

St. Gregory the Great Early Childhood Enrichment Program Re-Registration Packet

To begin your child's enrollment the following is needed to be filled in and completed:

- A \$225.00 Non-Refundable registration fee.
- A copy of your child's Birth Certificate or Passport
- A copy of your child's Baptismal Certificate (if applicable)
- St. Gregory the Great Registration and Tuition Form (attached)
- The New York State Office of Children and Family Services Day Care Registration Form
- Emergency Form, Pick Up Form & Child Development History
- Napping Agreement & Handbook Photo Permission Form
- Tuition Enrollment Form

**The Preschool Health Care Consultant will contact you when your child's updated physical exam is due and it is not needed for re-registration.

Visit Our Website at stgregoryearlychildhood.com to see all the fun and exciting events and activities going on at our school! Read the monthly newsletters and hear from the teachers and director about what is going on in the classrooms!

If you have any questions please do not hesitate to contact us at:

Phone: 914-835-1278 914-835-1912 Fax Number: 914-835-2070

E-mail Address: stgregoryecep@gmail.com (school email)

Thank you for your interest in our program.

Maria Gaudelli, Director

Robin Hughes, Assistant Director

Linda Rinaldi, Administrative Assistant



St. Gregory the Great Early Childhood Enrichment Program is licensed by New York State Office of Children and Family Services (OCFS) and follows the OCFS Regulations for Child Day Care. The OCFS website give you news and links to update state information, forms and more. You can access the website at <https://ocfs.ny.gov>, then proceed to FIND CHILD CARE then hit the link SEARCH FOR REGULATED CHILD CARE. Only input under school district HARRISON 10528. Scroll down and you will find the school. Child Care Complaint line is 1-800-732-5207

**Saint Gregory the Great Early Childhood Enrichment Program
REGISTRATION FORM September 2024- June 2025**

Child's Name: _____ Birth Date: _____ Male _____ Female _____

Nick Name _____ E-mail address for school notices _____

PLEASE CHECK ONE: NEW STUDENT _____ ALUMNI FAMILY _____ RE-REGISTERING STUDENT _____

Student's Ethnicity: (please circle-information used for school census):

American Indian Asian Black Hispanic Pacific Islander White Multiracial Other _____

Mother's Name: _____ Full Home Address _____

Cell Phone Number: _____ Home Phone Number: _____

Mother's Occupation _____ Work Number _____

Church Affiliation _____ School District if other than Harrison _____

Father's Name: _____ Home Address(if different): _____

Cell Phone Number: _____ Home Phone Number: _____

Father's Occupation: _____ Work Number: _____

CHECK APPROPRIATE PROGRAM: ***Please be advised that once you select a specific program option, adjustments cannot be made unless we have an available opening. Students will be randomly placed at the "sole discretion" of the Pre-School Director.*

3 year old options:

				<u>Tuition</u>
-3 half-days a.m.-	T,W,Th	8:45 a.m. to 11:30 a.m.	_____	\$5,907.00
-5 half-days a.m.-	M-F	8:45 a.m. to 11 :30 a.m.	_____	\$8,206.00
-5 half days	M-F	8:45 a.m. to 11:30 a.m.	_____	
+ 3 afternoons	T, W, TH	11:30 a.m. to 2:30 p.m.	_____	\$10450.00

4 year old options:

-5 half days a.m.	M-F	8:45 a.m. to 11:30 a.m.	_____	\$8,206.00
-5 half-days a.m.	M-F	8:45 a.m. to 11:30 a.m.	_____	
+ 3 afternoons	T,W,TH	11:30 a.m. to 2:30 p.m.	_____	\$10450.00
-Full day program	M-F	8:45 a.m. to 2:30 p.m.	_____	\$11,314.00

TUITION AGREEMENT A \$225.00 NON-REFUNDABLE application fee MUST accompany ALL applications. *This application fee is not deducted from tuition amount. This is a contract, please read carefully before signing.*

Between _____ Social Security Number _____
(Parent Name) (please print clearly) (Parent Social Security)

(Address) (City) (State) (Zip Code)

And Saint Gregory the Great Early Childhood Enrichment Program, 94 Broadway, Harrison, New York 10528.

PLEASE CHECK ONE PAYMENT PLAN:

- _____ 1. Annually – Payment due in full August 1st
 _____ 2. Semi Annual Payments – payments due August 1st and January 2nd
 _____ 3. 10 Equal Payments – payments due August 1st through May 1st.

