



For Office Use only:  
 \$100 Application Fee \_\_\_\_\_  
 Rec'd Date \_\_\_\_\_  
 Ref. No. \_\_\_\_\_ ECC \_\_\_\_\_  
 Birth Cert \_\_\_\_\_ Med \_\_\_\_\_  
 Pymnt Agmnt \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION for SACC DAY CARE PROGRAM 2020-2021

**CHILD'S HOUSEHOLD INFORMATION:** (Please Print) *Please complete additional application[s] for more than one child.*

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_  
Last First MI

**Secondary Household Information (if applicable):**

Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_  
 Home Email \_\_\_\_\_ Alt. Email \_\_\_\_\_

School child attends: \_\_\_\_\_

**FAMILY INFORMATION:**

Marital Status: Married\_\_\_ Divorced\_\_\_ Separated\_\_\_ Legal Guardian\_\_\_ Single\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Alternate Phone (cell): \_\_\_\_\_ Alternate Phone (cell): \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

**CHILD'S PERSONAL INFORMATION:**

Preferred Name: \_\_\_\_\_  
 Does your child speak English proficiently? Yes \_\_\_ No \_\_\_  
 What other language does your child speak?  
 \_\_\_\_\_  
 List Allergies/Medical Conditions:  
 \_\_\_\_\_  
 Does your child have an EPIpen? Yes \_\_\_ No \_\_\_

**Tuition:**  
 3 Days/Week 9:00-1:00: \$408 Monthly  
 3 Days/Week 9:00-3:00: \$612 Monthly  
 \*First and last month's tuition is due 9/1/20

**Day Care Hours: 9:00 am-3:00 pm**  
 Please estimate the days and times your child[ren] will be attending:

day	morning drop-off	afternoon pick-up
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

- Transportation to and from Abiding Presence must be provided by parents.
- Children with a fever of 100 degrees or higher are not permitted to enter the program
- A student must be fever free for 72 hours (without fever reducing medicine) and obtain a doctor's note in order to return to the program.

I give permission for my child's picture to appear in brochures, publications, website, etc.

(Names of children are not published along with pictures. School events are photographed for marketing and publicity purposes.)

yes  no

\_\_\_\_\_  
Parent Signature

**BIRTH CERTIFICATE ~ or ~ PASSPORT:** A legible copy of the child's proof of birth date must be submitted with this application for all children new to our program.

**EMERGENCY CONTACT CARD:** An Abiding Presence Emergency Contact Card with person[s] available for emergency pick-up is required prior to attendance on first day. Form provided by our office.

**Valid MEDICAL EXAM and Record of IMMUNIZATIONS:** Required for entrance on first day of school.

Abiding Presence Preschool grants to students of any race, color, religion, national and ethnic origin all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, nationality, or ethnic origin in administration of its educational policies, admissions policies or other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement as needed.

I hereby certify that the information I have provided above is accurate. It is my intent to support the staff of Abiding Presence School-Age Care Program in working with my child. I understand that the \$100 application fee is non-refundable and a fee may be charged if I make more than one monthly program change.

Payment is due on the first of the month. If the 1<sup>st</sup> falls on a weekend, payment is due the next day school is in session. A late fee of \$25 will be applied after the 10<sup>th</sup> of the month. A Returned Check Fee of \$17 will be charged for returned checks. I understand these procedures and agree to fulfill my financial obligations to Abiding Presence. We accept cash or a check made payable to: Abiding Presence Preschool.

Person(s) responsible for tuition payments: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**How did you hear about Abiding Presence School Age Day Care Program?**

Currently/Formerly Enrolled \_\_\_\_\_ Parent of child attending \_\_\_\_\_ Friend \_\_\_\_\_ Advertisement \_\_\_\_\_

Local School \_\_\_\_\_ Church \_\_\_\_\_ Web Site \_\_\_\_\_ Face-Book \_\_\_\_\_ In Neighborhood/Passing By \_\_\_\_\_

Other/Comments \_\_\_\_\_

*Abiding Presence Preschool and School-Age Programs  
are licensed by the New York State Office of Children and Family Services.  
Our facility meets all necessary requirements.  
All staff are cleared, certified, and trained according to OCFS Licensing Regulations.*