



Welcome!

Thank you for choosing St. Mary's Early Childhood Center to care for your child. Below is the list of items your child will need during care. Please ensure that your child's items are labeled.

Toddlers & PreK
<ul style="list-style-type: none">- Blanket- Extra clothing (2 sets)- Lunch- Outerwear to match the season- Pullups, diaper cream and wipes- Waterbottle- Sprays and/or creams:<ul style="list-style-type: none">- Bug Repellent- Chapstick- Lotion- Sunscreen

Enrollment Requirements

North Dakota's Department of Human Services and St. Mary's ECC require the enrollment packet to its entirety and returned prior to the first day of care:

1. Complete the Enrollment Packet
 - ☐ Weekly Schedule & Tuition Agreement (2 pages)
 - ☐ Child Information Sheet (ND Department of Human Services)
 - ☐ Service Contract
 - ☐ Parent's Statement on Health of Child (ND Department of Human Services)
 - ☐ Notify Now Contract Form (unscheduled closings, weather delays, etc.)
 - ☐ Field Trip Permission Form (ample notice will be provided prior to field trip)
 - ☐ Photo Permission Release
 - ☐ Product Permission Form
 - ☐ Procure Autopayment Processing (2 pages)
 - ☐ Water Activity Permission Form
2. Provide Copy of Current Immunization Records
3. Provide Copy of Birth Certificate
4. \$50 non-refundable **Registration Fee** (per child)
5. First Weeks Tuition



Weekly Schedule & Tuition Agreement

TUITION PRICING IS LOCATED ON THE NEXT PAGE

Child's Name: _____ DOB: ____/____/____

Please select type of care needed:

Full-Time Care: Your child attends 4-5 days per week between 7:15 AM and 5:30 PM.

Children between the ages of 6 weeks through 2 years old are offered full-time schedules only.

Est. drop off time: _____ Est. pick-up time: _____

Part-Time Care: Your child attends 2-3 days per week, M/W/F or T/TH

Toddler or Pre-K

M T W Th F

Est. drop off time: _____ Est. pick-up time: _____

School Age Care:

Est. drop off time: _____ Est. pick-up time: _____

M T W Th F

Military Discount: We offer a 10% discount that will be applied towards your child's tuition.

Current Parishioner Discount: We offer a 10% discount that will be applied towards your child's tuition.



Tuition Agreement

I agree to enroll my child at **St. Mary's Early Childhood Center** for the indicated schedule and agreed to pay the corresponding daily/hourly tuition rate beginning on (date)

____/____/____

I understand that payment is due in advance of care and agree to pay the monthly tuition on or before the first day of the month that care is provided.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Classroom	Full-Time Care	Part-Time Care
Infants (6 w/o-18 m/o)	\$338/week	N/A
Younger Toddlers (18 m/o-24m/o)	\$275/week	\$60/day
Older Toddlers (24 m/o to 36 m/o)	\$275/week	\$60/day
Pre-K (36 m/o to 48 m/o)	\$242/week	\$55/day
Pre-K 2 (48 m/o to 60 m/o)	\$242/week	\$55/day
School-Age Before/After School (Kindergarten +)	\$77/week	N/A
School-Age Summer (Kindergarten +)	\$202/week	\$45/day



Service Contract

By signing this contract, I/we are agreeing to the following:

1. I have received, read, understand and agree to accept the terms in the Parent Handbook as a condition of enrollment.
2. I understand that to be enrolled, the child's shot record and birth certificate must accompany the application.
3. I understand that to be enrolled, the \$50.00 registration fee must accompany the application. This fee is non-refundable.
4. I agree to pay the monthly tuition on or before the first day of the week that care is provided. In the event that the tuition is not paid on time, I/we agree to pay a \$5/day late fee (including weekends).
5. I agree to provide a written two week notice upon termination of care and agree to pay for two weeks of care should we terminate without prior notice.

