St. Gregory the Great
Early Childhood Enrichment Program
Registration Packet
New Students

To begin your child's new enrollment the following is needed to be filled in and completed:

- A $250.00 Non-Refundable registration fee.
- A copy of your child's Birth Certificate or Passport
- A copy of your child's Baptismal Certificate (if applicable)
- St. Gregory the Great Registration and Tuition Form (attached)
- Proof of Immunization from your child's physician AND
- A copy of your child's most recent physical exam ON NYS OCFS FORMS
- The New York State Office of Children and Family Services Day Care Registration Form
- Emergency Form, Pick Up Form & Child Development History
- Napping Agreement & Handbook Photo Permission Form
- Tuition Enrollment Form

Visit Our Website at stgregoryearlychildhood.com to see all the fun and exciting events and activities going on at our school! Read the monthly newsletters and hear from the teachers and director about what is going on in the classrooms!

If you have any questions please do not hesitate to contact us at:

Phone: 914-835-1278 Fax Number: 914-835-2070
E-mail Address: info@stgregoryearlychildhood.com (school email)

Robin Hughes, Director
Linda Rinaldi, Administrative Assistant

St. Gregory the Great Early Childhood Enrichment Program is licensed by New York State Office of Children and Family Services (OCFS) and follows the OCFS Regulations for Child Day Cares. The OCFS website give you news and links to update state information, forms and more. You can access the website at https://ocfs.ny.gov., then proceed to FIND CHILD CARE then hit the link SEARCH FOR REGULATED CHILD CARE. Only input under school district HARRISON 10528. Scroll down and you will find the school. Child Care Complaint line is 1-800-732-5207

"Together may we give our children the roots to grow and the wings to fly!"

Saint Gregory the Great Early Childhood Enrichment Program

REGISTRATION FORM September 2026 - June 2027

Child's Name:_____ Birth Date:_____ Male_____ Female_____

Nick Name _____E-mail address for school notices_____

PLEASE CHECK ONE: NEW STUDENT_____ ALUMNI FAMILY_____RE-REGISTERING STUDENT_____

Student's Ethnicity: (**please circle**-information used for school census):
American Indian Asian Black Hispanic Pacific Islander White Multiracial Other_____
Marital Status: ___Single ___Married ___Separated ___Divorced ___Widowed

Mother's Name:_____Full Home Address_____
Cell Phone Number:_____ Home Phone Number:_____
Mother's Occupation_____ Work Number:_____
Church Affiliation_____School District if other than Harrison_____

Father's Name:_____ Home Address(if different):_____
Cell Phone Number:_____ Home Phone Number:_____
Father's Occupation:_____Work Number:_____

CHECK APPROPRIATE PROGRAM: ***Please be advised that once you select a specific program option, adjustments cannot be made unless we have an available opening. Students will be randomly placed at the "sole discretion" of the Pre-School Director.***

3 Year Old Program Options:

1)	5 half days a.m.	M-F	8:45 a.m. to 11:30 a.m.	____	$8,700.00
2)	3 Full + 2 half days	M-F	8:45 a.m. to 11:30 a.m.		
		T,W,TH	8:45 a.m. to 2:30 p.m.	____	$10,750.00
3)	Full day program	M-F	8:45 a.m. to 2:30 p.m.	____	$12,000.00

4 Year Old Program Options:

1)	3 Full + 2 half days	M-F	8:45 a.m. to 11:30 a.m.		
		T,W,TH	8:45 a.m. to 2:30 p.m.	____	$10,750.00
2)	Full day program	M-F	8:45 a.m. to 2:30 p.m.	____	$12,000.00

TUITION AGREEMENT **A $250.00 NON-REFUNDABLE application fee MUST accompany ALL applications.**
This application fee is not deducted from tuition amount. This is a contract, please read carefully before signing,

Between_____Social Security Number_____
(Parent Name) (please print clearly) (Parent Social Security)

_____
(Address) (City) (State) (Zip Code)
And Saint Gregory the Great Early Childhood Enrichment Program, 94 Broadway, Harrison, New York 10528.

PLEASE CHECK ONE PAYMENT PLAN:

_____ 1. Annually – Payment due in full August 1st
_____2. Semi Annual Payments – payments due August 1st and January 2nd
_____3. 10 Equal Payments – payments due August 1st through May 1st.

