



OUR LADY OF BETHLEHEM SCHOOL AND CHILDCARE REGISTRATION AND AGREEMENT TO PAY TUITION

Submit this completed form, along with a completed "Application" form and payment method, to place your child on our roster.

Child's Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Nickname: _____ Birth Date: _____
(How you prefer we address your child i.e. William "Billy")

Check any that apply:

- | | |
|---|--|
| <input type="checkbox"/> Totally Terrific Twos (TTT)
Class held TR 8:45-11:15 am; Class maximum = 12 | <input type="checkbox"/> Preschool (PS)
Class held TWR 8:45-11:15 am; Class maximum = 16 |
| <input type="checkbox"/> Morning Pre-Kindergarten (AMPK)
Class held M-R 8:45-11:15 am; Class maximum = 20 | <input type="checkbox"/> Afternoon Pre-Kindergarten (PMPK)
Class held M-F 12:30-3 pm; Class maximum = 20 |
| <input type="checkbox"/> Half-Day Kindergarten (HDK)
Class held M-F 8:45am-12 pm; Class maximum = 25* | <input type="checkbox"/> Full-Day Kindergarten (FDK)
Class held M-F 8:45 am-3 pm; Class maximum = 25* |
| <input type="checkbox"/> Infant and Toddler Care (IT)
Open M-F 7am – 6pm | <input type="checkbox"/> Childcare (CC)**
Open M-F 7am – 6pm |
| <input type="checkbox"/> Summer Program (SUM)
June 1 through August 20, 2021 | |

*Half-day and full-day students are in the same classroom, for a total class maximum of 25.
**Childcare is a year-round program that includes the academic year and subsequent summer program.

We agree to be responsible for and pay tuition to Our Lady of Bethlehem School and Childcare (OLB) for any program(s) in which our child(ren) is enrolled. School tuition will be paid in one lump sum in July or in 10 equal payments beginning in July and ending in April. Infant and Toddler Care, Childcare and Summer Program tuition will be paid each week by check or cash or monthly by debit/credit card.

We understand and acknowledge that OLB's charter and licensing guidelines regulate the number of teachers and other personnel to be employed based on physical building space and the number of students. For these reasons, the openings in each program are limited. Our Lady of Bethlehem School and Childcare incurs fixed costs for the operation of its programs throughout the year and therefore, must guarantee certain expenses, including employee salaries. If a class maximum is reached, a wait list for an additional class(es) may be established or an additional staff member may be employed to admit additional students.

In the event it becomes necessary to withdraw our child before the end of a program(s), School tuition through the end of the month of the withdrawal, Infant and Toddler Care or Childcare tuition for four weeks upon notice of the withdrawal, and Summer Program tuition through the end of the program, will be assessed and is our financial responsibility.

The fees below are non-refundable for any reason.

- | | | | | |
|--|----|--------|------------------------------|-----------------------------|
| School (TTT, PS, AMPK, PMPK, HDK or FDK)
<small>(Fee is applied to annual tuition.)</small> | \$ | 150.00 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Infant & Toddler Care (IT) or Childcare (CC)
<small>(Fee is assessed annually based on start date.)</small> | \$ | 100.00 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Summer Program (SUM) | \$ | 100.00 | <input type="checkbox"/> yes | <input type="checkbox"/> no |

By signing below, we agree to the terms presented in this registration, including financial responsibilities.

Parent/Guardian Names and Relationship to Child (printed):

Parent/Guardian Signatures (both must sign):

Date of Form Completion: _____

We give permission to use our debit/credit card to pay for the following (check any that apply):

- Registration fee(s) Child's full school tuition (charged in July) Child's monthly school tuition payments (charged 1x/month July-April)
- Child's weekly IT/CC payments (charged approx. 1x/month) &/or SUM payments (charged 2-3 times June - August)

Check/cash enclosed Visa Master Card Discover Amer. Express
check# _____

Debit/credit card number: _____ Exp. date: _____ Signature code: _____

Billing address associated with card: _____



**OUR LADY OF BETHLEHEM SCHOOL AND CHILDCARE
APPLICATION**

Submit this completed form, along with a completed "Registration" form and payment method, to place your child on our roster.
You must present our office with a certified birth and baptismal certificate prior to your child's start.

Child's Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Gender: M F Birth Date: _____

Race*: White/Caucasian Black/African-American Asian Hispanic Multi-racial
 American Indian/Native Alaskan National Hawaiian/Other Pacific Islander

*Racial statistics are used for informational purposes only. OLB does not discriminate against students or their families on the basis of race, color, religion, gender or national origin.

Catholic: Yes No Parish affiliation: _____

Student resides with: Both Parents Father Mother Other: _____

Please make us aware of any special family circumstances such as parental divorce, separation, death of a child's parent or guardian, etc. _____

(If parents are divorced or legally separated or the child has a guardian other than parents, please provide our office with documentation of custody/parenting or guardian legal documentation.)

Sibling name(s) and age(s): _____

Father: _____ Mother: _____
Title First Name Last Name Title First Name Last Name

Home Address: _____ Home Address (if different than father): _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

*Our Lady of Bethlehem School and Childcare (OLB) uses Digital Academy, a web-based parent communication system for student and family information and communication. Your name, address and contact information will be entered into Digital Academy by our staff for use related to OLB business. You will have administrative control over what, if any, of your information will be available to other families.

What is the **primary** way you heard about OLB? Please check *only one* below.

Referred by a family member or friend (please list name) _____

Church Bulletin (please list) _____ Flyer/Info Card

Social Media (Facebook, Twitter, etc.) / Website (please list) _____

Print Media (Catholic Times, This Week, etc.) (please list) _____

Radio Drove by Facility Other _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date of Form Completion: _____