



Assumption
Early Childhood Learning Center
2021-2022
ENROLLMENT APPLICATION

Office Use Only
School Year: 2021-2022

Date Received: _____ Date Processed: _____
FACTS Verified: _____ RenWeb Verified: _____
Program: _____
Start Date: _____

STUDENT INFORMATION:

Full name: _____

Child's address: _____
Last First Middle Name Called Zip Code

Telephone: _____ Gender: _____ Ethnicity: _____ Religion: _____

Date of Birth: _____ Baptismal Date: _____ Church, City, State _____

Previous Preschool or Daycare Attended: _____ Does your child have an IEP? Yes ____ No ____

Has your child been tested for a learning disability or had a psychological evaluation? Yes ____ No ____

FAMILY INFORMATION:

Mother's name: _____ Father's name: _____
Employer: _____ Employer: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell Phone: _____
Email: _____ Email: _____

Custody: Mother Father Both Other: _____

Signature of Parent or Legal Guardian _____

MEDICAL INFORMATION:

I hereby grant permission for the faculty of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____
Hospital Preference: _____

Permission to transport child by ambulance in case of emergency: Yes No

Please list allergies, special medical or dietary needs, or other areas of concern: _____

EMERGENCY CONTACTS:

Child will be released only to the custodial parent or legal guardian and the person's listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Cell Phone	Work phone	Home phone	Relationship

Please read, complete and initial on each line item below. The signature on this form acknowledges receipt and acceptance of all requirements, documents and all information on this enrollment application is complete and accurate.

- I hereby grant permission for the staff of the Assumption ECLC to have access to my child's records.

According to the Florida administrative Code/Childcare Standards in the Child Care Facility Handbook (October 2017):

- Sections 7.1 and 7.2 of DCF Child Care Facility Handbook, requires a current physical examination (Form 3040) and current immunization record (Form 680) within 30 days of enrollment. _____
- Section 7.3 of the DCF Child Care Facility Handbook, requires that parents receive a copy of Know Your Child Care Facility, which you will receive with the enrollment application. _____
- Section 2.8 of the DCF Child Care Facility Handbook, requires that parents be notified in writing of the disciplinary and expulsion policies used by the childcare facility. _____
- Section 3.9 of the DCF Child Care Facility Handbook; there are occasional classroom activities that include food. These activities would include tasting different foods, classroom cooking activities and special celebrations such as birthday and holidays.
 - **I GIVE MY CHILD PERMISSION TO PARTICIPATE IN ALL FOOD ACTIVITIES.** These activities will be highlighted on your monthly calendar and a reminder will be posted outside the classroom. _____
- I fully understand that this registration of my child will serve as my complete and unconditional agreement to all policies of Assumption Early Childhood Learning Center. _____
- I fully understand that the registration fee of \$200 registration fee is non-refundable and is due at the time of registration. _____
- I fully understand that the remaining supply fee balance of \$200 is non-refundable and is enrolled into FACTS. _____
- I fully understand that I must create a FACTS account prior to my enrollment being complete. _____
- I fully understand that there is a non-refundable FACTS activation fee due upon FACTS account activation. _____
- I fully understand that I am allowed one program change per year. Charges may be assessed for additional changes. _____
- I fully understand for the registration to be complete in the VPK program a Certificate of Eligibility must be submitted to preschool office. _____
 - VPK information can be found at www.VPKDuval.org.
- I understand and agree that I am required to have full security clearance to volunteer in any capacity, including class parties. _____

Signature of Parent/Legal Guardian

Date

- We as parents of _____, give permission to participate in activities of physical education, music, Chapel, mass, ride in age appropriate strollers and take walks on the campus of Assumption Catholic School and Church throughout the **2021-2022** school year. _____
 - The purpose of these field trips are for PE and music class, chapel, mass, ride in age appropriate strollers, take walks on the Assumption campus and explorations/studies to enhance curriculum and the overall experience for each child. Children will be walking and escorted by an Assumption ECLC teacher/assistant teacher. _____
- **Photography Consent:**
 - From time to time during your child's participation at Assumption Early Childhood Learning Center, photographs and video may be taken of activities that involve your child. **Photographs and video may be used for purposes of recording activities, for displays, publications, on our website, our Facebook and/or Instagram page or by local newspapers or television stations.**
 - Photography or filming will only take place with the permission of the ECLC Director under appropriate supervision. When photography or filming is performed by the news, media, children will be named only if there is a particular reason to do so (for example, if he/she received an honor or participation in a special event). Home addresses will never be released.
- You may withdraw your consent at any time.

