

St. Jerome Little Lions Learning Center
9820 Chapel Rd. Waco, Tx 76712 (254) 666-6222



Admission Information

For Office Use Only

Date of Admission / / Date of Withdrawal / / Class Days attending

Check one of the following: New Student Current Student Re-Enrolling

Applying for: Check one

- 3 year-old Pre-School (M-F) 8:30-2:30 4 year-old Pre-Kindergarten (M-F) 8:30-2:30
- 3 year-old Pre-School (M-F) 8:30-12:30 4 year-old Pre-Kindergarten (M-F) 8:30-12:30
- 3 year-old Pre-School (M-W-F) 8:30-2:30
- 3 year-old Pre-School (M-W-F) 8:30-12:30
- Morning Care (7:30-8:15) Afternoon Care (2:45-5:30)

Students Name _____
 First Middle Last Name Preferred

Male Female Age (As of 8/31/ _____ Date of Birth _____

Address _____
 Street City Zip

Mother's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Email _____

Father's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Email _____

Parents are: Married Divorced Separated Deceased (which parent) _____

- Member of St. Jerome Parish with a 6 month history of contributions
- Member of St. Jerome Parish with NO history of contributions
- New member of St. Jerome Parish with a letter of recommendation from previous parish
- Not a member of St. Jerome Parish

EMERGENCY CONTACTS

At least two names are required other than parents. Please list the names in the order you would like them to be contacted in the case of an emergency.

Name _____ Relationship _____
Phone # _____ Drivers License # _____

Name _____ Relationship _____
Phone # _____ Drivers License # _____

Name _____ Relationship _____
Phone # _____ Drivers License # _____

Name _____ Relationship _____
Phone # _____ Drivers License # _____

St. Jerome Little Lions Learning Center has my permission to release my child to the following:

Name _____ Relationship _____
Phone # _____ Drivers License # _____

Name _____ Relationship _____
Phone # _____ Drivers License # _____

Name _____ Relationship _____
Phone # _____ Drivers License # _____

Parent Signature _____ Date _____

Parent Name Printed _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for the director or the person in charge at St. Jerome Little Lions Learning Center to take:

Name of Child: _____

To:

Name of Physician:

_____ Phone # _____

Address of Physician:

Or to:

Name of Hospital or Clinic _____ Phone # _____

Address of Hospital or Clinic _____

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Signature – Parent or Legal Guardian

Print Name

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

St. Jerome Little Lions Learning Center Child's Health History

Child's Name _____ Date of Birth _____

Copy of Immunizations attached Y / N Name of physician: _____

Does your child have allergies to any of the following? Check those that apply and indicate the type of allergic reaction and the treatment that should be given. If standing orders for medical treatment are warranted, please obtain those from your doctor (includes the use of Benadryl).

- Foods: Y / N if yes, list _____
- Medications: Y / N if yes, list _____
- Insect Bites: Y / N if yes, list _____
- Other allergies: Y / N if yes. Please describe _____

Does your child have a chronic medical condition such as asthma? Y / N If yes, please explain and give instructions for your child's care. _____

Does your child have tubes in his/her ears? Y / N

Has your child been hospitalized? Y / N Had surgery? Y / N If yes, please explain: _____

Check any of the following medical conditions that your child has had or periodically suffers from the effects of:

- | | | | |
|---|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Head Injury | <input type="checkbox"/> TB | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other |
| <input type="checkbox"/> Acute Ear Infections | <input type="checkbox"/> Prolonged High Fever | | |

If you checked any of the above, please explain and give dates of illness: _____

Is your child taking any medications regularly? Y / N If yes, please list medication and why it is taken. _____

Describe any limitations your child may have and/or any accommodations that we may need to make to meet your child's needs. _____

Parent's Signature _____ date _____

Child daycare operations are public accommodations under the American with Disabilities Act (ADA), Title III. If you believe that a such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 or (800) 514-0383 (TTY).

Registration Fee

Your Registration Fee is **Non-Refundable**.

5 Day Pre-Kindergarten

- Pre-Pay Annual Payment \$ 250.00
- Semi-Annual Payment \$ 125.00 / August - \$ 125.00 / January

3 Day Pre-School

- Pre-Pay Annual Payment \$ 200.00
- Semi-Annual Payment \$ 100.00 / August - \$ 100.00 / January

Tuition Schedule

<input type="checkbox"/> 3 year-old Pre-School	(M-F) 8:30-2:30	\$380.00 per month
<input type="checkbox"/> 4 year-old Pre-Kindergarten	(M-F) 8:30-2:30	\$380.00 per month
<input type="checkbox"/> 3 year-old Pre-School	(M-F) 8:30-12:30	\$260.00 per month
<input type="checkbox"/> 4 year-old Pre-Kindergarten	(M-F) 8:30-12:30	\$260.00 per month
<input type="checkbox"/> 3 year-old Pre-School	(M-W-F) 8:30-2:30	\$230.00 per month
<input type="checkbox"/> 3 year-old Pre-School	(M-W-F) 8:30-12:30	\$155.00 per month
Early Child Care	(M-F) 7:30-8:30	\$40.00 per month
After Child Care	(M-F) 2:30-5:30	\$120.00 per month

St. Jerome Little Lions Learning Center Payment Policy

TUITION:

St. Jerome LLLC is a ministry of St. Jerome Catholic Church. Reduced tuition rates are offered to St. Jerome Parishioners who have established a 6-month history of contribution to the financial support of St. Jerome Parish. For those who have recently joined the Parish, a letter of referral from the applicant's previous church will be considered. To continue to receive reduced tuition, members must maintain regular contributions in support of St. Jerome Parish. Remember there is no record of contributions made in cash.

TUITION PAYMENTS:

The yearly tuition is divided into 10 payments. All payments are due the first of each month and considered late after the 5th of each month. Payments not received by the 5th of each month will be subject to late fees. Tuition is calculated on a flat rate per month. (* August tuition is prorated for two weeks attendance) There will be NO credit for absences, holidays, suspension or expulsion. If enrolled in Before – and/or – After School care, your payment is to be included with regular tuition.

LATE FEES:

A late fee of \$15.00 will be charged after the 5th of the month. An additional late fee of \$5.00 per day will be charged for each day tuition is not paid in full after the 10th of the month. A fee of \$25.00 will be assessed if a check is insufficient and returned by the bank. Unless arrangements have been made, a late pick-up fee will be assessed for picking up 15 minutes after class is dismissed at the rate of \$1.00 for each additional minute. There is a \$30.00 per day charge for any child that is picked up after 3:00pm. There is a \$1.00 per minute late fee charged for After care pick-up after 5:30 pm.

WITHDRAWAL FROM LLLC PROGRAM:

St. Jerome LLLC must be notified in writing two weeks prior to withdrawing a child from our program regardless of the situation. If two weeks notice is not given, parents are financially responsible for two weeks of tuition following the last day of attendance.

I have read and agree to comply with St. Jerome Little Lions Learning Center's Payment Policy.

Parent Signature _____ Date _____

Parent Name Printed _____