

St. Francis of Assisi Parish Early Childhood Center



70 Adam Street Tonawanda, New York 14150
Center Office: (716) 692-7886 Fax: (716) 692-1043
Website: www.stfrancistonawanda.org
E-Mail: shengst93@gmail.com

Pastor: Rev. Michael LaMarca Director: Mrs. Sara Hengst

2024-2025

General Information

Center Hours:

8:30 – 2:30 Monday – Friday

2:30 – 5:30 Afterschool Care Monday – Friday

Mission Statement

To provide of faith –based, safe, nurturing environment where creativity is encouraged and each child is recognized as one of God’s children growing in His love.

Non-Discrimination Policy

St. Francis of Assisi Parish Early Childhood Center does not discriminate on the basis of sex, color, and ethnic origin. All Christians and non-Christians are welcome.

Before Care /Afterschool Care

All Students may participate in the **Before /Afterschool Care Program**. The program will provide a safe and caring place for students. Snack and water will be provided in the Afterschool care program.

The Afterschool Care Program begins at 2:15pm (dismissal) for the 3 year olds or 2:30pm (dismissal) for the 4 year olds. The program ends at 5:30pm. The cost is \$8.00 per hour-per child. The registration fee is \$10.00. There is a late pick up fee of \$8.00 per 15 minutes.

Before Care Program begins at 7:30am and ends at 8:00am. The cost is \$8.00 per day per child.

Terrific 3’s

Students entering the 3 year old program must be 3 years old by December 1st.

Times: Monday - Friday Full day program 8:30 am – 2:15 pm.

Monday - Friday Half day program 8:30 am – 11:30 am

Fantastic 4's

Students entering the 4 year old program must be 4 years old by December 1st.

Times: Monday – Friday Full day 8:30am – 2:30 pm.

Lunch Information

All Students staying for the Full Day programs must bring their lunch and drink. **Please provide a list of any food allergies your child may have.**

Dress Code

Our students wear a uniform. The uniform is Khaki pants, shorts (weather permitting), or a skirt and a green St. Francis logo t-shirt or sweatshirt. (Order forms will be available in September). **SNEAKERS ARE REQUIRED EACH DAY.**

Health and Immunizations

All students entering Pre-K 3 & 4 must have Health /Immunization Forms at the time of registration.

A non-refundable \$100.00 Registration fee is due along with a completed registration form and physical/immunization records.

A 3% discount is applied when the tuition is paid in full for the year and received by September 1, 2024.

3 yr. old HALF day program: 3 days - \$2,950 (\$295 per month), 2 children \$3,750 (\$375 monthly)
5 days - \$4,550 (\$455.00 per month), 2 children \$5,800 (\$580 monthly)

3 yr. old FULL day program: 3 days - \$3,550 (\$355 per month), 2 children \$4,550 (\$455 monthly)
5 days - \$5,700 (\$570.00 per month), 2 children \$7,250 (\$725 monthly)

4 yr. old FULL day program: 5 days - 1 child - \$5,700 (\$570.00 per month)
2 children -\$7,250 (\$725.00 per month)

4 yr. old FULL day UPK: 5 days - \$3,500 (\$350.00 per month)
5 days – 2 children \$4,500 (\$450.00 per month)

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3 year old / 4 year old Registration Form

2024 - 2025

WELCOME

Please print clearly and complete all the following information:

3 year old program: **Full** day M-F _____ **Half** day M-F _____

3 Day (Mon. Wed. Fri.) **Half** Day _____ 3 Day (Mon. Wed. Fri.) **Full** Day _____

4 year old program _____

The City of Tonawanda 4 year old UPK program: Full day _____ Half day _____

(City of Tonawanda residents only)

Student's FULL Name _____

Date of Birth _____ Gender M/F

Family Name _____

Main Mailing Address: _____

City/Town (please circle one) _____ Zip Code _____

Phone: _____

Parent Information

Mother _____ (maiden) _____

Cell phone _____ Home phone _____

Home Address _____

Email _____

Occupation _____

Place of Employment _____

Business phone _____

Father _____

Cell phone _____ Home phone _____

Home Address _____

Email _____

Occupation _____

Place of Employment _____

Business phone _____

Marital Status of Parents **Married / Separated / Divorced / Single**

Does the child live with both parents? **Y/ N**

If not, which parent has legal custody? _____

(A copy of legal documentation must be provided to the school before the child enters)

Health Information

Child's physician: _____ Phone: _____

Address: _____

Describe any illnesses, diseases or physical and /or learning which may affect your child's general health or participation.

