

### **Early Childhood Directions**

An infant, toddler & preschool program  
1339 20th St. Santa Monica, CA 90404  
(310) 829-8679

### **Philosophy and Program Goals**

Early Childhood Directions is NAEYC Accredited and a multi-age care center that provides a continuum of developmental childcare from infancy through pre-kindergarten that supports both the child and the family in an enriching and stimulating environment.

We know how children learn. They do best by initiating their own activities, discovering the world around them and creating relationships with their peers and their teachers. Promoting children's individual growth helps children develop their own skills in areas of conflict resolution and intra personal growth.

Our environment is both rich in materials as well as content of program. Our goal is to provide an atmosphere that recognizes each child as the special person he or she is, and to provide a strong family support creating a true linkage between home and our child care program.

We recognize the importance of the parent as the child's first teacher and the sharing of that role as a vital tool of success for early development. By creating a solid bond between the home and school environments we are able to strengthen the foundation that is needed for children to grow and flourish with the highest levels of self-esteem and the quest for knowledge.

Early Childhood Directions is an important part of the Providence Saint John's Health Center and Child & Family Development Center through its high level of commitment to children and families.

The Early Childhood Directions Program is open (M-F) from 7:00am – 6:00pm

For more information please contact: Laura Benavente, Program Director (310)829-8679 [Laura.Benavente@providence.org](mailto:Laura.Benavente@providence.org)

---

### **Tuition Schedule 2019-2020**

---

|  |                 |
|--|-----------------|
| <i>Room A – Infant Room</i>            | <i>\$1825</i>   |
| <i>Room B – Older Preschool Room</i>   | <i>\$1275</i>   |
| <i>Room C – Younger Preschool Room</i> | <i>\$1275</i>   |
| <i>Room D – Toddler Room</i>           | <i>\$1650</i>   |
| <i>Application Fee</i>                 | <i>\$75.00</i>  |
| <i>Enrollment Fee</i>                  | <i>\$180.00</i> |

Providence Saint John's  
Early Childhood Directions Program

Tier: \_\_\_\_\_ (Office Use Only)

**Waiting List Application**

**Section 1 - Child's Information**

Date of Application: \_\_\_\_\_ Desired Date of Enrollment: \_\_\_\_\_  
 Name of Child: \_\_\_\_\_ D.O.B. Or Due Date: \_\_/\_\_/\_\_ Male: \_\_ Female: \_\_  
 Home Phone #: \_\_\_\_\_  
 Sibling currently on our Waiting List? Circle: Yes/No Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Sibling currently enrolled in ECD? Circle: Yes/No Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Section 2 – Providence Saint John's/JWCI Affiliate Parent Information - priority is given to FT/PT Employees**

**Parent Name (Employee):** \_\_\_\_\_  Mother/Guardian  Father/Guardian  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 PSJHC Position: \_\_\_\_\_ Department: \_\_\_\_\_ #of Hours per week: \_\_\_\_\_  
 Work Address: \_\_\_\_\_

**Section 3 – Parent 2 Information**

**Parent Name:** \_\_\_\_\_  Mother/Guardian  Father/Guardian  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Company: \_\_\_\_\_ Title/Position: \_\_\_\_\_ #of Hours per week: \_\_\_\_\_  
 Work Address : \_\_\_\_\_

**Section 4 – City of Santa Monica Subsidy Program**

A copy of your most recent Income tax Return as well as one month's most current pay stubs for each working parent, and most recent W-2 forms must accompany this application if subsidy is to be considered in the enrollment process. Subsidy is available to Tier1-3 families who qualify only and is depended upon subsidy availability at time of enrollment.

**Section 5 – Full Cost Tuition**

If you are applying for a full-cost space and do not wish to be considered for subsidy please initial here: \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A NON-REFUNDABLE APPLICATION FEE OF \$75.00 IS DUE WITH YOUR APPLICATION AND DOES NOT GURANTEE YOU A SPOT.**

**Section 6 – Office Use Only**

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Check #: \_\_\_\_\_ Paid By CC: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Tuition: \_\_\_\_\_ Classroom: \_\_\_\_\_ Notes: \_\_\_\_\_