



Holy Family Early Childhood Center 2020-2021

200 78th Avenue NE – St. Petersburg, Florida 33702

Tel. (727) 525-8489 – Fax (727) 851-9913

www.holyfamilycatholicschool.com

Mrs. Judi Bruckner- Director

Mrs. Abigail Rudderham- Principal

Application for Admission to Holy Family Early Childhood Center

Check Grade and Days Attending:

ECC 1 - 5 Full Days: ___ 5 Half Days: ___ 3 Full Days: ___ 3 Half Days: ___ Other: _____

ECC 2 - 5 Full Days: ___ 5 Half Days: ___ 3 Full Days: ___ 3 Half Days: ___

ECC 3 - 5 Full Days: ___ 5 Half Days: ___ 3 Full Days: ___ 3 Half Days: ___

ECC 4 - 5 Full Days: ___ 5 Half Days: ___ 3 Full Days: ___ 3 Half Days: ___

PRK / VPK - VPK Voucher Only: ___ VPK / PRK 5 Full Days: ___ VPK /PRK 5 Half Days: ___

Check here if Extended Day is needed: _____ Extended Day runs from 3:00pm to 6:00pm

Student Information:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Male: ___ Female: ___ Nick Name: _____

Student resides with: Both Parents: ___ Mother: ___ Father: ___ Guardian: ___

Do both Parents / Guardian have custody? ___ If no, who has sole custody? _____

*Custodial Paperwork must be submitted to the office

Please list any other siblings in the home: _____

Is there a second language spoken at home? Please specify: _____

Religious / Parish Information:

Catholic: Yes: ___ No: ___ Parish Affiliation: _____

Baptized: Yes: ___ No: ___ Place of Baptism: _____

Ethnic Background: (optional)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multi Racial |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White, Caucasian | <input type="checkbox"/> African American | Other: _____ |

Parent / Guardian Information 1:

Name: _____ Mother: ___ Father: ___ Guardian: ___

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Email Address: _____ (To receive School Information)

Primary Cell Number: _____ (To receive School Calls and Text Messages)

Parent / Guardian Information 2:

Name: _____ Mother: ___ Father: ___ Guardian: ___

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Email Address: _____ (To receive School Information)

Primary Cell Number: _____ (To receive School Calls and Text Messages)

Tuition Payment Options Information:

____ Pay in Full in July and receive a 3% discount

____ Pay Semi Annually and receive a 1% discount Payments in July and January

____ Pay Monthly through FACTS 10 Months: ____ July -April or 11 Months: ____ July - May
FACTS access an annually fee of \$38.00 once payment plan is set up

Please indicate if a school or family recommended you to Holy Family Early Childhood Center:

Yes: ___ No: ___ Name of recommending family / school: _____

- *All the information contained on this application is correct and true. I understand that any omission, untruth, or any misrepresentation of the facts can be sufficient reason for denying acceptance and / or dismissal from the school.*
- *Application Fee (non-refundable): \$50 per student to be included with this application form.*
- *Registration Fee of \$235 (non-refundable) will be due upon acceptance*
- *This registration is not a guarantee that your child(ren) will be accepted by Holy Family Early Childhood Center for the coming school year. It represents your request that HFEECC accepts your child(ren) for enrollment during the coming year. HFEECC reserves the right to decline enrollment.*
- *An incomplete application will not be accepted, please make sure all areas are filled in.*
- *Please include a required copy of the Child's Birth Certificate and Certificate of Baptism (if applicable)*

1. Parent / Guardian Signature: _____ Date: ___/___/___

2. Parent / Guardian Signature: _____ Date: ___/___/___

Both Signatures are required for Custodial Parents

For School Office Only:

Accepted: Yes: ___ No: ___ Start Date: ___/___/___ Tuition Amount: _____ Ext Day Amount: _____

Application Fee Paid: Check / Cash Date: ___/___/___

Registration Fee Paid: Check / Cash Date: ___/___/___

Director Initials: _____ Please a send a hard copy to school office Database Entered: _____