List any allergies your child may have:

Health and Immunization Forms are due at the time of registration.

Emergency Information

List two people who will assume temporary care of your child if you cannot be reached

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Public School of Residence

Legal name of public school district of residence of child: _____

Tuition Responsibility

3 year old HALF day program: 3 days - \$2,950 (\$295 monthly), 2 children \$3,750

5 days, \$4,550.00 (\$455.00 monthly), 2 children \$5,800 (\$580 monthly)

3 year old FULL day program; 3 days - \$3,550 (\$355 per month), 2 children \$4,550

5 days - 1 child - \$5,700.00 (\$570 per month)

2 children -\$7,250.00 (\$725 per month)

Four year old FULL day program: 5 days, 1 child- \$5,700.00 (\$570 per month)

2 children -\$7,250.00 (\$725 per month)

Four year old **UPK FULL** day: 5 days, \$3,500.00 (\$350.00 per month), 2 children \$4,500

**Three year olds: 5 day sessions, Monday-Friday Full Day 8:30-2:15
Monday-Friday - Half Day 8:30-11:30, 3 Day (Mon., Wed., Fri.)**

Four year olds: 5 day sessions, Monday - Friday Full Day 8:30- 2:30 pm

**After School Care - Monday through Friday 2:15 (3 yr. olds), 2:30 (4 yr. olds) - 5:30pm.
The rate is \$8.00 per hour / per child.**

Before School Care - Monday through Friday 7:30 - 8:00 am. Rate is \$8.00 per day /per child.

The Center is also a pick up/drop off spot for students enrolled in the Tonawanda City School District. *For more information please call (716) 692-7886.*

St. Francis of Assisi Early Childhood Center and After School Care does not discriminate on the basis of the race, sex, color or ethnic origin. All Christians and non- Christians are welcome.

Additional Information:

- All tuition, Before and After School Care payments and financial questions can be directed to the ECC office at (716) 692-7886.
- Applications to St. Francis Early Childhood Center **require a completed registration form, physical and immunization form and \$100.00 registration fee (non-refundable).**
- A 3% discount is applied when the tuition is paid in full for the year and received by September 1, 2024.
- The Empire State Tax Credit is available from New York State.
- We accept cash, check and credit cards (a 3% credit card fee will be added).
- Please make checks payable to: St. Francis of Assisi RC Church.

Please print name _____

Signature: _____

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APPLICATION FOR BEFORE / AFTER SCHOOL CARE

Name(s) _____ Grade _____ Age _____

_____ Grade _____ Age _____

Address: _____ Home Phone # _____

Mother's Name: _____ (work) _____ (cell) _____

Email Address: _____

Father's Name: _____ (work) _____ (cell) _____

List those who have your permission to pick up the child/children. We will use these phone numbers for emergencies also.

Name: _____ Relationship _____

Address _____

Home Phone _____ (work) _____ (Cell) _____

Name: _____ Relationship _____

Address _____

Home Phone _____ (work) _____ (Cell) _____

(Please provide additional name on the back if needed)

PLEASE CIRCLE all that apply and indicate days attending

Before- School Care

After -School Care

Before and Afterschool Care

Daily — Monday, Tuesday, Wednesday, Thursday, Friday - pick up time _____

On Need/pick up time. _____

Allergies- Important information for us to know: _____

Before Care Program - \$8.00 per day per child
Afterschool Care - \$8.00 per hour per child

\$10.00 application fee is due with this form

PLEASE NOTE * A late fee charge of \$8.00 per child for every 15 minutes past 5:30 will be added to your bill. *****

Parent/Guardian

Signature _____

Additional names who can pick up your child/children.

Name _____

Relationship _____

Home

Phone _____ (work) _____ (cell) _____

Name _____

Relationship _____

Home

Phone _____ (work) _____ (cell) _____

Name _____

Relationship _____

Home

Phone _____ (work) _____ (cell) _____