



## Notre Dame Urban Education Center

14 East 8<sup>th</sup> Street • Covington, KY 41011

859-261-4487 • [www.nduec.org](http://www.nduec.org)

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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 1<sup>st</sup>. 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 5, 2023, and ends Thursday, May 16, 2024

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 2023 – *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.

## **Notre Dame Urban Education Center**

Mrs. Julaina Bishop, M.Ed.

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34 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 1<sup>st</sup> to qualify for this program.*

Parent/Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian's Phone Cell \_\_\_\_\_ Work/Home \_\_\_\_\_

Parent/Guardian's email address \_\_\_\_\_

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**Emergency Contact Information**

1<sup>st</sup> Contact Name \_\_\_\_\_ Relation to the Student \_\_\_\_\_

1<sup>st</sup> Contact's Phone # Cell \_\_\_\_\_ Work \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Relation to the Student \_\_\_\_\_

2<sup>nd</sup> 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 \_\_\_\_\_

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**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 \_\_\_\_\_