St. Gregory the Great is a non- profit organization, therefore, our annual budget is based primarily on tuition income. We are partnered with Blackbaud Tuition Management to handle tuition collection. There is a yearly family fee of $45 for this service paid directly to Blackbaud at the time of your first payment. All payments are due on the 1st of the month of your payment plan. However, if your payment has not been received to Blackbaud by the 5th of the month it will be considered late and they will automatically charge you a $40 late fee. Because all of our income is dependent on tuition payments, you must pay on time. Tuition fees are all inclusive. No tuition deductions can be made for absences caused by illness or withdrawal for a portion of the year or classroom closures due to Covid or NYS mandated closures. All fees are **NON-REFUNDABLE**. I agree to pay my child's tuition as stated above. I understand that tuition payments are due by the above dates. I understand that paying on time is my obligation. I understand the obligation that I have to St. Gregory the Great and I intend to fulfill this obligation. It is agreed that the Parent/Guardian is responsible for the full tuition. If you withdraw from the program early you will incur a withdrawal fee starting at $500.

Parent or Guardian Signature:_____ Date:_____

OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PROGRAM NAME:	ADDRESS:	PHONE NUMBER ( ) -
CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:	DATE OF BIRTH / /	GENDER:
CHILD'S HOME ADDRESS:		
NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____	
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - ☐ ok to text EMAIL ADDRESS:	ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):	

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
PRIMARY CONTACT:	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text

FOR PROGRAM USE ONLY	*FOR PROGRAM USE ONLY*
DATE OF ENROLLMENT: / /	DATE OF DISENROLLMENT: / /

OCFS-LDSS-0792 (08/2019) REVERSE

CHILD'S FULL NAME:	DATE OF BIRTH: / /

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy

☐ Allergies (Please list) _____

☐ Other _____

Please provide information here AND discuss with your child care provider:

CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: ( ) -
PREFERRED HOSPITAL:	PHONE NUMBER: ( ) -
CHILD'S DENTAL CARE:	PHONE NUMBER: ( ) -

Child health care information is available by calling toll-free 1-800-698-4543or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/

AGREEMENTS

- I consent to emergency medical treatment for my child..... ☐ Yes ☐ No
- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child..... ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year..... ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

EMERGENCY AND PICK UP FORM (please print clearly)

Child's Name: _____ Birth Date: _____

Home Address: _____

Home Phone #: _____ E-mail _____

Mother's Name: _____ Father's Name: _____

Mom's Cell Phone: _____ Father's Cell Phone: _____

Mom's Work : _____ Father's Work : _____

EMERGENCY CONTACT'S: In case of emergency and parent can not be reached, contact:

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone: _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Doctor : _____
Name Address Phone

Dentist : _____
Name Address Phone

Note any medical conditions and explain: _____

_____

In case of accident or illness, I request that the Early Childhood Program Director contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow physician's instructions. If it is impossible to contact this physician, the representative of the program may make whatever arrangements necessary. I agree to assume financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

CHILD PICK UP LIST: No child will be allowed to leave with anyone not on this list.
Written permission must be sent to school if there are any other pick up arrangements required.

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Name: _____ Phone: _____ Cell _____ Relation _____

Name: _____ Phone : _____ Cell _____ Relation _____

Parent/Guardian Signiture: _____ Date _____

ST. GREGORY THE GREAT EARLY CHILDHOOD ENRICHMENT PROGRAM

CHILD'S DEVELOPMENT HISTORY

ENROLLMENT DATE: _____

Child's Full Name:_____Birth Date_____

Name and ages of siblings _____ Age_____

_____ Age_____

_____ Age_____

EATING HABITS

Please describe your child's appetite_____

_____

Does your child have allergies?_____If yes, please describe_____

_____

Please tell us your child's favorite foods_____

_____

Does your child eat dinner
( ) alone ( ) with family ( ) with sibling ( ) with sitter

SLEEPING HABITS

What time does your child go to bed?_____ Wake up?_____

Does your child take a nap?_____ Regularly?_____ For how long?_____

Does your child have his/her own room?_____ Is bed time a regular routine?_____

Does your child ( ) comply ( ) resist at bed time?

SPEECH

Does your child speak clearly?_____ Is your child's vocabulary large?_____

Are other languages spoken in the house?_____ If yes, please list_____

_____

Child's Name: _____

DISCIPLINE

Describe your child's response to discipline_____

_____

If your child does not comply after repeated requests, what consequences result from the Non compliance?_____

_____

Do all members of the family agree on methods of discipline?_____
Are there different discipline standard with
( ) Mother ( ) Father ( ) Grandparents ( ) Sitter ( ) Other_____

Does your child have tantrums? _____I f yes, please describe what occurs_____

_____

What is something your child does not like to do?_____

_____

SOCIAL

Has your child ever been separated from you during the day on a regular basis?_____

What are your child's favorite play item?_____

Your marital status: ( ) married ( ) single ( ) widow/er ( ) divorced ( ) separated

Are there step-children in your child's life?_____

Does your child watch television?_____ How many hours daily?_____

Which shows?_____

How often does your child have screen time: Daily Hours____ Weekly Hours____

Does your child have any habits? (nail biting, thumb sucking)_____

_____

Describe what you do to comfort your child when he/she is distressed?_____

_____

What are your child's favorite activities?_____

_____

Please describe your child's personality?_____

_____

If your child should unfortunately have difficulties at school, how would you prefer to be approached and informed?_____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD DAY CARE CENTER
SLEEPING AND NAPPING AGREEMENT

This form may be used to meet the regulatory requirement that, other than for school-age children, sleeping and napping arrangements must be made in writing between the parent and the program.

