ST. ANTHONY'S EAGLES' NEST CATHOLIC CHILD CARE CENTER

"They will soar on wings like Eagles"

St. Anthony's Eagles' Nest Catholic Child Care Center is a licensed early childhood development center that serves children from 6 weeks to 3 years of age. Our facility is situated on the St. Anthony Catholic School campus. We operate from 7:15 a.m. to 4:00 p.m., with an after-school program offering extended care until 5:00 p.m. The center closely adheres to the academic calendar of St. Anthony Catholic Elementary during the regular school year. Additionally, St. Anthony's Eagles' Nest Catholic Child Care Center provides an 8-week summer camp program.

Please indicate the program your child will be enrolling in:

_____ **Full Time Attendance -** 7:15 AM - 4:00 PM 11 or more full days (more than 4 hours)

_____ **Part Time Attendance -** 7:15 AM - 11:15 AM half day attendance (less than 4 hours)

_____ **Part Time Attendance -** 10 full days a month 7:15 AM - 4:00 PM (more than 4 hours)

_____ **Afterschool Program -** 4:00 PM - 5:00 PM (additional $40 a month)

Please print all information

Student's Name _____ ☐ Male ☐ Female
First Middle Last

Address_____
Street City State

Mailing Address:_____
Street City State

Zip Code_____ Home Phone_____ Religion_____

Date of Birth _____ Place of Birth _____
Month/Day/Year

Citizenship:_____ U.S._____ Mexico _____ Other: Ethnicity _____

Other documents for registration:

__ Original Birth Certificate
__ Baptismal Certificate (if Catholic)
__ Immunization Records
__ State Forms

Date of Admission: _____ **Date of Withdrawal:** _____

PARENT / GUARDIAN INFORMATION FORM

Father/Guardian Name

_____

First Middle Last

Father's Cell Phone _____ Work Phone _____

Email Address _____ Drivers License Number _____

Home Address (if different from the child's):

_____

Religion /Parish _____

St. Anthony's School Alumni _____No _____Yes _____ Years Attended if Applicable

Occupation _____

Father's Employer

_____

Mother/Guardian Name

_____

First Middle Last

Mother's Cell Phone _____ Work Phone_____

Email Address _____ Drivers License Number _____

Home Address (if different from the child's):

_____

Religion /Parish _____

St. Anthony's School Alumni _____No _____Yes _____ Years Attended if Applicable

Occupation _____

Mother's Employer

_____

EMERGENCY CONTACT INFORMATION FORM

Please complete this form with the contact information of individuals you would like us to reach out to in the event of an emergency. This emergency contact list will also serve as the authorized individuals permitted to pick up your child from school.

*Please note that a valid driver's license matching the designated pickup contacts must be presented at the time of pickup; otherwise, we will be unable to release your child.

Emergency Contact Name(s)

_____

First Middle Last:

Phone Number: _____ Relationship:_____

Address:_____

_____

First Middle Last:

Phone Number: _____ Relationship:_____

Address:_____

_____

First Middle Last:

Phone Number: _____ Relationship:_____

Address:_____

_____

First Middle Last:

Phone Number: _____ Relationship:_____

Address:_____

MEDICAL EMERGENCY INFORMATION FORM

Please fill out this form indicating your preferred medical facilities for your child in the event of an emergency, along with the name of your child's primary care physician.

Emergency Information

Name of Physician's Office_____
Name of Physician _____
Phone _____
Address _____

Name of Emergency Care Facility_____
Phone _____
Address _____

If you and the physician of your choice as indicated above, cannot be reached in an emergency and, if in the judgment of school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

☐ Yes ☐ No

As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

☐ Yes ☐ No

I hereby give my consent for the facility to obtain any necessary emergency medical care for my child.

