

# **ST. PATRICK CATHOLIC SCHOOL**



## **Pre-Kindergarten REGISTRATION PACKET (4 year old program)**

**2018-2019 SCHOOL YEAR**



# St. Patrick Catholic Church

405 SOUTH CHURCH STREET • WENTZVILLE • MISSOURI • 63385

Dear Parents,

Preschool and Pre-K registration for the 2018-2019 school year begins Saturday, January 20, 2018. Applications are available to all St. Patrick families currently enrolled in our school and new families. Classes fill quickly. Preschool and Pre-K classes will be filled in the order in which applications are received. Applications are available in the school office or can be printed from [www.stpatrickwentzville.org/school](http://www.stpatrickwentzville.org/school).

## Preschool

- Birth Dates: 3 years old by July (Current Year)
- Class Size: maximum 12 students
- Tuesdays and Thursdays - 8:00 am - 11:00 am
- \$204 per month (9 months)
- Begins on Tuesday, September 4, 2018.

## Pre-K

- Birth Dates: 4 years old by July (Current Year)
- Class Size: maximum 16 students
- Mondays, Wednesdays, Fridays - 8:00 am - 2:30 pm
- \$350 per month (9 months)
- Begins on Wednesday, September 5, 2018.
- Aftercare is available

Please contact the School Office 636-332-9913 ext. 240 or the Preschool Office ext. 304 to schedule a tour or to submit registration. With your application, please include a copy of your child's birth certificate, baptismal certificate, and current immunization records.

Blessings in Christ,

Mrs. Laurie Niehaus  
Preschool Director  
St. Patrick School

# St. Patrick Pre-Kindergarten Program Application

**4 yr. old Pre-Kindergarten      M W F      Full Day      \$350.00 monthly**  
(For children entering Kindergarten the following year)

Order of acceptance:

- Graduate of St. Patrick
- St Patrick Full Time School Family (currently in Full Time School)
- St. Patrick Parishioner
- Open Enrollment

## Student Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Gender: **M / F**  
(Must be potty trained and have independent toilet skills)

## Parent or Guardian Information

Mother's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Preference on which parent to call first:       **Mother**       **Father**

Marital Status \_\_\_\_\_ **If divorced, parenting plan must be forwarded to school office.**

Sibling's names and ages:

\_\_\_\_\_  
\_\_\_\_\_

**Family and Church Information**

Religious Affiliation \_\_\_\_\_ Parish/Church \_\_\_\_\_

Has your child been baptized? \_\_\_\_\_ Date \_\_\_\_\_

**The following people may pick up my child from Preschool:**

1. \_\_\_\_\_ Phone#: \_\_\_\_\_

2. \_\_\_\_\_ Phone#: \_\_\_\_\_

3. \_\_\_\_\_ Phone#: \_\_\_\_\_

4. \_\_\_\_\_ Phone#: \_\_\_\_\_

**Additional Emergency Contacts**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**Health History**

Does your child have any of the following?

Asthma \_\_\_\_\_ Vision problems \_\_\_\_\_ Hearing problems \_\_\_\_\_

Diabetes \_\_\_\_\_ Heart \_\_\_\_\_ Other \_\_\_\_\_

Allergies or any other health problems? (Please specify)

\_\_\_\_\_

Special Foods or eating instructions

\_\_\_\_\_

Medication taken regularly

\_\_\_\_\_

\_\_\_\_\_ I am applying for the Aftercare Program

For Office Use Only			
<input type="checkbox"/> Registration Fee	_____	<input type="checkbox"/> Immunization	Date: _____
<input type="checkbox"/> Tuition Preference	_____	<input type="checkbox"/> Baptism Certificate	Time: _____
		<input type="checkbox"/> Birth Certificate	Teacher: _____

## **Terms and Agreements**

- A. When my child is ill, I understand and agree that my child may not attend until my child is no longer contagious.
  
- B. I understand I must pay for a scheduled day even if my child is unable to attend.
  
- C. I understand that my child must be potty trained and have independent toilet skills.
  
- D. I agree that addendums can be made in the best interest of our program and will follow them within reason.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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# Pre-Kindergarten (4 Year Olds) TUITION PAYMENT PREFERENCE FORM (this can be combined with school tuition payments in FACTS)

We are committed to paying **\$3,150.00** for our child's education for the 2018-2019 preschool year.

