Registration Form

2026-2027

ST. CECILIA
Early Childhood Learning Center

Please return a completed form & non refundable registration fee of $25 for each child to the Early Childhood Learning Center.
Questions? Please contact Stephanie Milleck at 859-363-2304 or eclc@stcindependence.org

Child's Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Requested Start Date: _____

ALLERGY/MEDICAL NEEDS/DIETARY RESTRICTIONS:

Do we have permission to post your child's allergies? **YES NO**

If applicable, please explain the type of medical diagnosis (asthma, allergy, etcetera.) and so forth for your child below and provide information regarding the treatment and/or steps St. Cecilia should take in case of an emergency at school. ***Please note that additional forms must be on file for use of an inhaler, epi-pen or medication that is dispensed during school.**

DEMOGRAPHICS

Please circle your child's religion: Catholic Non-Catholic *If Catholic, please list your parish:*

_____ *Please circle your child's ethnicity:* Non-Hispanic/Latino Hispanic/Latino *Please circle your child's race:*

Asian American American Indian/Native Alaskan Black/African American Native Hawaiian/other Pacific Islander White Two or more races

CONTACT INFORMATION

Mother's Name:	Father's Name:
Address:	Address:
Home Phone Number:	Home Phone Number:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Work Phone Number:	Work Phone Number:

EMERGENCY CONTACT Someone other than parent or legal guardian

Emergency Contact Person: _____ Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

PERMISSION TO SEEK MEDICAL CARE
In your absence, do we have permission to seek medical care for your child? **YES NO**

Child's Doctor: _____ Phone Number: _____

PERMISSION TO TRANSPORT
Do we have permission to send your child to the hospital if that becomes necessary?
YES NO If yes, which hospital? _____
Phone Number: _____

ONSITE FIELD TRIP PERMISSION I give permission for my child to go (walk) to other areas on the school premises. My child is also allowed to participate in programming and activities provided by staff from the licensed childcare program or school personnel upon the discretion of the staff. Qualified adult staff must always supervise. Programming options on the premises may include but are not limited to the soccer fields, the Church and surrounding grounds, the Media Center, and the parking lot. Please circle: **YES NO**

PHOTO/VIDEO PERMISSION St. Cecilia Early Learning Childhood Center uses students' names, photos, student work and/or videotaped images throughout the year in various media outlets including the yearbook, website and through local media such as newspaper and television. Please circle: **YES NO**

ST. CECILIA EARLY CHILDHOOD LEARNING CENTER HANDBOOK St. Cecilia Early Childhood Learning Center Handbook explains all the procedures for our school to maintain a safe and orderly learning environment. It is important for all parents to read the handbook to become familiar with their expectations. The handbook is available in a shared link or hard copy upon request from the Director.

_____ By initialing, I attest that I have read the St. Cecilia Early Childhood Learning Center Handbook and agree to abide by all the rules, regulations, and policies of St. Cecilia School contained in the handbook.

PLEASE EXPLAIN AS NECESSARY

Does your child have any behavioral concerns?	YES	NO	
Does your child have any special needs?	YES	NO	
Does your child receive any special services?	YES	NO	
Will your child receive services at the center?	YES	NO	
Name of service provider and frequency?			

Please acknowledge your understanding of the following by initially on the line:

_____ **I will be charged for my weekly wage whether he/she is there or not.** As we continue to improve our facilities and resources, tuition and fees are reviewed annually and are adjusted accordingly.

_____ I will be responsible for any additional costs associated with the collection of any fees for materials or late fees.

_____ I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

Transition Policy:
We find that transition helps ease any anxiety the child or parent may have during change to a new room. Below is a tentative plan for your child's transition throughout the center.

- When your child reaches 21 months, we will begin transitioning to the one year old room
- When your child reaches 30 months they will start transitioning to the three year old room

We will need a signed permission slip for this transition to occur.

- Subject to change based on the number of children to meet ratio.

I give permission for my child, _____ to follow the transition plan above. This allows the child to transition more smoothly into the classroom by becoming more acquainted with the environment, daily routine, classmates and teachers.

Parent signature _____

I, as legal parent/guardian, hereby state that the information contained on this five-page form is correct to the best of my knowledge. I authorize St. Cecilia Early Childhood Learning Center to share pertinent medical information with school staff, volunteers, or emergency personnel and to seek medical care/assistance for my child in an emergency.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

**** Rates in programming offering valid through May 30, 2027. ****

Please use this checklist as a guide for needed documentation.

- **REQUIRED:**
  - Completed & signed registration form.
  - Registration fee*: $25/CHILD*
  - Copy of the student's birth certificate
  - Current immunization record (*Licensing requires the form to have the following:* The name of the child, The birth date of the child, The name of the parent or guardian of the child, The address of the child, including street, city, state, zip code, The types of vaccines administered to the child, The date that each dose of each vaccine was administered, Certification that the child is current for immunizations until a specified time, **including a statement that the certificate shall not be valid after the specified date**, The signature and date of the medical professional.
- REQUESTED:
  - Copy of the student's social security card
  - Copy of the student's baptismal certificate (if your child has been baptized)

St Cecilia's Early Childhood Learning Center & Preschool
5313 Madison Pike
Independence, KY 41051

Date:_____

Child's Name:_____

Parent:_____License#/Address_____

Parent:_____License#/Address_____

Name:_____License#/Address_____

Name:_____License#/Address_____

Name:_____License#/Address_____

Name:_____License#/Address_____

*Please advise anyone on your pickup list to have their ID ready if we are unfamiliar with them. We will only be able to release your child to an individual that is listed above. If they are not on this list, we will not allow them to leave our supervision.