_____ _____

Signature - Parent or Legal Guardian **Date Signed**

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit https://www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

_____ _____

Signature - Parent or Legal Guardian **Date Signed**

CENTER INFORMATION FORM

We operate from 7:15 a.m. to 4:00 p.m., with an after-school program offering extended care until 5:00 p.m. The center closely adheres to the academic calendar of St. Anthony Catholic Elementary during the regular school year.
My child will be attending school on a monthly basis during the following days and times:

Day of the Week	**A.M.**	**P.M.**
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

As a parent/guardian, I would like to request the purchase of the following catered meals to be provided to my child during the school day:

☐ None ☐ Breakfast ☐ Lunch ☐ Afternoon Snack

Child's Special Care Needs (check all that apply)

☐ Food intolerances

☐ Existing illness

☐ Previous serious illness

☐ Injuries and hospitalizations (past 12 months)

☐ Limitations or restrictions on child's activities

☐ Reasonable accommodations or modifications

☐ Adaptive equipment (include instructions below)

☐ Symptoms or indications of complications

☐ Medication prescribed for continuous long-term use

☐ **Does your child have diagnosed food allergies?** ☐ **Yes** ☐ **No**

Food Allergy Emergency Plan Submitted on _____

CENTER INFORMATION FORM

I give consent for my child to participate in the following water activities:

☐ water table play ☐ sprinkler play

***We do not take field trips or participate in swimming activities. All water activities take place on our campus.**

☐ I do not give consent for my child to participate in water table activities.

****The following will not be provided:**

- **Transportation**
- **Field Trips**

***No elementary school age children will be attending St. Anthony's Eagles' Nest Catholic Child Care Center after school hours.**

Receipt of Written Operational Policies (Family Handbook):

I acknowledge receipt of the facility's operational policies including those for (Check all that apply).

☐ Discipline and guidance

☐ Suspension and expulsion

☐ Emergency plans

☐ Procedures for conducting health checks

☐ Safe sleep

☐ Procedures for parents to discuss concerns with the director

☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions

☐ Procedures for parents to participate in operation activities

☐ Procedures for release of children

☐ Illness and exclusion criteria

☐ Procedures for dispensing medications

☐ Immunization requirements for children

☐ Meals and food service practices

☐ Procedures to visit the center without securing prior approval

☐ Procedures for supporting inclusive services

☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

TUITION AND FEES FORM

Tuition and fees are issued at the beginning of each month, with payments due by the 10th. Payments submitted after the 10th will be classified as late, resulting in the addition of a late fee to the outstanding balance.

Fee Structure and Payments

One Time Registration Fee	$200.00	
Tuition	Monthly (12 months)	Yearly
Infants 0 - 17 MO Full Attendance attends 11 or more full days (more than 4 hours)	$600.00	$7,200.00
Infant 0 - 17 MO Half Attendance attends 10 or fewer full days (more than 4 hours) or attends daily for 4 hours or less	$325.00	$3,900.00
Toddler 18 MO - 3 YO Full Attendance attends 11 or more full days (more than 4 hours)	$550.00	$6,600.00
Toddler 18 MO - 3 YO Half Attendance attends 10 or fewer full days (more than 4 hours) or attends daily for 4 hours or less	$300.00	$3,000.00

Returned Checks

There is a $25 service charge for each check returned for insufficient funds.

I, as the parent or guardian, acknowledge that tuition and fees are issued at the beginning of each month and are due by the 10th of that month. Payments received after the 10th will be considered late, and a late fee will be applied to any outstanding amounts. Additionally, I understand that failure to settle any outstanding balances may result in my child being withdrawn from St. Anthony's Eagles' Nest Catholic Child Care Center.

_____ _____

Signature - Parent or Legal Guardian **Date Signed**

_____ _____

Signature - Parent or Legal Guardian **Date Signed**

OFFICE ENROLLMENT FORM

FOR OFFICE USE ONLY

Student Name _____ DOB _____ Classroom _____

Date of Entry _____ Date Attendance will begin _____

_____ Full Attendance

_____ Half Attendance

_____ Schedule for Half Attendance

_____ Afterschool Program

_____ Registration Payment Made

_____Baptismal Certificate (if applicable)

_____Original Birth Certificate

_____Immunization Record

_____State Forms

Director's Approval for Enrollment ___ Yes ___ No

Comments:

_____

_____

_____

_____

_____

Director's Signature _____ Date _____