CHILD and FAMILY DEVELOPMENT CENTER
Saint John's Health Center
Providence

naeyc Accredited

Our Developmental Approach

For over 32 years, the Early Childhood Directions Program at the Child & Family Development Center (CFDC) at Providence Saint John's has provided compassionate and quality care to families and children in the Santa Monica area.

The Early Childhood Directions program is NAEYC Accredited and multi-age Early Childhood Center that provides a continuum of care from infancy through pre-Kindergarten that supports both, the child and the family in a respectful, emergent, and stimulating environment that supports families of young children from all backgrounds.

As you apply to the ECD Program – you will meet a strong Team of Educators that provide an atmosphere that acknowledges each child and their family as individuals, and value their culture and parenting practices.

The Early Childhood Directions program is an important department at Providence Saint John's Health Center and the Child & Family Development Center through its high level of commitment to the Early Care & Education community, and to the children and families enrolled in the program.

The ECD program is open **(M-F) from 7:00am – 6:00pm**

2025/2026 Monthly Tuition Rates

Classroom A – Infant Classroom	*$2225*
Classroom B – Older Preschool Classroom	$1675
Classroom C – Younger Preschool Classroom	$1675
Classroom D – Toddler Classroom	$2050
Application Fee – Checks	$150
Enrollment fee	$350

***Checks can be made out to: *Providence Saint John's ECD Program**

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Early Childhood Directions Program
2025/2026 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 #: _____
Siblings currently enrolled in ECD? Circle: Yes/NO Name: _____ Birth date: _____

Section 2 – Parent 1 Providence Saint John's/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 – Providence Saint John's ECD 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. Annual subsidy is available to families who qualify only and upon subsidy availability at time of enrollment. Annual renewal is required.

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: _____

Section 6 – Office Use Only

A NON-REFUNDABLE APPLICATION FEE OF $150 IS DUE WITH YOUR APPLICATION AND DOES NOT GURANTEE YOU A SPOT.
Checks are made out to: Providence Saint John's ECD Program.
Date Application Received: _____ Received by: _____ Check #: _____ Paid By CC: _____
Start Date: _____ Tuition: _____ Classroom: _____
Notes: _____