



Notre Dame Urban Education Center

14 East 8th Street • Covington, KY 41011

859-261-4487 • www.nduec.org

Sponsored by the Sisters of Notre Dame, Notre Dame Urban Education Center provides transformative educational experiences to impact individual wellbeing.

Early Learning Registration Packet

Notre Dame Urban Education Center offers an early learning program for children who turn 4 years by August 1st. NDUEC's goal is to prepare children for learning. NDUEC's **Early Learning** program is designed to boost school readiness by introducing letters and words, math concepts, and valuable social skills.

Early Learning Information

Tuesday, September 6, 2022, and ends Thursday, May 11, 2023

NDUEC building is open from 7:50 a.m. – 11:40 a.m.

Class is from 8:00 a.m. – 11:30 a.m. Monday through Thursday

Snacks & Drinks are provided

Program Cost per Child - \$1620 & \$50 registration fee

Payment Plans 1 payment of \$1620 – September, 2022 – *omit registration fee*

9 payments of \$180 – per month September - May

Families may apply for **limited** financial assistance by completing the form attached in this registration packet. You must include your current Federal Income Tax return for consideration for assistance.

COVID-19 Response

- ✓ Home screening includes monitoring your child's temperature and asking simple questions regarding COVID-19 symptoms. Once inside the building, the Early Learning students will be its own cohort to manage any spread of sickness.
- ✓ Practicing personal hygiene is expected
- ✓ Building and materials will be sanitized daily

Notre Dame Urban Education Center

Mrs. Julaina Bishop, M. Ed

jbishop@nduec.org

33 years educational experience

Notre Dame Urban Education Center
Early Learning Registration
A non-refundable fee of \$50 is due at time of registration.



Please print neatly.

Student's Full Name _____

Student's birthdate _____ *Student must be four years by August 1st to qualify for this program.*

Parent/Guardian's Name _____

Mailing Address _____

Parent/Guardian's Phone **Cell** _____ **Work/Home** _____

Parent/Guardian's email address _____

Emergency Contact Information

1st Contact Name _____ **Relation to the Student** _____

1st Contact's Phone # **Cell** _____ **Work** _____

2nd Contact Name _____ **Relation to the Student** _____

2nd Contact's Phone # **Cell** _____ **Work** _____

Please list all your child's allergies _____

If an emergency occurs, do we have your permission to take your child to the hospital? **YES** **NO**

Doctor's Name _____ Phone _____

Preferred Hospital/Clinic _____

Parent/Guardian Authorization

My child will be picked up by _____ **Relationship to the Student** _____

Parent/Guardian signature _____ **Date** _____

In the event that neither I nor the alternate contact listed above can be reached in an emergency, I authorize the attending physician to administer proper and necessary treatment for the safety of my child.

Parent/Guardian signature _____ **Date** _____

I authorize Notre Dame Urban Education Center to use photographs or video clips of my child and/or survey my child either through interviews or questionnaires for publicity purposes or data collection.

Parent/Guardian signature _____ **Date** _____

Complete and return the Early Learning Registration & \$50 fee to NDUEC.
Space is limited! Register NOW!



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Mission

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Financial Assistance Application

Please submit your current **Federal Income Tax return** with this completed application.
Financial assistance will not be considered without your tax form.

Parent/Guardian Name _____

Parent/Guardian Best Contact Phone Number _____

Child/ren _____

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•Parent(s)/Guardian income      \$ \_\_\_\_\_

•SNAP (Food Assistance)      \$ \_\_\_\_\_

•WIC (Women Infant Children) \$ \_\_\_\_\_

•Medicaid      Circle one      Yes      No

•Child Support      \$ \_\_\_\_\_

•Unemployment (80-99 weeks) \$ \_\_\_\_\_

•Disability Benefits      \$ \_\_\_\_\_

•Section 8 Housing Assistance      \$ \_\_\_\_\_

*Submit this completed financial aid application to NDUEC with completed student registration.*

I affirm that all the information contained on this form is correct.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_