Holy Spirit PDO & Preschool
Registration 2025-2026

We are super excited about the upcoming school year and hope that you will choose Holy Spirit PDO & Preschool for your child in 2025-2026

Registration fee is $100.00 (non-refundable) per child.

Your child's spot will not be guaranteed until Registration fee has been paid in full.

Tuition

PDO & Preschool	Monday & Wednesday Option	
Full Day	8:30-2:45	$250.00 a month
Extended Stay Day	8:30-4:30	$290.00 a month

PDO & Preschool	Tuesday & Thursday Option	
Full Day	8:30-2:45	$250.00 a month
Extended Stay Day	8:30-4:30	$290.00 a month

PDO & Preschool	Mon, Tues, Wed & Thur Option	
Full Day	8:30-2:45	$500.00 a month
Extended Stay Day	8:30-4:30	$580.00 a month

We accept children ages 4 months to 4 years.

**Discount for families with multiple children in the program will receive a $10/month discount for each additional child.

**We offer a $10/month per family discount to registered parishioners.

Extended care is extremely limited and is for ages 1 years and up.

For any additional information or questions, call 806-698-1668

Operation Name **Holy Spirit PDO & Preschool**		Director's Name **Kim Zaccardo**	
Child's Full Name		Child's Date of Birth	Child's Home Telephone Number
Child's Home Address		Email	
Date of Admission	Date of Withdrawal	Mother's Name and Phone Number	
Father/Guardian name and Phone Number		Address (if different from child's address)	
List telephone numbers below where parents/guardians may be reached while child will be in care.			
Father/Guardian Employer & Phone Number		Mother's Employer & Phone Number	
Give the name, address, and phone number of person to call in case of an emergency if parents/guardians cannot be reached:		Relationship:	
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list **name** and **telephone number** for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

FIELD TRIPS: I hereby ☐ give ☐ do not give - my consent for my child to participate in Field Trips

Parent's Comments:

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

☐ I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE.

PARENTS PROVIDE ALL MEALS. ☐ AM SNACK ☐ LUNCH ☐ PM SNACK (for extended day children)

MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

☐ Monday 8:30-2:45
☐ Tuesday 8:30-2:45
☐ Wednesday 8:30-2:45
☐ Thursday 8:30-2:45

☐ Monday 8:30-4:30
☐ Tuesday 8:30-4:30
☐ Wednesday 8:30-4:30
☐ Thursday 8:30-4:30

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph. #:
Name of Emergency Medical Care Facility:	Address:	Ph. #:
I give consent for the facility to secure any and all necessary emergency medical care for my child. _____ Signature – Parent or Legal Guardian		

Immunization Record:

☐ I have provided Holy Spirit PDO with a copy of my child's current immunization record.

Physician's Statement:

☐ I have provided Holy Spirit PDO with a signed and dated cop-y of a health care professional's statement. (This statement must say that they have examined the above child within the past year and find that he/she is able to take part in the day

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

_____

_____

_____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

_____ _____

Signature – Parent or Legal Guardian Date

I give permission to:

- Use a photo and name in Holy Spirit PDO & Preschool's Private Facebook group
- Classroom-use photo, first name last initial, post work/projects created by my child

I have reviewed and completed the admission requirements, Discipline & Guidance Policy and Operational Policies for Holy Spirit PDO.

_____ _____

Parent Signature **Date**

FOOD POLICY

- HSPDO does not provide snacks or lunches.
- Parents will provide daily snacks and lunch for his/her child. Lunches and snacks must come in labeled bags and a labeled lunch box.
- Please no sodas and food items that need to be heated.

FOOD ALLERGIES:

_____

_____

ALL FOOD ALLERGIES REQUIRE A CURRENT PHYSICIANS STATEMENT.

I acknowledge that I have read and agree to the Food Policy for Holy Spirit PDO & Preschool.

Signature _____ Date _____

PARENTS OF CHILDREN IN THE FOUR-YEAR OLD CLASS

We will be conducting a hearing and eye screening at our school. These tests are free of charge. I _____ give permission for the staff at HSPDO to conduct an eye and hearing screening on my child

_____.

(please print)

_____ _____

Parent Signature Date