Parent Signature_____Date_____

Parent Signature_____Date_____



Field Trip Permission Form

Field Trip form to go on neighborhood walks and to the local parks

Child's Name _____

Address _____

Parent: Name: _____ Work # _____ Cell # _____

Parent: Name: _____ Work # _____ Cell # _____

Emergency contact who may assume responsibility for your child if you cannot be reached:

Name _____ Phone # _____ Relationship to child _____

____ My child has permission to leave St. Mary's ECC (on foot) for the purpose of attending field trips or class walks.

____ My child does not have permission to leave St. Mary's ECC (on foot) for the purpose of attending field trips.

Parent Signature: _____ Date: _____

Please list any allergies or medical conditions: _____

I hereby authorize St. Mary's ECC to secure emergency medical treatment for my child under the following conditions:

- 1. An emergency or unanticipated condition necessitates action for the preservation of life or health of the child**
- 2. Reasonable attempts to contact me have failed**

Print Name: _____

Signature: _____ Date: _____



Notify Now Contact Form

Please provide your contact information below. St. Mary's ECC utilizes Notify Now to send notifications to announce weather closings, delays and further information as needed. *We typically follow the same winter storm schedule as the Grand Forks Public School system.*

Child(ren)'s Name(s): _____

Parent Names(s): _____

Cell #: _____ Work #: _____

Would you like to receive text messages as well? ☐ Yes ☐ No

E-mail: _____

Child(ren)'s Name(s): _____

Parent Names(s): _____

Cell #: _____ Work #: _____

Would you like to receive text messages as well? ☐ Yes ☐ No

E-mail: _____



St. Mary's
Early Childhood Center

Photo Release Form

Dear Families,

For purposes of advertisement, providing valuable information to prospective, and to let families in on the goings-on at St. Mary's ECC, we maintain a Facebook page and a website: www.stmarysgfnd.com. Occasionally we update these sites with photos that reflect our curriculum and environments.

Please complete the bottom portion of this form to let us know if we may use your child's image for this purpose. Please note we will never post your child's name with the photographs.

Please check all that apply

- ☐ I give permission for images of my child to be used on the St. Mary's website.
- ☐ I give permission for images of my child to be used on the St. Mary's Facebook page.
- ☐ I give permission for images of my child to be used for bulletin boards and classroom projects.
- ☐ I do not give permission for images of my child to be used at all.

Parent Name: _____

Parent Signature: _____

Date: _____



Product Permission Form

All Over the counter products require parental permission on a yearly basis.

I give permission for the following products to be applied by St. Mary's Early Childhood Center Staff as needed for my child _____.

We will notify you and fill in the brand name of the products.

Type of Product:	Brand Name:
<input type="checkbox"/> Antibacterial First Aid Ointment	
<input type="checkbox"/> Bug Repellent (for children over 2 months old)	
<input type="checkbox"/> Diaper Ointment/cream	
<input type="checkbox"/> Chapstick	
<input type="checkbox"/> Lotion	
<input type="checkbox"/> Sunscreen (for children over 6 months old)	
<input type="checkbox"/> Toothpaste	

Parent Name: _____

Parent Signature: _____

Date: _____



Water Activity Permission Form

Name of child: _____ Date of Birth: _____

I give consent for _____ to participate in water activities while at St. Mary's ECC.

I understand that my child's care provider will:

- Maintain a safe staff to child ratio while participating in water activities
- Closely monitor my child and will never leave them unattended while they are participating in the water activities listed below.

My child may participate in: Please check all that apply. Permission is not required for water tables or sprinklers

☐ Swimming in on-site pool

Describe pool type (wading, underground, 3 to 4 ft. above ground) _____

☐ Community Pool / Water Slide

Location / Address: _____

☐ **My child's swimming abilities:** Please check all that apply

A non-swimmer

☐ Has successfully completed formal swimming lessons

Describe what level/skills your child has in swimming: _____

☐ Has special needs with water activities

Please describe: _____

Parent Name: _____

Signature of Parent: _____ **Date*** _____

*Permission form effective for one year from date of signing.