

# REGISTRATION FORM

MONSIGNOR SLADE EDU-CARE CENTER  
124 DORSEY ROAD  
GLEN BURNIE, MD 21061-3247  
TELE: 410-760-2024  
FAX: 410-766-7399

E-MAIL: [arthursladecare@hotmail.com](mailto:arthursladecare@hotmail.com) OR  
[j.kircher@mssladeschool.com](mailto:j.kircher@mssladeschool.com)

**\$50 REGISTRATION FEE (NON-REFUNDABLE)**  
\$30 REREGISTRATION FEE (NON-REFUNDABLE)  
DATE PAID \_\_\_\_\_ CHK# \_\_\_\_\_

DATE OF REGISTRATION \_\_\_\_\_ PROPOSED STARTING DATE \_\_\_\_\_

PROGRAM DESIRED: EDU-CARE FT / EXTENDED CARE (K-6<sup>TH</sup>) / PART-DAY NURSERY 2s,3s,4s

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Present Grade \_\_\_\_\_ Registered Catholic? Y N Parish \_\_\_\_\_

Medical Conditions: (allergies) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zipcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Race \_\_\_\_\_ **H**-Hispanic **P**- Asian/Pacific Is **M**- Multi

**I**-Native Amer/ **W**-White **B**-Black

E-MAIL ADDRESS \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian's Name (If Applicable) \_\_\_\_\_

Parents: Married Separated Divorced Widowed Single

Child lives with \_\_\_\_\_

Custody of Child : Joint Mother Father Grandparent Other

Names of Other Children in Family

Birthdate

School(If Applicable)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any information we should have to help us understand and care for your child?

What are your expectations of the center?

Is your child currently in day care, pre-school, etc? Please explain.

Note:

This registration puts your child on a waiting list. You will be contacted when a space is available. All children must be toilet trained BEFORE admission.

Edu-Care prioritizes admissions as follows: siblings, MSCS siblings, children from participating parishes, other Catholics, non-Catholics.

Acceptance at MSCS, kindergarten through the 6<sup>th</sup> grade, does NOT automatically give you a place in the extended care program. Enrollment in any Edu-Care program does NOT guarantee admission to MSCS.

All children entering Edu-Care programs must meet a September 1<sup>st</sup> cut-off date. Children whose birthday falls after 9/1 will be placed in the next year's program. For example, a birthdate of 8/21/10 would be eligible for the three year old program in 2013, while a birthdate of 9/15/10 would be eligible for the three year old program in 2014 and kindergarten in 2016.

Signature \_\_\_\_\_

Date \_\_\_\_\_

There are NO refunds for registration fees/ weather and emergency closings and early withdrawals.

MONSIGNOR SLADE EDU/EXTENDED CARE

Forms required for admission (For your information)

\_\_\_\_ REGISTRATION FORM

\_\_\_\_ REGISTRATION FEE

\_\_\_\_ HEALTH INVENTORY (OCC1215-6/08)

\_\_\_\_ EMERGENCY CARD

\_\_\_\_ BIRTH CERTIFICATE

\_\_\_\_ PHOTO

\_\_\_\_ SIGNED SLIP FROM PARENT HANDBOOK

\_\_\_\_ CUT-OFF – “A PARENTS' GUIDE TO REGULATED CHLDCARE”

\_\_\_\_ CUSTODY PAPERS (IF APPLICABLE)

Questions may be referred to Mrs. Jane Kircher at 410-760-2024

E-mail: [arthursladecare@hotmail.com](mailto:arthursladecare@hotmail.com). or [j.kircher@mssladeschool.com](mailto:j.kircher@mssladeschool.com)