



Santa Casa; Mother's Day Out Program

Registration 2024-2025

Holy Family Cathedral

820 S Boulder Ave

Tulsa, OK 74119

Santa Casa's Mother's Day Out Program is an early learning program designed for children ages 18 months up to age 4. Children participate in monthly thematic units that explore topics that foster creativity and develop independent learning skills. Activities support exploration and problem-solving, nurture independence, and provide many opportunities to develop not only age-appropriate social skills, such as cooperating, helping, and communicating in work and play, but an understanding of their role in God's family and awareness of the Catholic Church.

We are a tuition based program. (\$185 month, two days per week, Mondays & Wednesdays 8:30 am - 1:30 pm.) Sibling and multiple children discount available. We accept 16 children per semester. Registration is open until all spots are filled. A waiting list will be generated per semester.

Application

Child's Name _____ Birthdate: _____

Address: _____ Phone #: _____

If registering an additional child;

Child's Name _____ Birthdate: _____

Child's Name _____ Birthdate: _____

Family Information

Mother: _____ Email: _____

Employer: _____

Work Phone: _____ Cell phone: _____

Father: _____ Email: _____

Employer: _____

Work Phone: _____ Cell phone: _____

Religion of Family: _____

Home Parish: _____ Verification _____ (office use only)

Has your child ever participated in preschool or out of home daycare? ____ Yes ____ No

If yes, where. _____

What kind of experience did they have?

Please list the members of your household to include siblings and other family members.

Name	Age	Gender		Name	Age	Gender

Third Person to notify in case of emergency; _____
 Relationship to child: _____ Phone #: _____

Does your child usually take naps? ___yes ___no For how long? _____

Special accommodations for naps? _____

Is your child potty trained? ___yes ___no *All diapers or pull ups must be provided.

Authorized person(s) to pick up my child:

Name	Relationship to child		Name	Relationship to child

Is your child taking any medication or have any medical conditions? ___yes ___no
 Please list:

Does your child have allergies? (seasonal and food allergies included) ___yes ___no
 Please list:

Does your child have any physical or developmental limitations or disability? ___yes ___no
 Please list:

Child's Primary Physician _____ Phone #: _____

Preferred Hospital _____

All your child's vaccinations up to date? ___yes ___no

Consent to Treatment of Participant

I am the custodial parent or legal guardian of the Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Mother's Day Out Program at Holy Family Cathedral and I assume all responsibility for the health and physical condition and ability of Participant to participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize a licensed physician or medical center to treat Participant. I accept full responsibility for any medical or hospital bills associated with the care of Participant.

Parent Signature: _____ Date: _____

Printed Name: _____

Social Media & Photo Release

Holy Family Cathedral does not include photos of children or activities in parish publications or on the Holy Family website unless we have written releases from all involved. It is our policy that the full names of children will **never** be used. In general the first name of a child will not be used unless we have a specific reason. Using their name will always be discussed with the child's parents beforehand. No last names, addresses and/or telephone numbers will ever be used.

_____ We/I hereby **give** permission for Holy Family to use first names and photos of my child/children in Parish publications, in the bulletin, on the Holy Family Cathedral Church website and other electronic forms of communication.

NAME(S) of Child(ren):

_____ We/I hereby **do not** give permission for Holy Family to use first names and photos of my child/children in Parish publications, in the bulletin, on the Holy Family Cathedral Church website and other electronic forms of communication.

NAME(S) of Child(ren):

Parent Signature: _____ Date: _____

Printed Name: _____

I certify that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this Mother's Day Out Application.

Parent/Legal Guardian Signature: _____

Printed Name: _____