

Rcvd _____ Credit Card _____ Check# _____ Cash _____

St. Andrew Children's Learning Center
9203 S. University, Highlands Ranch, CO 80126 (303)794-0510
REGISTRATION 2012/2013

Class _____

Option _____

Male/Female

Child's Name _____

Date of Birth _____

Parent/Guardian's Name _____

Home Phone _____

Cell Phone _____

Street Address _____

City _____

Zip _____

Email Address **(we will notify you via email regarding class placement or waitlist status)**

Current Family Member Constituent 2011/12 Waitlist Family New Family

Hours 9:30 a.m. to 2:30 p.m. Music Class for all children Tuesday-Friday
Spanish offered to those children born 7/07 – 12/08
Must be 12 months and walking by June 30, 2012

Please mark your 1st and 2nd option if applicable.

ONE DAY OPTION
DOB 1/1/10 – 6/30/11
___ Tuesday
___ Wednesday
___ Thursday
___ Friday

TWO-DAY OPTION
DOB 1/1/10 – 6/30/11
___ Wednesday/Friday

TWO-DAY-OPTION
DOB 7/1/07 – 6/30/11
___ Tuesday/Thursday

THREE DAY OPTION
DOB 7/1/07 – 12/31/09
___ Monday/Wednesday/Friday

If your child is not placed in your 1st option would you like:

- ___ child to be placed in 2nd option class (if room)
- ___ child to be placed in 2nd option class (if room) and put on 1st option waitlist
- ___ child to be placed on 1st option waitlist only

Will your child attend Kindergarten in Fall of 2013? Yes No

MONTHLY TUITION: One day = \$143.00 Two days = \$286.00 Three days = \$429.00

Non-Refundable Registration Fee of \$30.00 per child must be attached to Registration Packet. Non-Refundable Processing Fee of \$25.00 and Annual Supply Fee of \$30.00 per child if and when child is placed on class list, to be paid by March 1, 2012 or within 2 weeks after class placement. **Total Registration Fee: \$85.00**

**In order for your registration to be processed you must complete the Registration Packet and attach a \$30.00 non-refundable registration fee.

CLC Registration & Tuition Agreement

St. Andrew Children's Learning Center (CLC) exists as a Christian preschool program licensed by the State of Colorado. The CLC program provides a planned day for children to help them reach optimal growth in spiritual, social, emotional, cognitive and physical skills through development age appropriate centers and activities.

I agree to the following:

- To leave my child no earlier than 9:30 a.m. and to pick up no later than 2:30 p.m. (a late fee will be charged for late pick up).
- To pay monthly tuition the first week of each month that CLC is in session. A \$15.00 fee will be assessed on accounts not paid by the 10th of the month.
- To attend the mandatory Parent Orientation (new families only).
- To read and abide by the rules and policies for St. Andrew CLC contained in the Parent Handbook located on our website www.st-andrew-umc.com
- To pay the non-refundable registration fee of \$30.00 per child at time of registration.
- To pay \$30 refundable annual supply fee and \$25 non-refundable processing fee by March 1, 2012 once class placement is established.
- To pay August 2012 Tuition by May 20, 2012. Tuition and supply fees are non-refundable after July 1, 2012. **YOU MUST GIVE WRITTEN NOTICE PRIOR TO THIS TIME IF YOU WISH A REFUND.**
- **Tuition rates: 1 day=\$143.00, 2 days=\$286.00, and 3 days=\$429.00 monthly.**
- To pay May 2013 Tuition by August 15, 2012. This fee is non-refundable after February 15, 2013. **YOU MUST GIVE WRITTEN NOTICE PRIOR TO THIS TIME IF YOU WISH A REFUND.**
- I understand that once I have enrolled in the CLC program, I will give one month's written notice to the Director prior to leaving the program.
- I understand that financial assistance forms are available upon request.

Parent Signature

Date

Program Options

*Children must be 12 months old AND walking by June 30, 2012 to attend
St. Andrew Children's Learning Center*

**All classes are 9:30 a.m. – 2:30 p.m.
All children will participate in music Tuesday thru Friday
Spanish offered to those children born 7/07 – 12/08**

ONE DAY OPTION (TUESDAY, WEDNESDAY, THURSDAY, FRIDAY)

Children born 1/1/10 – 6/31/11

TWO DAY OPTION (WEDNESDAY/FRIDAY)

Children born 1/1/10 – 6/31/11

TWO DAY OPTION (TUESDAY/THURSDAY)

Children born 7/1/07 – 6/31/11

THREE DAY OPTION (MONDAY/WEDNESDAY/FRIDAY)

Children born 7/1/07 – 12/31/09

For Office Use Only

Date of Enrollment _____ Class _____ Option _____



ST. ANDREW CHILDREN'S LEARNING CENTER
2012 – 2013 CHILD INFORMATION RECORD
(To be filled out by parent/guardian)

Child Information

Child's Last Name	Child's First Name	Child's Nickname (if used)	
Child's Birth date	Gender	Child's Home Language	Child's Race/Ethnicity

Child Lives With _____ Is there a court-ordered custody arrangement for this child? Yes No (If yes, please provide a copy.)

