



**REGISTRATION FORM**

Student Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Start Date: \_\_\_\_\_

Class: \_\_\_\_\_ Full/Part Time? \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Custody: Mother Father Both Other \_\_\_\_\_

Child Resides With (check all that apply): Mother Father Both Other Physicians

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Allergies: \_\_\_\_\_

Religious Background: \_\_\_\_\_

Additional information pertaining to child's care ( i.e. habits, potty training)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



**EMERGENCY CONTACT & PICK-UP LIST**

We wanted to ensure you had as many spaces needed for emergency contacts,  
you are not required to fill out every space.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## Parent Agreement

I am the parent or legal guardian of \_\_\_\_\_. In order to record my understanding of my rights and responsibilities as a parent, guardian, or custodian of the above named child, who is enrolled with St. Clare Early Learning Center, I agree to abide by the requirements, written below and all policies set forth in the Parent Handbook. Section 4002.3125(5), F.S., requires that parents receive a copy of the Child Care Facility brochure, "Know Your Child Care Facility". Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

- In return for this promise of continual fulfillment of all policies, St. Clare Early Learning Center agrees to provide care for the above-named child which meets the standards and guidelines as set forth below and in the Family Handbook.
- The fee as set forth herein will be in effect until a new agreement is signed by me. This fee for each child will be paid in advance; I understand that care will not be provided without this advance payment.
- I understand that an annual registration fee of \$150.00 is required at the time of registration each year.
- Tuition payments will be made by cash, check, or money order. Receipts will be given for payments if requested. I understand that I have the right to choose to make monthly payments or weekly payments. I also understand that once a payment method is established it cannot be changed until a new payment method is established and a new agreement is signed.

Please select one of the following payment options:

**MONTHLY PAYMENT PLAN** - Monthly payments must be made no later than the 5th of every month. A \$25.00 late fee will be assessed for accounts not paid on or before the 5th of every month and will be charged an additional \$10.00 fee each week until paid in full.

**WEEKLY PAYMENT PLAN** - Weekly payments are due on Monday. Any payment not received by close of business on Tuesday will incur a \$15.00 late fee.

**VPK/HALF DAY BEFORE CARE & LAST MINUTE LUNCH BUNCH** - This option should be selected by all students that are currently using a VPK Voucher to attend St. Clare Early Learning Center or are enrolled in our half day program in the possibility of their child needing these services. These services require a 24-hour notice and proper payment to ensure we remain in compliance with licensing. Inability to give 24-hour notice will result in your child possibly being unable to stay for extra care.

- I understand that if my child is not picked up at time of dismissal, a \$15.00 late fee will be added to my account.
- I understand there is a returned check fee of \$40.00.
- I understand that two weeks advance, written notice to the Director is required when withdrawing a child from St. Clare Early Learning Center. If two weeks' notice is not given, I will pay 2 weeks worth of current tuition rate from the time the child is withdrawn.

I understand all the information previously stated and agree to these terms.

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date Signed



**ST CLARE**  
EARLY LEARNING CENTER  
The Diocese of St Augustine

## Child Photography Release

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Approve  Deny

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Food Activities Release

My child has permission to consume food items brought into the classroom that are from outside sources. This would include snack items, pizza parties, birthday parties, Christmas parties, etc...

Approve  Deny

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent Handbook



**ST CLARE**  
EARLY LEARNING CENTER  
The Diocese of St Augustine

## Acknowledgment Form

This is to certify that I have read and understood the St. Clare Early Learning Center Parent Handbook located electronically on our website at [www.stclareelc.org](http://www.stclareelc.org) and that I agree with all terms and conditions and agree to abide by the policies within:

Parent of: \_\_\_\_\_

(Please print child's name)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ST CLARE**  
EARLY LEARNING CENTER  
The Diocese of St Augustine

## **Screening Policy**

Screening is a process to determine if a child has any developmental concerns that may require further attention and follow-up. Screening can include vision, speech/hearing, nutrition, dental, and overall development. We partner with other agencies in the community who will provide opportunities for some of the above screenings to be conducted at our center. Your consent will be obtained prior to the administration of those screenings. Assessment is the process to monitor growth and development on an ongoing basis. Screening and assessment are directly linked to lesson planning and meeting the individual needs of children. Our goal is to ensure that your child prepares to enter Kindergarten at the age of five.

Among the screenings and assessments conducted at our center are: the Alphabet Letter Recognition Inventory (ALRI), portfolio assessments in the preschool classrooms, Teaching Strategies Gold, and the Ages and Stages Questionnaire (ASQ) for ages four months through five years. At least once a year, our center administers the ASQ screening. This tool assesses a child's overall development in the areas of communication, gross motor, fine motor, problem-solving, and personal social skills. Our staff have been trained on how to administer this screening. The questions on the ASQ may be answered based on teacher observation, one-on-one activities conducted with the child or by parent/guardian input. Upon completion of the questionnaire, we will share with you the results and may provide supplemental learning activities or follow-up recommendations.

\*\*\* I give consent for my child to participate in screenings administered at the center. I understand that the information gathered from the screening will be used to help my child with his/her developmental growth and success. My child's results and findings are confidential and will only be shared with my permission.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Permission and Release of Liability  
School Field Trip Participation**

Name of Child: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Name of School: St. Clare Early Learning Center

Name of Event: Nature Walk

Destination: Wildlight Trails

Date and Time of Departure: \_\_\_\_\_

Date and Anticipated Time of Return: \_\_\_\_\_

Method of Transportation: Walking

Student Cost: N/A

The above student is eligible to participate in above school-sponsored event requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from the above school.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

\*\*\*\*\*

Please list any known allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\*\*\*\*\*

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the school grounds and that the student will be under the supervision of a designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine Erik T. Pohlmeier, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik T. Pohlmeier, individually, the above-noted school, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the student, and the student's parents, personal representatives, assigns, heirs, and next of kin.

\_\_\_\_\_  
(Parent / Guardian / Representative Signature)

\_\_\_\_\_  
(Date)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**Credit Card Authorization Form  
2024-2025**

Cardholder's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Student Name: \_\_\_\_\_

I authorize the following credit card to be issued as form of payment for monthly tuition/registration fees at St. Clare Early Learning Center.

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV# (3 Digits): \_\_\_\_\_

Signature Of Card Holder: \_\_\_\_\_

**\*PLEASE NOTE THAT PAYMENTS WILL BE POSTED ON THE FIRST OF THE MONTH.**