 months.
 All tuition fees should be paid by the May 2024.
 Late fee of \$20 will be added on the 16th of each month.

You will enter the total amount due for the entire school year, maximum is 9 payments if you start in August and end April. If you need to know how much your monthly tuition is, please refer to your brightwheel account under payments or our website.

For onetime payment, enter the monthly tuition due.

Please allow 2-4 days for your payments to appear in your **brightwheel** account. Faith Direct and **brightwheel** are two different applications and they are not connected to each other.

Pay in Person

Pay in person at the office: You may pay by check, cash or credit card at the early childhood center or the Church front office.

Registration Form 2024-2025

Children will not be assigned to a class until all lines and forms are completed

Child's Full Name _____ Nickname _____
First Middle Last

Date of Birth _____ Age (as of **September 1, 2024**) _____ Gender _____

T-Shirt Size: _____ Best Contact Number _____

Child's Home Address _____ City, State, Zip _____

Child Lives with (Circle One): Both Parents Mom Dad Guardian

Custody Order on File ? Yes No **If Yes, a current copy of your court order *MUST* be attached or we will not be able to enforce the court order.**

Are you a registered parishioner of St. Ignatius of Loyola? Yes No

Primary Language spoken at home: _____

Check one: (Age by September 1,2024)

Nursery (8 months–14 months)

Toddler (15–23 months) (***must be walking***)

2 Year old class

3 year old class (***must be fully potty trained by first day of school) refer the to the handbook***)

4 year old

5 year old

Check one:

Classes are 9:00 am–2:00pm

Tues/Thursday (2 days)

Mon/Wed/Friday (3 days)

Monday–Friday (5 days)

KINDERGARTEN (**9:00AM-3:00PM**)

Father/ Guardian's Full name _____

Best Contact Number _____ Father's Work Phone Number _____

Father's Email address _____

Mother/Guardian's Full Name _____

Best Contact Number _____ Mother's Work Phone Number _____

Mother's Email address _____

I authorize St. Ignatius to **release my child to leave the child care operation **ONLY** with the following persons (not a parent). **Everyone approved to pick up must have their own Brightwheel account and check in code.** ***Do not turn in paperwork until all lines are completed.*****

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Water Activities
 I give consent for my child to participate in the following activities (Check all that apply)
 water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance?
 Yes No

Does your child have any physical, health, behavioral or other conditions that would put them at risk while swimming? Yes No

Do you want your child to wear a life jacket while in or near a swimming pool?
 Yes No

St. Ignatius does not use swimming pools of any type.

Child's Special Care Needs (check all that apply)

<input type="checkbox"/> Environmental allergies	<input type="checkbox"/> Limitations or restrictions on child's activities
<input type="checkbox"/> Food intolerances	<input type="checkbox"/> Reasonable accommodations or modifications
<input type="checkbox"/> Existing illness	<input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>)
<input type="checkbox"/> Previous serious illness	<input type="checkbox"/> Symptoms or indications of complications
<input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>)	<input type="checkbox"/> Medications prescribed for continuous long-term use

Other: _____
 Explain any needs selected above:

Food Allergy
 Does your child have diagnosed food allergies? Yes No
 Food Allergy Emergency Plan Submitted Date: _____

Immunization:
 I have attached the current immunization record of my child.
 I have attached the affidavit stating that I decline immunization **AND** the medical statement from the medical doctor stating the reason child cannot have vaccines.

Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize St. Ignatius of Loyola ECC and it's staff to take my child to obtain any necessary emergency care medical care at:

Name of Physician _____ Address: _____ Phone: _____

Name of Emergency Care Facility: _____

Address: _____

Signature of Parent or Legal Guardian

Date Signed

Receipt of Written Operational Policies:

I acknowledge receipt of the Parent’s Handbook and read the following the policies in the handbook (Check all that apply).

- Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website
- Discipline and Guidance
- Dismissal from the program
- Emergency plans
- Procedures for conducting health checks
- Safe sleep policy for infants
- Procedures for parents to discuss concerns with the Director
- Promoting of indoor and outdoor physical activity including criteria for extreme weather conditions
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements
- Meal and food service practice
- Procedures to visit the center without securing prior approval
- Procedures for inclusive services

Tuition Agreement:

Non-refundable Registration Fee \$ _____ Monthly Tuition Amount \$ _____

_____ Please initial I understand that tuition is set for the year and divided into **NINE PAYMENTS, due August through April on the first school day of each month.** The annual tuition is set for the year by using the total number of days in attendance for the year multiplied by the daily rate. No prorated fees for partial attendance due to holidays, vacations and illness.

_____ Please initial I understand that **if tuition is not paid by the 15th of the month, that I need to pay a late fee of \$20.**

_____ Please initial I understand that if I pick up my child after **2:10 pm**, a **\$1 a minute fee per child** will be charged and added to the tuition the next month. Late fees will be based on the time of Brightwheel check out.

_____ Please initial I understand that if my child is in after care and picked up after **3:05 pm** or **4:35pm** , **\$1 a minute fee per child** will be charged and added to the next month’s tuition. Late fees will be based on the time of Brightwheel check out and the late fee is **per child.**

_____ Please initial In the event I choose to end my relationship with SILECC and withdraw my child, a **two week notice** must be given in writing. Tuition must be current to the month they are leaving. There is no refund or partial payment if you choose to leave in the middle of the month.

If we are required to close due to weather, natural disaster, illness (pandemic) for 2 weeks or less, we will NOT be issuing credits or refunds.

Receipt of Parent’s Right:

I acknowledge I have received a written copy of my rights (page 19 in the Parent Handbook) as a parent or guardian of a child enrolled at St. Ignatius of Loyola Early Childhood Center.

Signature of Parent or Legal Guardian

Date Signed

School Policies Agreement

Brightwheel App

I understand that the Brightwheel App is used as the main communication for our preschool. I understand that I am **prohibited** from posting pictures or videos from Brightwheel that include children other than my own.

Cellphone Usage

I agree to not be talking on my cell phone during drop off and pick up of my child/children, as I need to use my phone to check in and want to be attentive to my child while dropping off or picking up.

Photo Release

I understand that pictures (individual and group) will be taken during the school year. I give permission for SILECC to take photographs for the newsletter, St. Ignatius of Loyola website and Brightwheel.

Signature of Parent or Legal Guardian

Date Signed

Monthly Extended Care Fee till 3:00pm

- 2 days—\$ 75
- 3 days—\$ 110
- 5 days—\$ 150

Monthly Extended Care Fee till 4:30pm

- 2 days—\$ 155
- 3 days—\$ 230
- 5 days—\$ 330

Use this QR code for registration fee payment



This section to be completed by Office Staff:

Registration Date: _____ Admission Date: _____

Registration Fee Paid ? **Y N** Registration Amt _____ Type of Payment _____

Medical Statement of Health Form

Attention: This part needs to be completed by a Physician or Healthcare professional in order for your child to start in SILECC.

Child's Full Name: _____

Date of Birth: _____

Date of well exam: _____

I hereby certify that the above named child had been examined by me and found to be in good health, free of communicable diseases. He / She may participate in St. Ignatius of Loyola Early Childhood Center and cleared for all activities

Physician's Name: _____

Physician's Signature _____ Date: _____

Address: _____

City, State, Zip: _____

***** PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORDS*****

***** PLEASE ATTACH A COPY VISION AND HEARING TEST RESULT*****
REQUIRED FOR PREK 4 AND KINDER

This form may be faxed to our office to St. Ignatius of Loyola. The fax number is 281-290-4616.