

ST. EDWARD'S CATHOLIC CHURCH

531 JORDAN LAKE ST.

LAKE ODESSA, MI 48849

CHURCH and PRESCHOOL: 374-7253 x4 ~ FAX: 374-1559

St. Edward's Preschool Payment Plan

School Year - 2024-25

Student Name _____

I will pay using the following method:

4 year old

_____ Annually: \$1,639.00

(At time of registration \$100.00 non-refundable registration fee due.

_____ Monthly: \$171.00

Before school starts \$342.00 due. Total due \$442.00)

3 year old

_____ Annually: \$1184.00

(At time of registration \$100.00 non-refundable registration fee due.

_____ Monthly: \$121.00

Before school starts \$242.00 due. Total due \$342.00)

Tuition includes a **\$100.00 non-refundable registration fee** which will be applied toward the last tuition payment in May if the student completes the 36 week program. **We require tuition to be paid one month in advance starting in August.** September payment is due before school starts and October payment is due by the 15th of September. November payment would then be due October 15th. All monthly payments must be made on or before the 15th of each month.

I understand that a child may be removed from the preschool program if tuition is not paid according to the terms of this agreement and the programs handbook.

Parent: _____ Date: _____

Program Director: _____ Date: _____

ST. EDWARD'S PRESCHOOL

531 JORDAN LAKE ST.
LAKE ODESSA MI 48849
(616) 374-7253 x4

ENROLLMENT APPLICATION (To coincide with forms BRS 373 and BRS 3305)

Name, last _____ Father _____ Mother _____

(Print name of child attending) (Date of Birth) (3 or 4 year old program) M/F

(Print name of child attending) (Date of Birth) (3 or 4 year old program) M/F

Address:

(Street) (City) (Zip)

Telephone#: _____ Work #: _____

Email: _____

Person to contact in case of emergency: _____
(Name and relationship to child)

Phone of emergency contact: _____

To help us better assess your child's needs, please check all boxes that apply to your child's knowledge:

_____ zip zipper	_____ state full name	_____ count 1-10
_____ tie shoes	_____ state first name	_____ count 1-20
_____ knows left/right	_____ state home phone #	_____ count 1-50
_____ recognize alphabet	_____ state home address	_____ identify colors
_____ say alphabet	_____ identify lg range of animals	
_____ identify words (ex:cat)	_____ conceptualize time (ex: yesterday, today, tomorrow)	
_____ knows letter sounds	_____ Right or Left handed	

Also tell us anything that you believe will be helpful in knowing your child. (Ex: "Tom is generally uncomfortable in new settings and is very shy at first...")

Paid date: _____ \$ Amount: _____ Ck #/ Cash: _____
Rev 3/4/22

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	