

# **St. Gregory the Great**

## **Early Childhood Enrichment Program**

### **Registration Packet**

**To begin** your child's enrollment the following needs to be filled in and completed at time of registration:

- A \$225.00 Non-Refundable registration fee.
- A copy of your child's Birth Certificate or Passport
- A copy of your child's Baptismal Certificate (if applicable)
- St. Gregory the Great Registration and Tuition Form
- Proof of Immunization from your child's physician **AND**
- A copy of your child's most recent physical exam
- The New York State Office of Children and Family Services Day Care Registration Card (so-called blue card)
- Completed medical form
- Completed Emergency pick-up form
- Completed Child Development History

**When your child's application is processed you will receive a:**

1. Welcome Letter and Smart Tuition Enrollment form will be sent in January.
2. Invitation to the Parent Orientation Meeting in March. Smart Tuition Enrollment form due at this meeting.

If you have any questions please do not hesitate to contact us at:

Phone: 914-835-1278

914-835-1912

Fax Number: 914-835-2070

E-mail Address: [info@stgregoryearlychildhood.com](mailto:info@stgregoryearlychildhood.com)

Thank you for your interest in our program.

Maria Gaudelli, *Director*

Linda Rinaldi, *Administrative Assistant*

**Saint Gregory the Great Early Childhood Enrichment Program**  
**REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Nick Name \_\_\_\_\_ E-mail address for school notices \_\_\_\_\_

**PLEASE CHECK ONE:** NEW STUDENT \_\_\_\_\_ ALUMNI FAMILY \_\_\_\_\_ RE-REGISTERING STUDENT \_\_\_\_\_

**Student's Ethnicity:** (please circle-information used for school census):

American Indian Asian Black Hispanic Pacific Islander White Multiracial Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Address \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Church Affiliation \_\_\_\_\_ School District if other than Harrison \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Address(if different): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

**CHECK APPROPRIATE PROGRAM:** *\*\*Please be advised that once you select a specific program option, adjustments cannot be made unless we have an available opening. Students will be randomly placed at the "sole discretion" of the Pre-School Director.*

**3 year old options:**

- 3 half-days a.m.	T,W,Th	8:45 a.m. to 11:30 a.m.	_____	\$4,870
- 5 half-days a.m.	M-F	8:45 a.m. to 11 :30 a.m.	_____	\$6,765
- 5 half days	M-F	8:45 a.m. to 11:30 a.m.		
+ 3 afternoons	T, W, TH	11:30 a.m. to 2:30 p.m.	_____	\$8,610

**4 year old options:**

- 5 half days a.m.	M-F	8:45 a.m. to 11:30 a.m.	_____	\$6,765
- 5 half-days a.m.	M-F	8:45 a.m. to 11:30 a.m.		
+ 3 afternoons	T,W,TH	11:30 a.m. to 2:30 p.m.	_____	\$8,610
- Full day program	M-F	8:45 a.m. to 2:30 p.m.	_____	\$9,328

**TUITION AGREEMENT** A \$225.00 NON-REFUNDABLE application fee **MUST** accompany **ALL** applications.

*This is a contract, please read carefully before signing.*

Between \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Name) (please print clearly)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

And Saint Gregory the Great Early Childhood Enrichment Program, 94 Broadway, Harrison, New York 10528.

**PLEASE CHECK ONE PAYMENT PLAN:**

- \_\_\_\_\_ 1. Annually – payment due in full August 1<sup>st</sup>  
\_\_\_\_\_ 2. Semi-Annually – 2 equal payments due, August 1<sup>st</sup> and January 1<sup>st</sup>  
\_\_\_\_\_ 3. Ten equal payments – payments due August 1<sup>st</sup> through May 1<sup>st</sup>.

Saint Gregory the Great is a non- profit organization, therefore, our annual budget is based primarily on tuition income. We are partnered with the Smart Tuition Company to handle tuition collection. There is a yearly family fee of \$45 for this service paid directly to Smart Tuition at the time of your first payment. All payments are due on the 1<sup>st</sup> of the month of your payment plan. However, if your payment has not been received to Smart Tuition by the 5<sup>th</sup> of the month it will be considered late and Smart Tuition will automatically charge you a \$40 late fee. Because all of our income is dependent on tuition payments, you must pay on time. Tuition fees are all inclusive. No deductions can be made for absences caused by illness or withdrawal for a portion of the year. If the Administration should feel that a student is not benefiting from the program experience, his/her withdrawal will be requested and a pro-rated portion of the student's tuition will be refunded. All other fees are **NON-REFUNDABLE**.

I agree to pay my child's tuition as stated above. I understand that tuition payments are due by the above dates. I understand that paying on time is my obligation. I understand the obligation that I have to Saint Gregory the Great and I intend to fulfill this obligation. It is agreed that the Parent/Guardian is responsible for the full tuition.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ST. GREGORY THE GREAT EARLY CHILDHOOD ENRICHMENT PROGRAM

## **CHILD'S DEVELOPMENT HISTORY**

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Name and ages of siblings \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

## **EATING HABITS**

Please describe your child's appetite \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Please tell us your child's favorite foods \_\_\_\_\_

Does your child eat dinner

( ) alone

( ) with family

( ) with sibling

( ) with sitter

## **SLEEPING HABITS**

What time does your child go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ Regularly? \_\_\_\_\_ For how long? \_\_\_\_\_

Does your child have his/her own room? \_\_\_\_\_ Is bed time a regular routine? \_\_\_\_\_

Does your child ( ) comply ( ) resist at bed time?

