



9367 Wattsburg Rd Erie, Pa 16509
(814)825-4439 ext. 222
Preschool@Stbonifaceparisherie.org



Office Use Only:

2025/2026 Acceptance Date: _____

Previously enrolled: ___Yes ___No

Enrollment Date: _____

Services Offered: St. Boniface Preschool is a Christ centered school offering enrichment, socialization and learning skills to 3 and 4-year-olds. St. Boniface Preschool also offers an enriching Before/After Care program for students ages 3, 4, 5, and Wattsburg Area School District Elementary Students who require care outside of regular school hours. We provide a joyful, loving and Christian environment where each individual can be themselves through the guidance and acceptance of kind caring staff. Pennsylvania state standards are utilized to assist children to gain independence and develop a love of learning by offering social, academic, religious, fine and gross motor skills.

2025/26 Before & After Care Registration Form

Child's Name: _____

Birthdate: __/__/__ Sex: M__ F__ Grade entering for the 2025/26 school year: _____

Child's Address: _____

Full name of Mother/Legal Guardian: _____ Contact 1st ☐

Address: ☐ Same _____

Home Phone: _____ Cell Phone: _____

Email: _____

Place of work: _____ Work Phone: _____

Work Address: _____ Work Hours: _____

Full name of Father/Legal Guardian: _____ Contact 1st ☐

Address: ☐ Same _____

Home Phone: _____ Cell Phone: _____

Email: _____

Place of work: _____ Work Phone: _____

Work Address: _____ Work Hours: _____

School Age Before and After Care Program Registration

Before School Care (BC): 7:00am-8:15am **After School Care (AC):** 4:00pm-5:30pm

School Age Wattsburg Elementary Students enrolled in grades K-4.

Program Enrolling: ☐ Before Care ONLY ☐ After Care ONLY ☐ BOTH Before & After Care

☐ If program choice is at capacity, place my child on the wait list for 2025/26 school year

Schedule

***Additional child discount applied to oldest child (ren)'s account**

Choose your schedule	Days Attending	Monthly Payment ONE school age child	Per year payment ONE school age child	Monthly Payment each *ADDITIONAL school age child	Per year payment each *ADDITIONAL school age child
<input type="checkbox"/>	2 Days: BC <u>OR</u> AC (T/TH) 76 sessions	\$73.00	\$657.00	\$34.00	\$306.00
<input type="checkbox"/>	2 Days: Both BC/AC (T/TH) 152 sessions	\$144.00	\$1,296.00	\$68.00	\$612.00
<input type="checkbox"/>	3 Days: BC <u>OR</u> AC (M/W/F) 100 sessions	\$95.00	\$855.00	\$45.00	\$405.00
<input type="checkbox"/>	3 Days: Both BC/AC (M/W/F) 200 sessions	\$189.00	\$1,701.00	\$89.00	\$801.00
<input type="checkbox"/>	5 Days: BC <u>OR</u> AC (M/T/W/TH/F) 180 sessions	\$170.00	\$1,530.00	\$80.00	\$720.00
<input type="checkbox"/>	5 Days: Both BC/AC (M/T/W/TH/F) 360 sessions	\$336.00	\$3,024.00	\$160.00	\$1,440.00

Pay your FULL yearly payment by August 20th, 2025-Receive \$100 credit to Brightwheel account.

(One credit per household for families with additional children enrolled)

- ☐ \$50.00 NON-REFUNDABLE yearly registration fee is due for all families new to St. Boniface Preschool and to all existing families who register after June 1st, 2025.
- ☐ First payment due September 15th, 2025 / Last Payment due May 15th, 2026.
- ☐ A late pick-up fee of \$25.00 early arrival/late pick up fee for every 15 minutes a student arrives early or is picked up late. Early arrival is defined as any student arriving before 7:00 AM, if registered for Before Care. Late pickup up is defined as any student not picked up by 5:30 PM, if registered for After Care.
- ☐ I understand that additional fees will be applied for sessions my child attends, but is not registered.
- ☐ I understand that my child MUST be fully toilet trained before Aug. 15th before entering any St. Boniface Preschool programs. The bathroom/toilet training policy can be found in the St. Boniface Handbook.
- ☐ I understand that I must provide St. Boniface Preschool with at least 30 days' notice of any schedule/program changes pertaining to my child. Schedule changes MUST be approved by the director. I am responsible for any payments/invoices accrued 30 days prior to the "date of change."
- ☐ I understand that St. Boniface Preschool does not issue refunds or credits for invoices issued/applied to student accounts including student absence from programs/sessions registered. (See handbook for full policy)
- ☐ I understand that St. Boniface Preschool has an Emergency and Crisis Plan in place and is available to view upon request.
- ☐ I agree to abide by the St. Boniface Preschool policies found in the St. Boniface Preschool Parent/Student handbook.

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

(Date)

Emergency Contacts

Minimum **2** contacts, **other than parents**, to contact in case of emergency/authorized to pick up child:

****Valid phone number and address required for all listed contacts.***

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Address: _____ Address: _____

City: _____ State/Zip: _____ City: _____ State/Zip: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Address: _____ Address: _____

City: _____ State/Zip: _____ City: _____ State/Zip: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

3. Name: _____ 4. Name: _____

Relationship to child: _____ Relationship to child: _____

Address: _____ Address: _____

City: _____ State/Zip: _____ City: _____ State/Zip: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Physician: _____ Phone: _____

Medical Provider Address: _____

Are your Child's immunizations up to date? Yes () No ()

Do you intend to vaccinate your child for Influenza? Yes, proof of vaccination will be provided () No ()

Note: ALL **NEW students** must provide a copy of a current Child Health Report (55 PA CODE §§3270.131, 3280.131 AND 3290.131) *INCLUDING* current immunization record *prior* to child's first day of attendance. **Returning students** MUST provide Child Health Reports within one year of the date listed on the previously submitted health report.

