

Dear Families,

Registration for the **2026–2027 school year** is now open. Registration will open to currently enrolled families first, and then to the public beginning **February 13**. Siblings not presently attending may also be enrolled at this time.

Registration Requirements

For the 2026–2027 school year, we must receive:

- A **completed registration form** (all lines filled out)
- The **non-refundable registration fee** which includes school shirt and school supplies

All **2025–2026 tuition accounts must be current through February** in order to register. Your child's spot is guaranteed once we receive both the registration form and fee.

We accept **cash, check, credit card** at the front office, **or ParishSoft online payment** for registration.

Your child will not be able to begin school without all required paperwork.
All paperwork is due by August 12, 2026.

After-School Care

We have 2 options for after care: **2:00–3:00 PM** or **2:00–4:30 PM**.

Tuition Payment Options

Families may choose **one** of the following:

1. **Prepay tuition by September 15, 2026** and receive a **3% Pay-in-Full Discount** (*Extended care tuition is not eligible for discounts.*) **OR**
2. **Nine monthly payments** beginning **August 24, 2026** and ending **April 15, 2027**

Sibling Discount

A **5% family discount** on monthly tuition (not registration fees) is available for families with **two or more children** enrolled. **Sibling Discount** applies to the second child and each additional child enrolled and will be applied to the lower tuition. The discount does not apply to the first child's tuition.

Discount Policy:

- Families may use **either** the Pay-in-Full Discount **or** the Sibling Discount.
- **Only one discount** may be applied per family.
- No Discount on Extended Care fees

Additional Policies

If your child increases the number of days they attend, an **additional registration fee** will be charged. Accounts that remain unpaid for **two months** will result in the child not being permitted to attend school until the balance is resolved.

We are looking forward to a great 2026–2027 school year.

Donna Quiambao

Open House Schedule

Friday, August 21, 2026

9:00–10:15 AM — Last names **A–M**

10:30–11:45 AM — Last names **N–Z**

Registration, Tuition and Extended Care

Number 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 4:30pm Monthly Fee
2 days	\$225	\$ 295	\$75	\$155
3 days	\$325	\$ 375	\$110	\$230
5 days	\$425	\$ 600	\$ 150	\$330
Kindergarten	\$450	\$ 700		\$200

Tuition Due Dates	Days Covered
August 24	August 24–September 14
September 15	September 15–October 14
October 15	October 15– November 14
November 15	November 15–December 14
December 15	December 15–January 14
January 15	January 15–February 14
February 15	February 15–March 14
March 15	March 15–April 14
April 15	April 15–May 20

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

Registration Form 2026-2027

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, 2026) _____	Gender _____	
T-Shirt Size: _____	Best Contact Number _____		
Child's Home Address _____		City, State, Zip _____	
Child Lives with (Circle One): <input type="radio"/> Both Parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian			
Custody Order on File ? <input type="radio"/> Yes <input type="radio"/> No		<i>If Yes, a current copy of your court order MUST be attached or we will not be able to enforce the court order.</i>	
Are you a registered parishioner of St. Ignatius of Loyola? <input type="radio"/> Yes <input type="radio"/> No			
Primary Language spoken at home: _____			

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).		
<u>Everyone approved to pick up must have their own Brightwheel account and check in code.</u>		
<u>Do not turn in paperwork until all lines are completed.</u>		
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

This section to be completed by Office Staff:	
Registration Date: _____	Admission Date: _____
Registration Fee Paid ? Y N	Registration Amt _____ Type of Payment _____

Child's Special Care Needs (check all that apply) 0 None

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

Other: _____

Explain any needs selected above: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information line at 800 514-0301 (voice) or 800 514-0383 (TTY)

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.

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

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
- Procedures for parents to contact Child Care Regulations (CCR), DFPS, Child Abuse Hotline and CCR website

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

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

Number of Days	One Time Registration	Monthly Tuition	After Care till 3:00 pm	After Care till 4:30pm
2 days	\$225	\$ 295	\$75	\$155
3 days	\$325	\$ 375	\$110	\$230
5 days	\$425	\$ 600	\$ 150	\$330
Kindergarten	\$450	\$ 700		\$200

Check one: (Age by September 1,2026)

- Nursery (8 months—16 months)
- Toddler (16–23 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**)

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

Tuition Agreement:

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

_____ I understand that tuition is set for the year and divided into **NINE PAYMENTS.**
Please initial

_____ I understand that **if tuition is paid 15 days after the due date, 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.
Please initial

_____ I understand that if my account remains unpaid for two months, my child will not be permitted to attend school until the balance is resolved.
Please initial

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 at 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.