

ST. PIUS X CHILDREN'S CENTER

PRESCHOOL & PRE-K

1067 WAGGONER ROAD, REYNOLDSBURG, OH 43068 (614) 577-0826

Website: spxchildrenscenter.com

Student name _____ Class _____

Thank you for choosing St. Pius X Children's Center for your child. **IMPORTANT!...This registration process will not be considered finished until all necessary documents are completed in full and signed, and your \$100 Registration & Supply Fee is paid. An additional one-time mat rental fee of \$25 is due from each Mon-Wed-Fri and Tues/Thurs—All Day Pre-K student.**

_____ Completed and signed registration forms with up-to date pick-up list

_____ Copy of original birth certificate

_____ Child's Medical Statement well visit from doctor with immunizations attached (expires in 1 year). If a returning student, we may have a current one on file. Check with us if unsure of date.

_____ Any allergies (environmental, food, medicine) and/or any medical issues must be listed

_____ Custody Agreement Court Papers-if applicable

_____ Past-due tuition must be paid in full (returning families)

_____ Family photograph-does not need to be fancy, (a small photocopy is fine)

Thank you for understanding that all of this is mandated by the Ohio Dept. of Education for your child's health and safety. If you have any questions at all, please call us at the above number.

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Today's Date _____

St. Pius X Children's Center
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Reynoldsburg, OH 43068
614-577-0826

REGISTRATION FORM

Child's Name _____

Last

First

MI

Name child prefers to be called (Nickname) _____

Gender: Male Female Date of Birth _____

Address _____

City, State & Zip _____

Home Phone _____ (1) Cell Phone _____

(2) Cell Phone _____ e-mail _____

Parents Names _____ Marital Status _____

Child Resides with: Both Parents ____ Mother ____ Father ____ Joint Custody ____

Registered Members of St. Pius X Parish? Yes ____ No ____

Child's Brothers/ Sisters:

Name	Date of Birth	School
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For office use only:

Class _____ Waiting List _____

Registration & Supply fee:

Paid (Date) _____ Ck.# _____ Cash Rct.# _____

Family Information Form

First Parent

Name _____

Address Same as Child's? Yes No If not, please write address below:

(1st) Emergency Phone Number _____

(2nd) _____

Occupation _____

Employer/ Work Address _____

Work Phone Number _____

Second Parent

Name _____

Address Same as Child's? Yes No If not, please write address below:

(1st) Emergency Phone Number _____

(2nd) _____

Occupation _____

Employer/ Work Address _____

Work Phone Number _____

*****WE MUST HAVE TWO CONTACT PEOPLE (with different phone numbers) IF**

PARENTS CANNOT BE REACHED:

Name #1 _____

Address: _____

Home Phone Number _____ Cell Phone _____

Relationship to child: _____ Authorized to pick up? Yes No

Name #2 _____

Address: _____

Home Phone Number _____ Cell Phone _____

Relationship to child: _____ Authorized to pick up? Yes No

How did you hear about St. Pius X Children's Center? _____

PARENT ROSTER:

May we include you in our Parent Roster? (for school use, not shared with outside sources)
Please circle one: Yes No

PHOTOGRAPHS:

May we photograph your child for our bulletin boards and portfolios? Yes No
Parents must have permission (from the other children’s parent) prior to posting photographs (or video) that contain other children, on social media.

MEDICAL INFORMATION

Physician’s name, Address and Phone _____

Dentist’s Name, Address and Phone _____

***** ALLERGIES/MEDICAL PROBLEMS** _____

***** DISEASES YOUR CHILD HAD/HAS** _____

PREVIOUS PRESCHOOL / CHILDCARE EXPERIENCES _____

EMERGENCY TRANSPORT AUTHORIZATION.

COMPLETE ONLY PART I OR PART II DO NOT COMPLETE BOTH!

PART 1: Permission

I give St. Pius X Children’s Center permission to transport my child
(Name) _____ to (hospital/clinic name) _____ for
emergency medical treatment, or to (dentist/clinic name) _____ for
emergency dental care, or to the nearest available source of assistance.