RESPONSIBLE PARTY NAME: \_\_\_\_\_  
RESPONSIBLE PARTY EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
# OF STUDENTS \_\_\_\_\_ STUDENT NAME(S) \_\_\_\_\_

## Tuition for the 2018-2019 payment plans

\_\_\_\_\_ **Option #1 – Full payment** of tuition by July 6, 2018, with a **2% discount** (no discount will be awarded after July 6th or if paid by credit card). **IF YOUR ACCOUNT IS NOT PAID IN FULL BY JULY 6, 2018, YOU MUST ENROLL IN FACTS. CALL THE PARISH OFFICE TO MAKE ARRANGEMENTS.**

\_\_\_\_\_ **Option #2 – 2 Payment plan through FACTS.** Payments withdrawn in July 2018 and January 2019 (Annual FACTS fee of \$10.00 will be deducted from your account shortly after the agreement is finalized).

\_\_\_\_\_ **Option #3 – 9 Monthly Payment Plan through FACTS.** The payments are budgeted over 9 months, July 2018 – March 2019. (Annual FACTS fee of \$43.00 will be deducted from your account shortly after the agreement is finalized.)

**\*\*Options 2 and 3: I want my automatic bank payments to be on the \_\_\_\_\_ 5th or \_\_\_\_\_ 20th of the month.**

If you were not previously enrolled in FACTS last year, sign up at

<https://online.factsmgt.com/signin/4313G>

This Payment Preference Form **must** be returned to the school office with your \$75 fee and registration packet. If you have any questions, please contact the parish office at (636) 332-9225.

**Peace of Mind Tuition Protection Plan (POM):** If enrolled in POM, FACTS will pay the remaining unpaid balance on your FACTS agreement (except payments in arrears) to your school in the event of the death of the covered person (responsible party or his/her legal spouse). Indicate below whether or not you wish to enroll. If no option is selected, your POM election will remain the same as the previous school year. (See FACTS contract for details)

\_\_\_\_\_ **Yes**, please enroll me in the POM plan, I agree to pay a nonrefundable annual fee of \$20.00 per FACTS Agreement. You must also complete the following information as it applies to the person responsible for payment. Coverage does not apply when cancer or complications related to cancer cause death, and the individual has received or been advised to receive medical advice, diagnosis, or treatment for cancer at the time coverage begins.

\_\_\_\_\_ **No**, I am not interested in the POM plan.

**I agree to make tuition payments for the 2018-2019 school year according to the option indicated above. I have read the school policy regarding payment and agree to abide by this policy. The missed payment fee charged by FACTS will be \$30.00. If my bank information or any other enrollment information changes at any time, I will make the necessary changes to my online FACTS account.**

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only** SS \_\_\_\_\_ Invoice \_\_\_\_\_ FACTS \_\_\_\_\_ OTHER \_\_\_\_\_

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# Archdiocese of St. Louis Media Authorization Form

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. You may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family on one form.

## AUTHORIZATION

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, [archstl.org](http://archstl.org), *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes  No

Parish/School: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes  No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes  No

Secular media outlets: I grant permission to use my or my child/ren's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and Internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes  No

## Family Authorization *(Please print clearly.)*

Family Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_

Parish Affiliation (if applicable): \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Child(ren's) Name(s):

1. \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: (for staff only)

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# Physical Examination Form

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Preschool, Kindergarten, 3rd Grade, 6th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be complete and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. **It is expected that each student have this form on file by the first day of school.**

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Male or Female \_\_\_\_\_ Date of Exam \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ BMI \_\_\_\_\_

## General Appearance

Nutrition \_\_\_\_\_ Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Skin \_\_\_\_\_ Mouth \_\_\_\_\_ Back \_\_\_\_\_

Lungs \_\_\_\_\_ Genitalia \_\_\_\_\_ Head \_\_\_\_\_ Throat \_\_\_\_\_ Extremities \_\_\_\_\_ Heart \_\_\_\_\_

Neck \_\_\_\_\_ Eyes \_\_\_\_\_ Neurologic Exam \_\_\_\_\_

Physician comments & recommendations - Give details of Management of Significant

Illnesses \_\_\_\_\_

Can student carry a full program of school work? **Y / N**

Should physical activity be restricted **Y / N** (if no, explain) \_\_\_\_\_

Hearing Test: Type of Test \_\_\_\_\_ R L Both

Vision Test: Type of Test \_\_\_\_\_ R L Both

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Physician Name \_\_\_\_\_

**Please attach a copy of the current immunization record here.**