

Dear Parents/Guardians,

Welcome to the Kearns-Saint Ann Early Childhood Center and the Kearns-Saint Ann Catholic School community! The enclosed packet of information must be completed and given to the Director prior to starting in our center. In the packet you will find our parent handbook and contract, emergency contact form, medical release form, automatic-withdrawal and agreement to pay form, and photography/video release form. Please read through the parent handbook as it is a guide to our policies and procedures. Don't forget to bring a copy of current immunizations, birth certificate, and baptismal record (if applicable). Please call with questions.

We look forward to having you in our KSA ECC Family! Blessings,

Kaitlin Dignam

Director of Kearns-Saint Ann Early Childhood Center

KEARNS-SAINT ANN Early Childhood Center REGISTRATION FORM

S	TART	DATE	

Parent or Guardian's Name (ple	ase print)		
Guardian 1 email:	Guardian 2 email:		
Address:	City:	Zip	
Child's			
Name:		D.O.B	
Child's		DOB	
ivalile.		D.O.B	
Child's Name:		D.O.B	
Registration Fee	\$100/child \$		
8 weeks - 2 yr 7:00 a.m 6:00 p.m.	\$1,040.00/month \$		
2 yr old 7:00 a.m 6:00 p.m.	\$930.00/month \$		
3 yr old Pre-School 7:00 a.m 6:00 p.m.	\$870.00/month \$		
CHECK #	TOTAL	\$	
RECEIPT#	PAYMENT	\$	
	BALANCE DUE	\$	
Parent or Guardian Signature:			
	Date		
Phone # Work:	Home:	Cell:	

KEARNS – ST. ANN SCHOOL CHECKING/SAVINGS ACCOUNT DEBIT AUTHORIZATION Please complete AND attach VOIDED check

Name (s) (exactly as shown on account)

Street Address		City	State	Zip
Home Phone	CELL Phone	Work Pho	one	
Student/Grade		Student/C	Grade	
Student/Grade		Student/C	Grade	
The following account in	formation is a(Checking Account	Sa	vings Account
Name of Financial Institu	tion			
Transit Routing Number				
Account Number				
I authorize KEARNS – S Tuition/Extended Day authorization will remain manner as to afford K opportunity to act on it (r responsibility to notify K student(s) enrollment. I u right to terminate this ser	Care Payments from in effect until I provid EARNS – ST. ANN minimum of 7 business EARNS – ST. ANN Sunderstand KEARNS –	n the above reference of SCHOOL and I days notice prior to SCHOOL and Extended to the section of	erenced account of termination in Extended Day P to effective date). tended Day Prog	I understand this such time and in such rogram a reasonable. I understand it is myram of any change in
Signature (required for va	lidation)	Date /	/	

Terms of service: KEARNS – ST. ANN **School Tuition Debits** will be made on the 20th day of each month, beginning August and ending May each school year student(s) is enrolled. KEARNS – ST. ANN **Early Childbood Center** charges will be made on the 10th day of each month. KEARNS – ST. ANN SCHOOL is not responsible for bank account charges, NSF, or other bank fees, or overdrafts caused by automatic transactions. KEARNS – ST. ANN SCHOOL and Early Childhood Center will assess a \$25.00 NSF FEE on all transactions returned for non-sufficient funds.

Kearns-Saint Ann Early Childhood Center Emergency Contact Form

Mark One: □Full Time □ Part Time		
Name:	Birth Date:	Enrollment Date:
Home Address:	Zip:	Home Phone:
Student Lives With: Both Parents	□ Father □ Other	Student's Grade: Sex:
Father/Guardian's Name:		Cell #:
Employer:	Work P.	hone:
Mother/Guardian's Name:	(Cell #:
Employer:	Work P	hone:
Persons designated to pick up child: Name Relationship 2.		ork/Home Phone Cell
3.		
Persons who may be called in case of illness Name Relationship 1	We	ork/Home Phone Cell
2		
Child's Physician:		
Describe any pertinent social information or sp	pecial needs of the chi	ld:
Describe any physical or medical problems of disease, respiratory illness, drug reaction, speed		, asthma, diabetes, allergies, heart
Give instructions for the care of the above-mer	ntioned problems:	
In case of serious emergency or illness, when a the childcare giver to obtain emergency medica authorized emergency agents.		
C'andre Charles Call	Da	te:
Signature of Parent or Guardian		



MEDICAL RELEASE FORM

This is a medical release for a minor child, which may permit treatment in an emergency. While there are other methods for hospitals and other medical facilities to obtain permission to treat a minor child in the absence of parental consent, it is a good idea to have one of these permission slips on file in the office, in the teacher's backpack, in the child's doctor's office, as well as the nearest hospital to be sure there is no delay in case of an emergency.

changes.	·	he information contained herein
Please print the following infor	mation.	
I,	Parent or Legal Guardian of	,
emergency, and in my absence,	for the well being of the about the above-mentioned minor on to my insurance company(ment that may be necessary in an we mentioned minor. I agree to hold harmless. I also give the hospital (s) and give them permission to
Child's Name	Grade	Date of Birth
Medication currently taking:		
Regular Physician:	Phone Number	er:
Insurance Co:	ID Number:	
Home Address:	Home Phone	2:
Father's Name:	Cell Phone:	
Employer:	Work Phone:	
Mother's Name:	Cell Phone:	
Employer:	Work Phone:	
Drug Allergies: Food Allergies: Other Allergies: Physical Limitations: Name of person other than guar Name:	rdian to contact in case of an e	
Address:	Phone:	

Signature of Parent/Legal Guardian ______ Date: ____



List names of each child (first and last)



Parental Permission Form Student Photographs/Video

During the course of the school year, Kearns-Saint Ann School publishes newsletters, a school brochure, and other materials for information and recruitment purposes. Within the context of these publications, the photographs or videos of school-sponsored activities and events, as well as photos and/or videos of students and faculty, are usually included. <u>The Catholic Diocese of Salt Lake City also occasionally asks for pictures and/or videos of our students.</u>

I/We do hereby give permission for Kearns-Saint Ann School to use photographs/videos of my child (ren) as part of school or <u>Diocesan brochures</u>, websites or other promotional materials. I understand that neither child (ren) nor I will receive any financial remuneration for this publicity.

I/We give my/our permission to use *photographs/videos* of my child (ren) during the time he/she/they are enrolled in Kearns-St. Ann School.

1			
2			
3			
Photograph	Yes	No	
Signed:	Mother or Legal Guardian	Date:	
Signed:	Father or Legal Guardian	Date:	