

Community of Saints Preschool Program: Forms to be Returned



The following items **need** to be on file at school **prior** to the first day of preschool.

1. **Registration Form (2 sided)**
2. **Most Current Immunization Record**
3. **Health Care Summary (to be filled out by Health Care Professional)**
4. **Emergency Card**
5. **Child Information Form**
6. **Billing Request Form**
7. **Kindergarten Readiness Screening, IEP, DA (if your child has one)**

Drop off, Mail, or Email Forms to:
Community of Saints Preschool
Attn: Katie Hartz
335 Hurley St. E.
West St. Paul, MN 55118
khartz@communityofsaints.org

Our Preschool supply list, calendar and themes can be found on our website by April
www.communityofsaints.org.

Katie Hartz
Preschool Director/Lead Teacher

Community of Saints Regional Catholic School
Preschool Registration Form
School Year



A \$125.00 non-refundable fee must accompany this registration form for your child to be enrolled.

Date: _____ School Last Attended: _____

Child's Name: _____ Date of Birth: _____
 (First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Contract Information:

Expected Start Date: _____

Please indicate the schedule of care your child will need on a weekly basis. This will be considered your contracted hours and you will be billed accordingly. If your child is attending half-day preschool (8:30-12:00) or full day preschool (8:30-3:00), please indicate the days and times within the following contract information. You may schedule your child between the hours of 6:30 and 6:00 as needed.

Preschool Program

Please note: It is required that your child is 4 years old on or before September 1st in order to be enrolled in our 4 year old program. It is required that your child is 3 years old on or before September 1st in order to be enrolled in our 3 year old program.

(Please circle one)

4 Year Old Preschool

3 Year Old Preschool

<i>Day</i>	<i>Arrival Time</i>	<i>Pick Up Time</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Emergency Contacts/Authorized Pick Ups:

You must list TWO emergency contacts authorized to take your child from Community of Saints if parent(s) or guardian(s) cannot be reached. *This may not include parent(s) or guardian(s) listed previously.* Please make sure to list someone your child is comfortable leaving school with.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship to Child</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Medical Information:	<i>Name</i>	<i>Address</i>	<i>Phone #</i>
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Hospital	_____	_____	_____

Please indicate any health concerns: _____

In the case of an emergency, the police or paramedics may take your child to the nearest hospital for medical treatment. There may be a charge for ambulance service. Your signature below authorizes program staff to use emergency services if necessary, and indicates your agreement to the above mentioned hospital policy.

Parent/Guardian Signature: _____

Should Poison Control need to be contacted, and upon their advice, we may administer Syrup of Ipecac to your child to counter-effect an ingestion of poison. Please sign below, hereby giving program staff permission to follow this policy.

Parent/Guardian Signature: _____

Ethnic Affiliation (for statistical purposes only):

- | | | | |
|-----------------|------------------|------------------|-------|
| Caucasian | Latino/Hispanic | African American | Asian |
| Native American | Pacific Islander | Other | |

Main Language(s) Spoken at Home: _____

Policies and Releases:

By signing this registration form, I agree that I have received a copy of the program policies and agree to abide by these guidelines.

Parent/Legal Guardian Signature

Date

For Office Use Only

Registration Fee Paid: _____ Current Immunization Record: _____ Emergency Card: _____

Think Small Scholarship: _____ Schulze Family Scholarship: _____

Community of Saints Preschool: Health Care Summary



MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

Name of Child: _____

Birth Date: _____

Address: _____

Telephone: _____

Parent(s)/Guardian(s): _____

Signature of Parent(s)/Guardian(s): _____

Date of Last Physical Examination: _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's: Vision _____

Hearing _____

Speech _____

Please list below any important health concerns.

<u>Important Health Concerns</u>	<u>Followed by You</u>	<u>Followed by Other Med. Source</u>	<u>Requires Special Attention at School</u>
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Other information helpful to the program: _____

Signature of Health Source: _____

Date: _____

Address: _____

Phone: _____

The most current immunization record must accompany this form

Community of Saints Preschool



EMERGENCY INFORMATION

Student _____
Last Name First M.I.

Birthdate _____

Home Address _____

Home Phone _____

Mother's Name _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Father's Name _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Physician's Name _____

Physician's Phone _____

Clinic & Address _____

Health Concern(s) _____

Allergies Asthma Diabetes Seizures

Please list any allergies or medications.

Please circle all that apply.

Please list people below who are authorized to pick up your child if you can't be reached.

<i>Print Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship to Child</i>

Community of Saints Preschool Program: Information Form



Child's Name: _____ Nickname: _____

Name you would like your child to learn to recognize & write: _____

Child's Place in the Family (oldest, middle, youngest, only): _____

Child lives with: _____

Child's Siblings & Ages: _____

1. Most of the time my child:

brief description

- Shows interest & enjoyment in stories
- Is a good listener
- Likes to play alone
- Likes to play in a group
- Likes active play
- Likes quiet play

2. My child enjoys these activities the most:

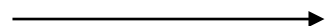
3. Describe how your child behaves in a group of children based on the setting:

- Home/Family:
- Child Care:
- School:
- Other:

4. My child's biggest discipline issue is:

5. Information that would be helpful when working with my child:

Continued on the back ☺



6. Generally, how does your child behave when she/he is...

- Mad:

- Scared:

- Frustrated:

- Embarrassed:

7. Please describe your families' race, religion, home language, abilities, values, and culture.

8. Would you be willing to come into the classroom and share something special about your family (food, culture, traditions...) Please describe 😊

9. Goals for your child include: _____

Community of Saints Preschool: Billing Request Form



Community of Saints will offer three payment options for the 2018-2019 school year. Please check the option that applies to you.

_____ I/We will pay Community of Saints Preschool in **one full payment** by August 15th to receive a 5% discount on the yearly tuition rate.

_____ I/We will pay Community of Saints Preschool in **two payments**, one on August 15th and one on January 31st to receive a 3% discount on the yearly tuition rate. (If 2nd payment is not made by 1/31/19, you will need to make monthly payments without the 3% discount rate)

_____ I/We will pay Community of Saints Preschool **monthly** based on the monthly tuition rates. Monthly payments will be made on or before the 25th of each month.

_____ I/We have been approved for a **scholarship** to pay for monthly tuition costs. (please indicate award amount & scholarship name): _____

_____ I am a **staff member** at Community of Saints and receive a tuition discount.

Please note:

- All payments need to be made on or before the dates listed above. Late payments may result in a late fee of \$10.00/per week that payment is late.
- Before/after school care will be billed separately at the end of each month unless your child is registered for the preschool package.
- All billing is done through TADS.

I/We hereby agree to pay tuition for my/our child(ren) according to the payment schedule checked above and abide by Community of Saints Preschool rates and payment policies.

Printed Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

(Must be signed by person(s) responsible for tuition. All names on this agreement will be responsible for payments on this account.)