

## REGISTRATION FORM 2022-23 SCHOOL YEAR



**St. Teresa of Calcutta Early Learning Center and Child Care**  
256 Swamp Pike, Schwenksville, PA 19473  
610-287-2500 ext. 3



**FEES:** \$100 non-refundable per registering student (due at registration & annually)

**(PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION)**

**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 (6 weeks-12months) Pre-Toddler (13mo-18mo) Toddler (19 mo- 2yr)

Little Learners (2 yr- 3 yr) Pre-School-3 (3yr-4yr) 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 (8:30-11:30)** \_\_\_\_\_

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? Y / N

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 \_\_\_\_\_

Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent's/Legal Guardian Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

Ethnicity \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Office Use Only: Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Complete \_\_\_\_\_