

Student Registration
St. Teresa of Calcutta
Early Learning Center and Child Care
256 Swamp Pike
Schwenksville, PA 19473
www.stteresaeearlylearningcenter.org
610-287-2500 ext. 303

Child's Name _____

Date of Application _____ **Desired Start Date** _____ **Child's Birthdate** _____

Parishioner of STC : Y / N

If no, Name of Parish _____ Will you be transferring to STC Parish? Yes _____ No _____

STUDENT INFORMATION

Registering for (circle one): **Infant** (6wks - 1 ½) **Pre-Toddler** (1-1.¾) **Toddler** (1 ½ - 2 ¾) **Little Learners** (2 1/2 yr- 3 1/2yr)

Pre-School (3yr-4yr, must be potty trained fully and 3 years by September 15th) **Pre-K**(4yr- 5yr) **Pre-K Plus** (4yr-5yr)

5Days _____ **3 Days M,W,F** _____ **2 Days/ 2yr and up only T,TH** _____ **Preschool/Pre-K only ½ day option (8:30-12:30)** _____

Child's Full Name (first, middle, last) _____

Gender: M _____ F _____ Ethnicity: _____

Date of Birth : _____ Religion: _____ (families are not required to belong to St. Teresa of Calcutta Parish to attend)

Does your child have medical special needs or allergies that we will need to attend to while they are in group care? Y / N Attach explanation of needs

Does your child require accommodations due to health, physical, social, cognitive and/or behavioral needs? _____

Child resides with: Both Parents _____ *Mother _____ *Father _____ *Other _____

If the child **DOES NOT reside with both NATURAL/ADOPTED PARENTS, you must provide the Child Custody Agreement.*

FAMILY INFORMATION

Last Name _____ Address _____

City _____ County _____ State _____ Zip Code _____ Home Phone _____

Email _____ School District in which the family resides _____

PARENT/LEGAL GUARDIAN INFORMATION

Marital status: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____

Parent's/Legal Guardian Name _____ Religion _____

Ethnicity _____

Occupation _____ Employer _____

*Parent Email that will be responsible for billing (required, print please) _____

Work Telephone _____ Cell Phone _____

Parent's/Legal Guardian Name _____ Religion _____

Ethnicity _____

Occupation _____ Employer _____

Work Telephone _____ Cell Phone _____

Office Use Only: Paid _____ Cash _____ Check # _____	Complete _____
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*****ALL FIELDS ARE REQUIRED TO BE COMPLETED IN ORDER TO PROCESS YOUR REGISTRATION. PLEASE LEAVE NO BLANK SPACES!