

St. James Early Learning Center

2019-2020

Student Application



The stronger the start, the better the finish.

Parents, please fill out all sections of the application. Do not leave anything blank.

Class: 1's 2's 3's (*Must meet age requirement Sept. 1, 2019)

Program: Day School (7:00-3:15) or Extended Day School (7:00-6:00)

Days: 2 days week (t-th) 3 days week (m-w-f) 5 days week (m-f)

Summer 2020: Would you participate in summer care (July 1-22, 2020), *if offered? Yes No

Student Name _____
Last First Middle Name Used

Age _____ years _____ months Birth Date _____ Male Female

Address _____

City _____ State _____ Zip _____

Primary language spoken at home: _____

Previous School or Childcare _____

Parent Name _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Occupation _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

Parent Name _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Occupation _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

- Are both parents living at same address? Yes No
- Are you a St. James Parish member? Yes No Envelope No. _____ Preferred Mass Time _____
- How are you connected to St. James ELC? (Please check off all that apply)
 Returning ELC Family ELC Sibling St. James Parishioner St. James School Family New Family

PRIMARY EMAIL ADDRESS _____

PRIMARY PHONE NUMBER _____

PRIMARY EMERGENCY CONTACT NAME/NUMBER _____

Student Information

Does your child have a medical or physical condition that may limit their participation in our program? Yes No
Does your child have any allergies? Yes No Please list and describe below.

Is there any pertinent information that will help us understand and plan for your child? Yes No
If yes, please explain.

Emergency Contacts

Name Relationship to child Telephone

Name Relationship to child Telephone

PEDIATRICIAN NAME _____ **PHONE** _____

DENTIST NAME _____ **PHONE** _____

People I/We authorize to pick up my/our child.

Name Relationship to child Telephone

Name Relationship to child Telephone

I/We DO NOT authorize the person listed below to pick up my/our child. (SUBMIT COURT DOCS, WITH PHOTO)

Name Relationship to child Telephone

Applicants to the St. James Early Learning Center (SJELC) are considered for admission based on available space and our ability to serve your child. Priority is granted in the following order: returning ELC families, St. James Parishioners, St. James School, Participating Catholics, Full-time students. The school does not discriminate because of race, color, national origin, sex, gender, religion, or any other category protected by law.

Your signature below indicates that all information contained in this application is complete and factually correct. In addition, you understand that it is your responsibility to maintain updated information while your child is enrolled at the ELC. A registration fee of \$150. is required to complete this application.

Parent Signature Parent Name (Printed) Date

Parent Signature Parent Name (Printed) Date

FOR OFFICE USE ONLY

Date Application Received at SJELC: _____ Time Application received at SJELC: _____
Entrance Date: _____ **Room Assignment:** _____ **Withdrawal Date:** _____
Priority: Current ELC Family/Sibling St. James Parish Family St. James School Family Participating Catholics Full Time over Part Time
Registration Fee Paid - Check No. _____ Supply Fee Paid - Check No: _____ Shot Record Rec'd