



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**

START DATE _____
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Parent or Guardian's Name (please print) \_\_\_\_\_

Guardian 1 email: \_\_\_\_\_ Guardian 2 email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's Name: \_\_\_\_\_ 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. \$970.00/month \$ \_\_\_\_\_

**2 yr old**  
7:00 a.m. - 6:00 p.m. \$865.00/month \$ \_\_\_\_\_

**3 yr old Pre-School**  
7:00 a.m. - 6:00 p.m. \$810.00/month \$ \_\_\_\_\_

CHECK # _____
RECEIPT# _____

TOTAL \$ \_\_\_\_\_

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 Phone

\_\_\_\_\_

Student/Grade

\_\_\_\_\_

Student/Grade

\_\_\_\_\_

Student/Grade

\_\_\_\_\_

Student/Grade

The following account information is a \_\_\_\_\_Checking Account \_\_\_\_\_Savings Account

\_\_\_\_\_

Name of Financial Institution

\_\_\_\_\_

Transit Routing Number

\_\_\_\_\_

Account Number

I authorize KEARNS – ST. ANN School and Extended Day Program to automatically deduct my monthly **Tuition/Extended Day Care Payments** from the above referenced account. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford KEARNS – ST. ANN SCHOOL and Extended Day Program a reasonable opportunity to act on it (minimum of 7 business days notice prior to effective date). I understand it is my responsibility to notify KEARNS – ST. ANN SCHOOL and Extended Day Program of any change in student(s) enrollment. I understand KEARNS – ST. ANN School and Extended Day Program reserve the right to terminate this service at any time.

\_\_\_\_\_

Signature (required for validation)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Terms of service: KEARNS – ST. ANN **School Tuition Debits** will be made on the 20<sup>th</sup> day of each month, beginning August and ending May each school year student(s) is enrolled. KEARNS – ST. ANN **Early Childhood Center** charges will be made on the 10<sup>th</sup> 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  Mother  Father  Other Student's Grade: \_\_ Sex: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Persons designated to pick up child:**

	Name	Relationship	Work/Home Phone	Cell
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Persons who may be called in case of illness or emergency if parent cannot be reached:**

	Name	Relationship	Work/Home Phone	Cell
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any pertinent social information or special needs of the child:

Describe any physical or medical problems of the child, i.e. seizures, asthma, diabetes, allergies, heart disease, respiratory illness, drug reaction, speech difficulties, etc.:

Give instructions for the care of the above-mentioned problems:

In case of serious emergency or illness, when a parent cannot be reached immediately, I hereby authorize the childcare giver to obtain emergency medical care, i.e. physician, dentist, paramedics or other authorized emergency agents.

\_\_\_\_\_  
Signature of Parent or Guardian

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



## 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.

The information must be updated annually or more often if the information contained herein changes.

Please print the following information.

I, \_\_\_\_\_ Parent or Legal Guardian of \_\_\_\_\_,

a minor child, hereby authorize any medical or surgical treatment that may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above-mentioned minor harmless. I also give the hospital permission to release information to my insurance company(s) and give them permission to collect payment from said insurance company(s).

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication currently taking: \_\_\_\_\_

Regular Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ ID Number: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Describe in full any allergies (drug, food, insect bites, etc.) or limitations on physical activity,

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

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

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

Physical Limitations: \_\_\_\_\_

Name of person other than guardian to contact in case of an emergency:

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

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

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



## 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. *The Catholic Diocese of Salt Lake City also occasionally asks for pictures and/or videos of our students.*

I/We do hereby give permission for Kearns-Saint Ann School to use photographs/videos of my child (ren) as part of school or *Diocesan brochures*, 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.

List names of each child (first and last)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Photograph                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother or Legal Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Father or Legal Guardian