

Mt. Calvary Learning Center
Daycare
688 Dakota Avenue South
Huron, South Dakota 57350
Phone: 605-461-9222

Registration Fee: \$100 due at the time of registration

PLEASES Print or Type all information.

Name of Child: First: _____ Middle: _____ Last: _____

Nickname (if any): _____ Birth date: _____ Gender: M / F

Please enroll my child in the: ___ Lambs Room (Infant- 2 years old) Tuition: **\$150** a week for 45 hours

___ Lions Room (3 to 5 years old) Tuition: **\$130** a week for 45 hours

Child lives with: ___ Mother ___ Father ___ Both ___ Other: _____

Please list other children in the family:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Mother (Guardian) Name: _____ Phone: Home _____ Cell _____

Full Address: _____

Mother's Email Address: _____

Mother's Employer: _____ Work Phone: _____ Authorized to pick up: Y / N

Work Schedule: _____

Father (Guardian) Name: _____ Phone: Home _____ Cell _____

Full Address: _____

Father's Email Address: _____

Father's Employer: _____ Work Phone: _____ Authorized to pick up: Y/ N

Work Schedule: _____

Church in which you are an active member. _____

IN CASE OF EMERGENCY: (Other than parent/Guardian, at least one)

_____ Relationship: _____ Phone: _____ Authorized to pick up: Y / N

_____ Relationship: _____ Phone: _____ Authorized to pick up: Y / N

Written permission is required if your child is to go with ANYONE other than designated above. WE WILL NOT RELEASE YOUR CHILD TO SOMEONE NOT AUTHORIZED BY YOU WITHOUT CONFIRMING IT WITH YOU FIRST.

Medical conditions: Please explain any illness or unusual medical conditions that might prevent your child from participating in activities or conditions which the staff should be aware of.

(Please circle all that apply) Asthma Diabetes Seizures other _____

Allergies to medication: _____ Food Allergies: _____

Physician: _____ Phone: _____

Where did you hear about us? _____

Back Side

Release Statements:

- Photographs- I give my permission for Mt. Calvary Learning Center to use photographs of my child for newsletters, preschool social media accounts, and the local newspaper.
- Emergencies- In case of the need for emergency treatment, I understand that Mt. Calvary Learning Center will first try to contact parents. If a parent cannot be reached, I hereby authorize the person in charge to call 911. As parent or guardian, I accept responsibility for payment of medical obligations.
- I hereby give permission for emergency medical treatment for my child.

The school will not be responsible for anything that may happen as a result of false information or lack of information given at the time of enrollment.

Parent/ Guardian Signature: _____ **Date:** _____

FIELD TRIP PERMISSION ACKNOWLEDGMENT

My son/daughter, _____, has my permission to participate in the supplemental learning opportunities that Mt. Calvary Learning Center daycare provides. I understand that these outings may include bus riding or travel by foot. I understand that I will be informed when a field trip is scheduled.

Parents/Guardian’s signature: _____ Date: _____

I _____ agree to pay Mt. Calvary Learning Center (MCLC) \$_____ per Week for Daycare tuition for my child, _____. I understand that tuition will be due Monday of each Week for 45 hours and that there will be a late payment fee of \$20 if the tuition is not paid by Thursday of each Week.

Registration Fee- I agree to pay a non-refundable registration fee of \$100.00 for each child at the time of registration.

Health requirements- I understand that my child must meet health requirements as set by the South Dakota Department of Social Services. Enrollment is pending receiving a current immunization record for our files prior to attending school.

Copies of your child’s birth certificate and an updated immunization record must be given to add to his/her file.

Mt. Calvary Learning Center Daycare admits children of any race, color, national or ethnic origin to all the 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, national or ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

Parent/ Guardian’s Signature: _____ **Date:** _____

Parent/ Guardian’s Signature: _____ **Date:** _____

Revised 2/8/23