Saint Gregory the Great is a non-profit organization, therefore, our annual budget is based primarily on tuition income. We are partnered with the Blackbaud Tuition Management formerly known as Smart Tuition to handle tuition collection. There is a yearly family fee of \$45 for this service paid directly to Blackbaud at the time of your first payment. All payments are due on the 1st of the month of your payment plan. However, if your payment has not been received to Blackbaud by the 5th of the month it will be considered late and they will automatically charge you a \$40 late fee. Because all of our income is dependent on tuition payments, you must pay on time. Tuition fees are all inclusive. No tuition deductions can be made for absences caused by illness or withdrawal for a portion of the year or classroom closures due to Covid or NYS mandated closures. All fees are **NON-REFUNDABLE**. I agree to pay my child's tuition as stated above. I understand that tuition payments are due by the above dates. I understand that paying on time is my obligation. I understand the obligation that I have to Saint Gregory the Great and I intend to fulfill this obligation. It is agreed that the Parent/Guardian is responsible for the full tuition.

Parent or Guardian Signature: _____ Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:	ADDRESS:	PHONE NUMBER: () -	
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:	DATE OF BIRTH: / /	GENDER:	
	CHILD'S HOME ADDRESS:			
	NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text		ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
	<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
FOR PROGRAM USE ONLY		FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /		DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:	DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____	
Please provide information here AND discuss with your child care provider:	
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: () -
PREFERRED HOSPITAL:	PHONE NUMBER: () -
CHILD'S DENTAL CARE:	PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS	
• I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

ST. GREGORY THE GREAT EARLY CHILDHOOD ENRICHMENT PROGRAM
CHILD'S DEVELOPMENT HISTORY

ENROLLMENT DATE: _____

Child's Full Name: _____ Birth Date _____

Name and ages of siblings _____ Age _____

_____ Age _____

_____ Age _____

EATING HABITS

Please describe your child's appetite _____

Does your child have allergies? _____ If yes, please describe _____

Please tell us your child's favorite foods _____

Does your child eat dinner

alone with family with sibling with sitter

SLEEPING HABITS

What time does your child go to bed? _____ Wake up? _____

Does your child take a nap? _____ Regularly? _____ For how long? _____

Does your child have his/her own room? _____ Is bed time a regular routine? _____

Does your child comply resist at bed time?

SPEECH

Does your child speak clearly? _____ Is your child's vocabulary large? _____

Are other languages spoken in the house? _____ If yes, please list _____

Child's Name: _____

DISCIPLINE

Describe your child's response to discipline _____

If your child does not comply after repeated requests, what consequences result from the non compliance? _____

Do all members of the family agree on methods of discipline? _____

Are there different discipline standard with

() Mother () Father () Grandparents () Sitter () Other _____

Does your child have tantrums? _____ If yes, please describe what occurs _____

What is something your child does not like to do? _____

SOCIAL

Has your child ever been separated from you during the day on a regular basis? _____

What are your child's favorite play item? _____

Can you please tell us your marital status: () married () single () widow/er
() divorced () separated

Are there step-children in your child's life? _____

Does your child watch television? _____ How many hours daily? _____

Which shows? _____

Does your child have any habits? (nail biting, thumb sucking) _____

Describe what you do to comfort your child when he/she is distressed? _____

What are your child's favorite activities? _____

Please describe your child's personality? _____

If your child should unfortunately have difficulties at school, how would you prefer to be approached and informed? _____

EMERGENCY AND PICK UP FORM (please print clearly)

Child's Name: _____ Birth Date: _____

Home Address: _____

Home Phone #: _____ E-mail _____

Mother's Name: _____ Father's Name: _____

Mom's Cell Phone: _____ Father's Cell Phone: _____

Mom's Work : _____ Father's Work : _____

EMERGENCY CONTACT'S: In case of emergency and parent can not be reached, contact:

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone: _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Doctor : _____
Name Address Phone

Dentist : _____
Name Address Phone

Note any medical conditions and explain: _____

In case of accident or illness, I request that the Early Childhood Program Director contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow physician's instructions. If it is impossible to contact this physician, the representative of the program may make whatever arrangements necessary. I agree to assume financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

CHILD PICK UP LIST: No child will be allowed to leave with anyone not on this list.
Written permission must be sent to school if there are any other pick up arrangements required.

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone: _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Parent/Guardian Signature: _____ Date _____

Saint Gregory the Great Early Childhood Enrichment Program

Child's Name: _____ Date _____

Dear Parents,

During the school year we will be taking pictures of the children as they work and play. These pictures will be used for in class projects and displays, i.e. bulletin boards, art projects and memory books. Please complete this form giving permission for the taking and use of these photos. The PTA would like to distribute a school directory and teachers would like to distribute a class list that includes the children's names, addresses phone numbers and e-mail address. If you do not wish to have your child's name included please indicate below.