Family Information

Parent or Guardian 1	Relationship to Child	Email Address (one per family or address)	
Home Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Parent or Guardian 2	Relationship to Child	Email Address (if different from Parent 1)	
Home Address (if different from Parent 1)	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Contact Information

Local contact person (e.g. friend, neighbor or relative) if parent is unavailable:

Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.

Name Relation to Child OK to Pickup? Yes No Emergency Contact? Yes No

Phone Address City State Zip Code

Name Relation to Child OK to Pickup? Yes No Emergency Contact? Yes No

Phone Address City State Zip Code

Name Relation to Child OK to Pickup? Yes No Emergency Contact? Yes No

Phone Address City State Zip Code

Medical Contact Information

Child's Physician Practice Name Phone

Physician's Address City State Zip Code

Child's Dentist Practice Name Phone

Dentist's Address City State Zip Code

Hospital Phone

Hospital Address City State Zip Code

I give my permission for my child to watch a maximum of 30 minutes of age appropriate video in their classrooms. _____

Initial

I give my permission for my child to sleep on the floor on a 2" mat. _____

Initial

I agree to have my child examined by a physician annually (every 6 months for ages 3 and under) and medical information returned to CLC for their files. _____

Initial

I give my permission to be listed in the CLC Directory: _____

Initial

I give my permission for my child to be photographed/videotaped while in a classroom setting for potential website or classroom use: _____

Initial

I agree to comply with the program rules which are established and periodically amended by St. Andrew for the Children's Learning Center (CLC). I give permission to have my child receive emergency medical treatment as deemed necessary by the personnel at St. Andrew. I understand that while constant supervision of my child is provided by the staff of CLC, there is inherent risk of injury to my child from activities in the classroom, on the playground and in the building facilities of St. Andrew. I accept this risk and on behalf of myself and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release St. Andrew from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the CLC program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless St. Andrew and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.

Parent or Guardian Signature

Date



**ST. ANDREW CHILDREN'S LEARNING CENTER
2012 – 2013 CHILD MEDICAL INFORMATION**

(To be filled out by parent/guardian)

Child's Name _____

Date of Birth _____

Specific health concerns: Allergies: Yes No if yes, please specify. _____

Restrictions: Yes No if yes, please specify. _____

Operations/Serious Illnesses: Yes No if yes, please specify. _____

List any behavior or other special considerations: _____

Health Insurance Coverage Information

Address _____

Health Insurance? Yes No

Insurance Company _____

Phone _____

Policy Number _____

Group Number _____

If this information changes during the school year, I agree to inform St. Andrew Children's Learning Center of the changes.

Parent/Guardian Signature _____

Date _____

_____ If you do not wish to provide full health insurance information, please initial here.

Authorization for Access to Child Health Information

I, the parent/guardian of _____ authorize the staff of St. Andrew Children's Learning Center to have access to my child's health information as provided to CLC (General Health Appraisal form, Immunization records, Health Insurance Coverage Information, specific health care plans). I understand that the records will be reviewed for completeness by office staff and CLC's nurse consultant, and may be accessed other times through the school year on an individual, as needed basis. I also authorize contact with my child's physician via phone, fax or in writing as needed to continue medical care. Records are considered confidential material.

Parent/Guardian Signature _____

Date _____

**St. Andrew Children's Learning Center
Volunteer Opportunities
2012-2013 School Year**

- Serve on committee for Teacher Appreciation
- Serve on committee for Fund Raising
- Cutting for teachers (can be done at home)
- Receptionist
- Help prepare and serve a theme lunch
- Room Parent
- Teacher Break Volunteers
- Provide dish for Teacher Luncheon in December
- Provide dish for Teacher Luncheon in April

Name _____ Child's Class Day/s _____

Email address _____ Phone _____

Best way to reach you _____

Thank you for volunteering to make CLC a wonderful place for families!!!