☐ I consent for my child's photograph to be publish. _____

OR

☐ I do **NOT** consent for my child's photograph to be publish. _____

Signature of Parent/Legal Guardian

Date

COMPLETE ONLY IF PARENTS ARE DIVORCED

Does parent with whom student reside have:

- **Sole Custody** (no contact with other parent allowed as stated in divorce decree)
- **Shared Parental Responsibility** (both parents can receive information and have contact with school)

If shared responsibility, please complete the following:

Name of non-residential parent _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

Duplicate mailings should be sent to this address? Yes _____ No _____

****DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION****

2021-2022 Program Selection Sheet

Child's Name: _____

Date of Birth: _____

Financially Responsible Parent: _____

Email: _____

Phone Number: _____

Program	Time	Age Group	Days	Monthly Tuition	Please Check Here
FULL DAY/YEAR ROUND	7:00AM to 6:00PM	Infants (6 weeks-1 yr. old): 5 days (M-F)		\$1,070	
		One Year Olds	5 (M-F)	\$1,030	
Part-time Preschool 180 School Days	7:30AM to 3:00PM	One Year Olds	5 (M-F)	\$990	
PK2					
FULL DAY/YEAR ROUND	7:00am - 6:00pm	Two Year Olds	5 (M-F)	\$990	
Preschool School Day (180 Days)	7:30AM to 3:00PM	Two Year Olds	5 (M-F)	\$940	
PK3 * All children must be 3 years of age on or before September 1, 2021 and FULLY potty trained.					
FULL DAY/YEAR ROUND	7:00am - 6:00pm	PK3	5 (M-F)	\$965	
Preschool School Day (180 Days)	7:30AM to 3:00PM	PK3	5 (M-F)	\$795	
PK4					
FULL DAY/YEAR ROUND	7:00am - 6:00pm	PK4	5 (M-F)	\$965 *No VPK State Funds	
		VPK plus wrap around	5 (M-F)	\$730	
Preschool School Day (180 Days)	7:30AM to 3:00PM	VPK School Day	5 (M-F)	\$585	
VPK ONLY (180 Days)	8:00AM - 11:00AM	VPK ONLY	5 (M-F)	State Funded	

When participating in PK4, it is the responsibility of the parent to obtaining the VPK eligibility certificate. VPK funding is based on student attendance. If a child loses his/her funding due to lack of attendance, the parent is responsible for the remaining tuition balance.

Do you have sibling attending Assumption Catholic School? Yes ☐ No ☐

If yes, please list name(s) _____

Office Use Only		
Date Received: _____	Age/Grade: _____	Program _____
Start Date: _____	Number of months: _____	Total Yearly Tuition: _____
VPK Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	VPK Certificate Receive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Fee:
Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple children: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$200 due at time of enrollment
ECLC <input type="checkbox"/> ACS <input type="checkbox"/>		Supply Fee:
ECLC Review: _____		<input type="checkbox"/> \$200 rolled into FACTS
Date Processed: _____		

INFORMATION ABOUT ENROLLMENT:

Enrollment is not complete until: the registration fee of \$200 is paid, you have created your FACTS account.

You must set up your FACTS account at: <https://online.factsmgt.com/signing/4N7PY>

Click on setting up your Facts Account.

There are no adjustments for holidays or missed days from our program. All tuition is paid through FACTS.

REQUIRED DOCUMENTS

- Enrollment Application
- Immunization Form DH680
- Health Form DH3040
- Birth Certificate
- Copy of Child's Social Security Card
- Copy of Baptismal Certificate (if baptized Catholic)

VOLUNTEERS:

For the safety of your children, the Diocese of St. Augustine's Safe Environment Policy requires all volunteers to have security clearance. This is a requirement for all volunteer work, including attending class parties. Before volunteering in any capacity, including attending class parties, the following steps must be completed, and clearance received:

- Completion of the Criminal Background Check Form
- Live Scan Fingerprinting
- Volunteer Application
- Protecting God's Children Certificate of Attendance (www.virtusonline.org)
- Affidavit of Volunteer (Chapter 402, Florida Statutes Daycare)

TRANSFER STUDENTS:

Student transferring from out of state must have current State of Florida physical examination (DH3040) and immunization record forms (DH680 or DH681) **within 30 days of enrollment.**

TOILET TRAINING:

Children enrolled in the three or four-year-old classes MUST be toilet trained. A child is toilet trained when, without reminders, can independently walk to the potty, pull down his/her pants, urinate or pass a bowel movement, wipe/cleanse him/herself (without assistance) and pull up his/her pants.

ATTENDANCE POLICY: Adhering to the Assumption Early Childhood Learning Center arrival and dismissal times will maintain consistency and assist in your child's overall learning experience.

- Inform Office Personnel through writing, phone, voice mail or email if your child is absent from school.
- Office Personnel will call families to verify absences if no written documentation, phone call or email is received.

DISCIPLINE POLICY *Section 2.8 of the DCF Child Care Facility Handbook:*

See Policy in Registration Packet and it can also be found on our website www.assumptioneccl.org