

# St. Patrick Catholic School: PRESCHOOL REGISTRATION 2017-18

Student's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: M\_\_ F\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Religion: Catholic \_\_\_ Other \_\_\_\_\_ Is your child Baptized? Yes\_\_ or No \_\_\_

What Parish/Church does your family belong? St. Patrick's\_\_\_ Other (name) \_\_\_\_\_

Do you plan on sending your child to Kindergarten at St. Pat's? Yes\_\_\_ No \_\_\_ or Undecided \_\_\_

## PRESCHOOL PROGRAM OPTIONS

Select age group/class PK3\_\_\_ or PK4\_\_\_

_____ 5 Days (Mon-Fri)	*7:50-11:00	\$120/month
_____ 5 Days w/Daycare 3:15	*7:50-3:15	\$375/month
_____ 5 Days w/Daycare 5:30	*7:50-5:30	\$450/month
_____ 3 Days (Mon, Wed, Fri)	*7:50-11:00	\$80/month
_____ 3 Days w/Daycare 3:15	*7:50-3:15	\$250/month
_____ 3 Days w/Daycare 5:30	*7:50-5:30	\$300/month
_____ 2 Days (Tues, Thurs)	*7:50-11:00	\$60/month
_____ 2 Days w/Daycare 3:15	*7:50-3:15	\$185/month
_____ 2 Days w/Daycare 5:30	*7:50-5:30	\$225/month

Daily Drop-In Rates available for all children enrolled in Preschool
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A non-refundable deposit of the first month's tuition plus a \$15 registration fee is due with this form.
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Also, in the Fall, there will be a one time 'Milk Fee' charged to cover drinks for Morning Snack Times.
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\*students may be dropped off as early as 7:30

### **Acceptance of Accountability**

By enrolling my child in the St. Patrick Catholic Preschool Program, I understand that I must abide by the policies of the school as explained in the St. Patrick Catholic School Preschool Handbook and will adhere to and support the school in administering the policies. I will read the handbook in order to become familiar with the policies. According to Diocesan Policy, if anyone living in my home or I am listed on the National Sex Offender Public Registry, I will contact the principal before the start of school. I authorize St. Patrick Catholic School to release and exchange health information relating to this student to: Health Provider/physician and consent to inclusion of immunization data in the Kansas Immunization Registry.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>School Office Use Only</b>					
					Monthly Amount: \$ _____
	Date	Amount Paid		Date	Amount Paid
Reg/Sept		\$	January		\$
October		\$	February		\$
November		\$	March		\$
December		\$	April		\$
			May		\$
Milk		\$			

### **FAMILY INFORMATION**

Home & Cell phone numbers & email addresses are added to our automated calling system unless you let the office know otherwise

FATHER	MOTHER
Name	Name
Street Address	Street Address
City, State Zip	City, State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Employed by	Employed by
Work Phone	Work Phone
E-mail	E-mail
Religion: Catholic _____ Other _____	Religion: Catholic _____ Other _____

### **Directory Information**

The school publishes a directory of classes and families, with phone number, address, and emails. Please indicate below how you would like your family information to be shown:

Which parent(s) do you want listed in the directory:	Phone No. to List
Both parents residing at same address _____	
Mother at home address _____	
Father at home address _____	
Other	

### **Newsletter & Mailing Information**

Most information to parents is emailed and sent home with students in the form of newsletters, memos, etc. Emails are sent to everyone that provides us with an email address. One printed item will be sent to each family unless multiple copies are requested for parents in two households. Please note, if you have children in grades K-8 then one of them should be designated as the family's note taker.

If your family needs 2 memos (for parents in two households), please check here \_\_\_\_\_

The school occasionally mails items to parents. Please choose to whom mailings should be sent:

Both parents residing at same address \_\_\_\_\_ Each parent at 2 separate addresses \_\_\_\_\_

Mother only at her home address \_\_\_\_\_ Father only at his home address \_\_\_\_\_

Other (explain) \_\_\_\_\_