If child is not current on vaccinations, documentation explaining missed vaccinations is required.

If not up to date, please explain: _____

Does your child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

☐ Asthma ☐ Earaches ☐ Mumps ☐ Whooping Cough ☐ Bronchitis

☐ Eczema ☐ Pneumonia ☐ Polio ☐ Chicken Pox ☐ Frequent Colds

☐ Croup ☐ Convulsions ☐ Measles ☐ Influenza ☐ Rheumatic Fever

☐ Diphtheria ☐ Tonsillitis ☐ Other: _____

Does your child have any known allergies? Yes () No ()

If yes, what are they and what are his/her reactions:

Does your child take any medication on a regular basis? Yes () No ()

If yes, please list the name of the medication(s) and the medical condition for which it is taken:

***St. Boniface Preschool will ONLY administer medication to students in the event of an Emergency or with a written Doctor's note. If your student requires regularly administered medication please speak with the director.** If approved Medications will be administered in the dosages recommended for child's age and weight.

Does your child have any speech, hearing, or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the childcare provider should be aware of:

Medication/Emergency Care Authorization

I understand that I will be notified if any medications were given or Emergency Care was required.

I authorize St. Boniface Preschool to administer the type of care authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect while my child is enrolled, unless revoked by me.

☐ **Yes** ☐ **No** I authorize the administration of minor first aid; for example: use of band-aids, ice packs, gauze, medical tape, etc.

☐ **Yes** ☐ **No** I authorize for St. Boniface employees to obtain emergency medical care for my child if ever necessary.

☐ **Yes** ☐ **No** I authorize use of topical lotion, such as hand lotion on my child when appropriate.
**Must be provided by parent/guardian. Please note: St. Boniface asks that any necessary topical lotions are applied at home before school. It is preferred not to apply anything at school due to various sensitivities and allergies although we are willing to do so on an as needed basis.*

☐ **Yes** ☐ **No** I authorize use of sun block. **Must be provided by parent/guardian*

☐ **Yes** ☐ **No** I authorize use of insect repellent that may contain deet. (example brands: OFF, Repel)

☐ I authorize St. Boniface Preschool to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. Parent/guardians will be notified immediately if an Emergency situation occurs under the care of St. Boniface Preschool. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian.)

Comments/Exceptions: _____

Hand Sanitizer Authorization

Childcare and preschool programs in PA receive guidelines from the Department of Human Services concerning the use of hand sanitizers in preschool settings. These guidelines require St. Boniface Preschool to have written permission to use hand sanitizer for each child and to keep hand sanitizer out of the reach of children. **DO NOT** send hand sanitizer in or attached to your child's backpack or jacket.

The full guidelines can be found at: www.dhs.pa.gov

☐ **Yes** ☐ **No** I authorize the use of hand sanitizer on my child's hands in accordance with the DHS recommendations and regulations.

Water Play Authorization

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We participate in water activities throughout the year which include but is not limited to water table, water balloons/sprayers, sprinkler. Many precautions are taken to help keep children safe when participating in water play.

☐ I **authorize** my child to participate in ALL water activities offered.

Except: _____

☐ I **do NOT** authorize my child to participate in ANY water activities.

Photo Authorization

Photographs and videos are taken on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of a child's day. Pictures/videos are used for teaching, documenting, sharing information about the day, arts & crafts, albums, class books, and various other things. Photos may be given to families who also attend St. Boniface programs as documentation or remembrance of children's time in preschool. Photos will appear most often on Brightwheel. Photos may also appear in the newspaper, church bulletin, social media (ex: Facebook), preschool/parish website, marketing materials (brochures, signs, posters) unless otherwise noted by you.

CAREFULLY read the options below & mark all applicable boxes.

☐ I **GIVE** permission to St. Boniface Preschool to take and utilize photographs/videos of the above-named child for use of:

- ☐ Brightwheel (may be shared with other registered families on school feed)
- ☐ Bulletin boards found within the preschool/parish.
- ☐ Church/Parish bulletin
- ☐ Preschool/Parish website (stbonifaceparisherie.org)
- ☐ Social media (ex. Facebook)
- ☐ Local newspapers/news outlets
- ☐ Marketing materials provided to or for the public (brochures/signs/posters)

OR

☐ I **DO NOT** want any photos/videos taken of the above-mentioned child.

Additional Information

List any other notes, important information or agreements made between this program and parents/guardians that you feel important for St. Boniface Preschool to be made aware of:

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

(Date)

Optional:

How did you hear about us? (Please circle all that apply)

ADVERTISEMENT

Parish Bulletin
Drive-by Sign
Website/Facebook/Other
Flyer
Newspaper
Event

REFERRAL

Parental Referral: _____
Friend/Neighbor: _____
Center Referral: _____
Subsidy Program Referral: _____

Are you a member of St. Boniface Parish?

Yes
No