## **SPEECH**

Does your child speak clearly? \_\_\_\_\_ Is your child's vocabulary large? \_\_\_\_\_

Are other languages spoken in the house? \_\_\_\_\_ If yes, please list \_\_\_\_\_

\_\_\_\_\_

## **DISCIPLINE**

Describe your child's response to discipline\_\_\_\_\_

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If your child does not comply after repeated requests, what consequences result from the Non compliance?\_\_\_\_\_

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Do all members of the family agree on methods of discipline?\_\_\_\_\_

Are there different discipline standard with

( ) Mother ( ) Father ( ) Grandparents ( ) Sitter ( ) Other\_\_\_\_\_

Does your child have tantrums? \_\_\_\_\_ If yes, please describe what occurs\_\_\_\_\_

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What is something your child does not like to do?\_\_\_\_\_

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## **SOCIAL**

Has your child ever been separated from you during the day on a regular basis?\_\_\_\_\_

What are your child's favorite play item?\_\_\_\_\_

Can you please tell us your marital status: ( ) married ( ) single ( ) widow/er  
( ) divorced ( ) separated

Are there step-children in your child's life?\_\_\_\_\_

Does your child watch television?\_\_\_\_\_ How many hours daily?\_\_\_\_\_

Which shows?\_\_\_\_\_

Does your child have any habits? (nail biting, thumb sucking)\_\_\_\_\_

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Describe what you do to comfort your child when he/she is distressed?\_\_\_\_\_

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What are your child's favorite activities?\_\_\_\_\_

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Please describe your child's personality?\_\_\_\_\_

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If your child should unfortunately have difficulties at school, how would you prefer to be approached and informed?\_\_\_\_\_

## EMERGENCY AND PICK UP FORM (please print clearly)

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mom's Work : \_\_\_\_\_ Father's Work : \_\_\_\_\_

**EMERGENCY CONTACT'S:** In case of emergency and parent can not be reached, contact:

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Doctor : \_\_\_\_\_  
Name Address Phone

Dentist : \_\_\_\_\_  
Name Address Phone

Note any medical conditions and explain: \_\_\_\_\_

In case of accident or illness, I request that the Early Childhood Program Director contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow physician's instructions. If it is impossible to contact this physician, the representative of the program may make whatever arrangements necessary. I agree to assume financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

**CHILD PICK UP LIST:** No child will be allowed to leave with anyone not on this list.

Written permission must be sent to school if there are any other pick up arrangements required.

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Parent/Guardian Signiture: \_\_\_\_\_ Date \_\_\_\_\_

# ST. GREGORY THE GREAT EARLY CHILDHOOD ENRICHMENT PROGRAM

## **PHOTO AND DIRECTORY PERMISSON FORM**

During Registration I received the Parent Handbook and I am aware of the policies and information contained therein.

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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Dear Parents,

During the school year we will be taking pictures of the children as they work and play. These pictures will be used for in class projects and displays, i.e. bulletin boards, art projects and memory books. Please complete this form giving permission for the taking and use of these photos. The PTA would like to distribute a school directory and teachers would like to distribute a class list that includes the children's names, addresses phone numbers and e-mail address. If you do not wish to have your child's name included please indicate below.

### Photo/Class List/School Directory Release Form

Please check off both sections and return.

\_\_\_\_ Yes, my child may be photographed for in school use.

\_\_\_\_ Yes, include my child's information on the class list and school directory

\_\_\_\_ No, my child may not be photographed

\_\_\_\_ No, do not include my child on the class list and school directory

Parent/Guardian Signature: \_\_\_\_\_

**Saint Gregory the Great**  
Early Childhood Enrichment Center  
94 Broadway  
Harrison, New York 10528  
914-835-1278

Name of school:	Date:

**DENTIST CERTIFICATE**

Student:			Grade:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:			Teacher:	
<b>PLEASE CHECK WORK THAT WAS COMPLETED:</b>				
Inspection: <input type="checkbox"/>	Cleaning: <input type="checkbox"/>	Repair: <input type="checkbox"/>	No Treatment needed: <input type="checkbox"/>	
<b>This is to certify that all dental work has been completed on the following date:</b>				
Name of dentist:				
Address:				

**THIS SLIP IS TO BE RETURNED TO THE SCHOOL THE CHILD ATTENDS; ATTENTION OF SCHOOL NURSE**

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94 Broadway  
Harrison, New York 10528  
914-835-1278

**TUBERCULIN SKIN TEST / WAIVER FORM**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Tuberculin Skin Test:**

The above named patient has been assessed for his/her need for formal tuberculin skin testing according to the guidelines as published by the New York State Department of Health, Center for Disease Control, and the American Academy of Pediatrics.

PPD Test:    Date Given \_\_\_\_/\_\_\_\_/\_\_\_\_      Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result: Positive \_\_\_\_\_ Negative: \_\_\_\_\_

CXR: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Neg. \_\_\_\_ Pos. \_\_\_\_

**I. Waiver:**

According to the guidelines the patient does not require formal skin testing ☐

Physician Name (print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_