X Parent’s Signature _____ Date _____

PART II: Refuse Permission

I do not give St. Pius x Children’s Center permission to transport my child
(Name) _____ for emergency medical or dental treatment. I wish for St. Pius X to take
the following action: _____

X Parent’s Signature _____ Date _____

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Policy Agreement

Please read the following agreement, discuss with us any particular areas of concern that you may have, then sign, date and return it to us.

FEES

Your child _____ is now enrolled in St. Pius X Children's Center in the following class:

The tuition for this class is \$_____per month and is due one month in advance. Delinquent tuition payments can result in termination of your child's participation. Because our program and licensing requirements mandate that we engage staff based on the number of children enrolled, **we cannot give tuition refunds for days that your child is absent due to illness, vacations, holidays, school breaks, emergencies or inclement weather school closings.** Any time that a child is withdrawn, his/her place may be filled with another child on a waiting list. In order for the withdrawn child to enroll again, a new registration fee will apply. **Registration-Supply Fees are non-refundable.**

Tuition is determined for the year, and is broken down into nine equal parts for convenience in paying. You may choose to pay through your bank, if so, we have the forms in the office that you will need. (Tuition made be made yearly, quarterly, monthly, etc.) Tuition may also be made with cash, check or money order.

Returned check and late fees will apply.

CLOTHING

Please dress your child in washable and comfortable clothes that he/she can manage as much as possible. We also request that you provide us with an extra change of clothes (weather friendly) marked with your child's name. Extra clothes are needed for "accidents" or messy full-body learning days!

VISITING AND CONFERENCES

We invite you to visit your child's class whenever you'd like to observe your child. We ask that you give him/her time to get to know and trust us first, however. In order to volunteer in any Catholic school in the Diocese, you must first be fingerprinted and have attended a Protecting God's Children Workshop. Please consult the director or teacher if a concern should arise – whether it is at school or at home. We strongly encourage parent participation in formal conferences scheduled during the year. More importantly, we encourage parents to read the Parent Board by the classroom each day. We welcome suggestions and contributions of ideas.

MEDICAL

In order for your child to be enrolled in our school, he/she needs to have a current well-child medical statement on file. This form expires one year from the date of the last well check-up. Immunization records must be attached to the medical statement.

If a child needs to be given medication while at the Children’s Center (over –the-counter or Rx), our staff may administer it only when accompanied by signed orders from the doctor. Forms for such are available in the office.

All children are expected to participate in all outdoor activities – unless the child has a statement from the doctor. There will usually be some time spent outside each day, if the temperature and elements allow. Therefore the children are expected to be dressed accordingly.

Children must be free of fever (below 100*) – without the use of fever-reducing medication – for twenty-four hours – in order to attend.

St. Pius X Children’s Center practices the policy of open enrollment. Children are admitted as space requirements permit without regard to race, religion or national origin. Similar practices are followed concerning the hiring of staff.

Let us assure you that we will do our best to provide your child with a safe physical environment and atmosphere where he/she can feel secure and free to grow at his/her own pace under our love and guidance. Parents can help us achieve these goals by giving us comments, suggestions and involvement.

Director, St. Pius Children’s Center

I have read the Policy Statement and agree with the conditions stated.

Signature(s) _____ Date _____
_____ Date _____

Saint Pius X Children's Center
1067 Waggoner Road
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Ohio Dept. of Education
Division of Early Childhood Education

CHILD'S MEDICAL STATEMENT

Child's Name _____

Date of Well-Child Examination _____

Child's Date of Birth _____

Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions):

Immunizations are Complete for this age _____ or are in process _____

PLEASE ATTACH A COPY OF IMMUNIZATION RECORD!

If Exempt from immunizations, state reason:

**** This child has been examined and is in suitable condition to participate in-group care**

X _____

Signature of Physician/Physician's Assistant or Advanced Practice Nurse (circle one)

Address:

Phone:

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OFFICIAL CONTACT AND PICK-UP LIST

As required by Ohio State Law: Your child **CANNOT** be sent home with anyone other than those listed **WITHOUT YOUR WRITTEN CONSENT!** They must be picked up by an adult – 18 years of age or older.

My child, _____, has permission to leave our school with:

(INCLUDE PARENTS/GUARDIAN):

Name	Relationship to Student	Phone Number
1.	Parent	
2.	Parent	
3.		
4.		
5.		
6.		
7.		