I received the Parent Handbook and/or I have visited the website stgregoryearlychildhood.com to view the Parent Hand book online. I am aware of the policies and information contained therein.

Photo/Class List/School Directory Release Form

Please circle Yes or No to the following questions:

(Yes or No) my child may be photographed for in school use.

(Yes or No) include my child's information on the class list and school directory

Parent/Guardian Signature: _____

Saint Gregory the Great Early Childhood Enrichment Program

Childs Name: _____ Date _____

Follow us on Instagram & Facebook @stgregspreschool

Dear Parents,

I'm excited to announce our new Instagram & Facebook page!
This is going to be a great way to see what's happening here in
real time! Please follow along as we create memories with you.
Don't forget to tag us!

Please check off and return

Yes, my child can be photographed and posted.

No, please blur my child's face before posting.

Parent/Guardian Signature: _____

Napping/Sleeping Arrangements

Napping and Resting Arrangements are made in writing between the parent and the program in the Pre School Registration Packet. Such arrangements shall include the area of the program where the child may rest or nap, how the child will be supervised, consistent with the requirements of section 418.8 of OCFS Regulations. The resting places are:

- Located in a safe area
- Located in a draft free area
- Will be where children are not stepped on
- Be in an area where egress is not blocked
- Allow a person to move freely and safely within the area to check on or meet the needs of children
- Be at least two feet apart from each other

Children who do not wish to nap are offered a quiet play area, or they may be seated to read a book or select a puzzle to complete, or sit at a table and draw.

Children who attend extended day classes are given a rest time daily. This is done immediately following their lunch period. Each family is asked to supply a rest mat for their child as well as individual clean mat coverings (fitted crib sheet or king size pillow case). These will be sent home weekly for laundering. Rest mats are stored separately so they do not come in contact with the sleeping surfaces of another child's rest equipment. Rest mats are cleaned daily. The rest mats are placed on the carpeting portion of the classroom. Students will be supervised by classroom personnel. Soft and soothing music is played during this period and blinds are drawn. The rest period lasts approximately 30 minutes. If a child is asleep at the end of the rest period, we will not disturb them.

During the course of a very busy morning a child in the half day program may need to rest or possibly take a short nap. The program has extra mats to accommodate that child. The classroom teachers will disinfect the mats after each use. The primary reason for this policy is to make sure children do not become irritable and it enables teachers to make the rest of the day manageable. Parents will be asked to sign off on this policy. Mats are available as needed and are stored and cleaned daily.

Further reminders:

- Mats located in approved day care space
- Mats located in safe areas of the program
- Mats located in draft-free areas
- Mats are where children will not be stepped on and placed Head to Toe
- Mats are in a location where safe egress is not blocked
- Mats are placed so that a staff member can move freely and safely with the napping area in order to check on or meet the needs of children.

By signing this document, I agree with the policies regarding the Napping/Sleeping Arrangements.

Parent Signature: _____ Date _____

Print Child's Name: _____



Blackbaud Tuition Management

1 0 7 7 5 2 1 1 8 0

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER										LAST NAME OF PARENT/GUARDIAN/BILL PAYER														
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY										*LAST NAME OF ADDITIONAL AUTHORIZED PARTY														
STREET ADDRESS OR P.O. BOX															APT#									
CITY										STATE					ZIP CODE					COUNTRY				
HOME TELEPHONE NUMBER										MOBILE TELEPHONE NUMBER														
EMAIL ADDRESS (Smart emails reminders for upcoming payments)																								

SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date: Your school allows the following due date: 5

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: Your school allows the following due date: 5

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER: BANK ACCOUNT NUMBER: Any Debit account linked to smart tuition must be active and viable

PLEASE CHARGE MY: AMEX DISCOVER MASTERCARD VISA

CREDIT CARD NUMBER: EXPIRATION DATE: /

A 2.85% usage fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan A Payment(s) 1	Aug	ENTER PLAN LETTER HERE <input type="text"/>
Plan B Payment(s) 2	Aug, Jan	
Plan C Payment(s) 10	Aug - May	

ENTER STUDENT INFORMATION

Choose from the following grades: PK

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID:

STUDENT TUITION 1	\$	<input type="text"/>
STUDENT TUITION 2	\$	<input type="text"/>
STUDENT TUITION 3	\$	<input type="text"/>
STUDENT TUITION 4	\$	<input type="text"/>
FAMILY TUITION SUBTOTAL	\$	<input type="text"/>

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and text message and a follow up fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER: DATE: / /

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE +

ANNUAL TOTAL DUE \$