Name of Child in Care:	**Date of Birth** / /

Name of Parent/Guardian:	
Name of Program: St. Gregory the Great Early Childhood Enrichment Program	Facility ID# 214643DCC

Area of program where childwill nap or sleep: in a safe and approved day care classroom
Napping or sleeping surface (Checkall that apply): ☒ Mat ☐ Cot ☐ Bed ☐ Crib
How will the child be supervised? OCFS cleared staff will supervise the nap time and will stay in ratio

All applicable regulations must be followed, including, but not limited to, those listed below. Contact your regulator with any questions.

- In a child day care center, children may not sleep or nap in car seats, baby swings, strollers, infant seats, or bouncy seats, unless otherwise prescribed by a health care provider. Should a child fall asleep in one of these devices, theymust be moved to an approved sleeping surface.
- Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on theirback to sleep, unless medical information from the child's health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child.
- Cribs, bassinets, and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges, or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.
- The resting/napping places must be located in approved day care space; be located in safe areas of the program; be located in a draft-free area; be where children will not be stepped on; be in a location where safe egress is not blocked; allow a person to move freely and safely within the napping area in order to check on or meet the needs of children; andbe at least two feet apart from each other.
- Children unable to sleep during nap time shall not be confined to a sleeping surface (cot, crib, etc.) but instead must be offered a supervised place for quiet play.
- A copy of this agreement must be kept on file at the program and accessible for review.

	Robin Hughes
Signature of Parent/Guardian	Signature of Program Staff
/ /	/ /
Date	Date

Saint Gregory the Great Early Childhood Enrichment Program

Child's Name: _____Date_____

.....

Dear Parents,

During the school year we will be taking pictures of the children as they work and play. These pictures will be used for in class projects and displays, i.e. bulletin boards, art projects and memory books. Please complete this form giving permission for the taking and use of these photos. Teachers would like to distribute a class list that includes the children's names, addresses phone numbers and e-mail address. If you do not wish to have your child's name included please indicate below.

I received the Parent Handbook and/or I have visited the website stgregoryearlychildhood.com to view the Parent Hand book online. I am aware of the policies and information contained therein.

Photo/Class List/School Directory Release Form

Please circle Yes or No to the following questions:

(Yes or No) my child may be photographed for in school use.

(Yes or No) include my child's information on the class list and school directory

Parent/Guardian Signature: _____

Saint Gregory the Great Early Childhood Enrichment Program

Child's Name:_____Date:_____

Follow us on Instagram & Facebook @stgregspreschool

Dear Parents,

Please follow us on Instagram & Facebook!

This will be a great way to see what's happening here in real time! Please follow along as we create memories with you. Don't forget to tag us!

Please check off and return

_____Yes, my child can be photographed and posted.

_____No, Please blur my child's face before posting

Parent/Guardian Signature:_____

Blackbaud Tuition Management

1 0 7 7 5 2 1 1 8 0

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS (Smart emails reminders for upcoming payments)

SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, web or telephone. I agree to the following due date: 0 5

Your school allows the following due date: 5

☐ I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: 0 5

Your school allows the following due date: 5

PLEASE DEBIT MY: ☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

Any Debit account linked to Blackbaud Tuition must be active and viable. ACH fees will be applied to automatic deductions from checking/savings

PLEASE CHARGE MY: ☐ AMEX ☐ DISCOVER ☐ MASTERCARD VISA

CREDIT CARD NUMBER

EXPIRATION DATE / /

A 2.85% usage fee applies to all credit/debit card payments

SELECT A PAYMENT PLAN

Plan A	Payment(s) 1	Aug
Plan B	Payment(s) 2	Aug, Jan
Plan C	Payment(s) 10	Aug - May

ENTER PLAN LETTER HERE ☐

ENTER STUDENT INFORMATION

Choose from the following grades: PK

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID:

*OPTIONAL TYPE CODE:

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and text message and a follow up fee of $40.00 will be assessed to my account. A $30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE / /

FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE:

☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN

☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

STUDENT TUITION 1	$
STUDENT TUITION 2	$
STUDENT TUITION 3	$
STUDENT TUITION 4	$
FAMILY TUITION SUBTOTAL	$

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + 4 5 . 0 0

ANNUAL TOTAL DUE $

St. Gregory the Great Early Childhood Enrichment – 10775