

**ST. JEROME EARLY CHILDHOOD CENTER**

**2019-20 SCHOOL YEAR APPLICATION**

\_\_\_RE-ENROLLMENT                      \_\_\_NEW APPLICATION                      Date of Application\_\_\_\_\_

The following materials are needed for each child to complete the application process:

- \*Application Form - Both parent (or legal guardian) signatures required
- \*Original Birth Certificate (Copy will be made in office – First year enrollment only)
- \*Florida Cert. of Immunization (DH680) & Current Health Exam (DH3040) must be on file. (Obtain these two forms from your child’s physician.) Your application is not complete until these forms are submitted. As per diocesan policy, we do not accept religious exemptions with regards to immunizations.
- \*\$175.00 Application/Supply/Student Insurance Fee (Non-refundable)  
OR EC4/VPK – 4 year old program only: 1. Certificate of Eligibility, 2. \$100 Deposit to retain space in SJECC Program, and 3. The signed St. Jerome ECC VPK Parent Agreement /Attendance Policy

CHILD’S LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

U.S Citizen: YES \_\_\_ NO \_\_\_ (Required)                      Preferred Name to Call your Child: \_\_\_\_\_

Best Email for All School/Classroom Communications: One required - \_\_\_\_\_

Second email (optional): \_\_\_\_\_

**Best Contact Phone Numbers in Order of Preference, including area code:**

Indicate: Mom’s cell (MC); Dad’s Cell (DC); Home Number (HN); Mom’s Work (MW); Dad’s Work (DW)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Father’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\*How did you hear about St. Jerome ECC? \_\_\_\_\_

\*Primary Language spoken in the home: \_\_\_\_\_ Second language spoken in the home: \_\_\_\_\_

\*If your family has any cultural background information to share that would help us better serve you & your family, please note that information here \_\_\_\_\_

\*If applicable, please attach a copy of the approved Parenting Plan, which is part of the final judgment of the disillusionment of marriage.

-Name of Primary Residential Parent: \_\_\_\_\_

-Name of Secondary Residential Parent: \_\_\_\_\_

-Guardian (if other than parents): \_\_\_\_\_

**\*BOTH PARENT SIGNATURES ARE REQUIRED & A SIGNATURE ON THE LAST LINE**

“We attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement may warrant the non-acceptance or dismissal of my/our child from the school program at St. Jerome ECC.”

\*Father/Stepfather/Guardian Signature: \_\_\_\_\_

\*Mother/Stepmother/Guardian Signature: \_\_\_\_\_

\*Person/Persons responsible for financial obligations: \_\_\_\_\_

**1<sup>st</sup> TUITION PAYMENT IS DUE JULY 1\***  
**1<sup>st</sup> ROUTINE EXTENDED DAY PYMT IS DUE AUG. 15\***

Visit us online at: <a href="http://stjeromeearlychildhoodcenter.org">stjeromeearlychildhoodcenter.org</a> Like us on FaceBook 
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Has your child ever been evaluated and/or recommended for special needs? (i.e. speech or developmental delay, etc.)  
Yes\_\_\_ No\_\_\_ (If yes, a copy of the most recent evaluation is required.) \*Has your child ever participated in a special needs program?

Yes\_\_\_ No\_\_\_ (If yes, please explain) \_\_\_\_\_

\*St. Jerome ECC is a nut sensitive environment – no nut products of any type are permitted on the premises.

\*Does your child have any allergies? Yes\_\_\_ No\_\_\_ If yes, list allergies: \_\_\_\_\_  
Is medication required? Yes\_\_\_ No\_\_\_ If yes, please request a Medical Support Plan Packet from the ECC Office.

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All Catholic families seeking a Catholic school education at St. Jerome Early Childhood Center are encouraged to be registered and practicing Catholics by participating in the stewardship life of your parish.

\_\_\_\_\_ **Catholic** \*Parish where registered: \_\_\_\_\_ \*Parish Registration # \_\_\_\_\_

If your family is not registered in a Catholic parish, you are encouraged to do so at this time. Contact your Parish Church Office to register.

\_\_\_\_\_ **Non-Catholic** **Denomination:** \_\_\_\_\_

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**TWO-YEAR OLDS (Child must be 2 on or before 9/1/19)** Note: Children turning two after 9/1/19 may enroll if space is available and with the knowledge that they will reenroll in the two year old class the following school year.

Morning Program \_\_\_\_\_ 5 Half Days (M-F) \_\_\_\_\_ 3 Half Days (M-W-F) \_\_\_\_\_ 2 Half Days (T-TH)  
(9am-12noon)

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**THREE-YEAR OLDS (Child must be 3 on or before 9/1/19 and be toilet-learned)**

Morning Program \_\_\_\_\_ 5 Half Days (M-F) \_\_\_\_\_ 3 Half Days (M-W-F) \_\_\_\_\_ 2 Half Days (T-TH)  
(8:45am – 12:15pm)

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**FOUR-YEAR OLDS (Child must be 4 on or before 9/1/19 and be toilet-learned)**

Morning Program \_\_\_\_\_ 5 Half Days (M-F) I applied for the VPK Certificate of Eligibility on \_\_\_\_\_  
(8:45am – 12:15pm)

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**EXTENDED DAY HOURS** - “Routine” & “As Needed” options will be offered. (\*Opening at 7:30am and/or closing at 5:30pm will be considered with sufficient number of children.)

Circle those that apply: 8:00am\* – 8:45am 12:15pm – 3:00pm 12:15pm – 5:00pm\*

Check those that apply: \_\_\_ALWAYS \_\_\_FREQUENTLY \_\_\_OCCASIONALLY

Circle days needed: M T W TH F

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**ENRICHMENT** – I am interested participating in the following Enrichment Programs offered during PM Extended Day for the 2019-20 year. A minimum of 5 children per class will be required to offer a class. Check all that apply as they will each be offered on a different day of the week. Enrichment registration forms will be available in August.

\_\_\_ Soccer – Happy Feet – [www.tampabayhappyfeet.com](http://www.tampabayhappyfeet.com)

\_\_\_ Dance – StarStruck Studios – [www.starstruckdancestudios.com](http://www.starstruckdancestudios.com)

\_\_\_ Yoga – Kidding Around Yoga – [cassie@kiddingaroundyoga.com](mailto:cassie@kiddingaroundyoga.com)

\_\_\_ ‘Little Techs’ (Developmentally Appropriate Educational Experiences using ipads) <https://www.littletechs.com/>

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**TUITION PAYMENT PLAN** (Choose one)

\_\_\_\_\_ Annual (1 payment, due July 1)

\_\_\_\_\_ VPK (4 yr. Olds)

\_\_\_\_\_ Quarterly (4 payments, due July 1, Oct. 1, Jan. 1 & Apr. 1)

\_\_\_\_\_ Pledge Commitment (4 yr. Olds)

\_\_\_\_\_ Monthly (10 payments, due the first of each month, July 1 – April 1)

\_\_\_\_\_ Matching Gift

-----*FOR OFFICE USE ONLY*-----

Application/Supply Fee or Deposit (circle one): Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Parent ID: \_\_\_\_\_

Voluntary Pre-Kindergarten: Cert. of Eligibility \_\_\_\_\_ Parent Agreement \_\_\_\_\_ Pledge Card \_\_\_\_\_ (Revised 1/2019)