

Dear Parents:

St. Mary Preschool is happy that you are considering being a part of our preschool community as we celebrate 22 years in the fall of 2019. Mrs. Haynes is our coordinator, and she does a marvelous job of answering questions about our preschool.

Children entering the program must be *three by September 30th* for the three/four-year old program, and children entering the program must be *four by September 30th* for the four/five-year old program.

This is an opportunity for your child to develop and discover the joys of intellectual, physical, emotional, social, and spiritual growth in the context of a God-centered environment. The preschool uses the facility in the lower level of the north building of St. Mary School. Children will enter from the First Street entrance.

- Sessions will be held Monday, Wednesday, and Friday mornings from 8:30AM-11:00AM and afternoons from 12:15PM-2:45PM for 4/5-year-olds. There is a Full Day option on Mondays, Wednesdays, and Fridays for the 4/5-year-olds from 8:30AM-2:45PM.
- Sessions will be held Tuesday and Thursday mornings room 8:30AM-11:00AM for 3/4-year-olds.
- Extended care will be available on the days your child attends preschool. Early drop off will begin at 7:30AM, and there will be a \$2 per half-hour charge for this service.

The completed registration form plus the \$30.00 non-refundable registration fee will hold your place in the program; there are a limited number of spaces. A birth certificate must accompany the registration form. Children that are moving from the three-year old class to the four-year old class will need to fill out the same information from the prior year.

If you have any questions, please do not hesitate to call Mrs. Haynes or Mrs. Fischer at 330-832-9355.

Sincerely,
Mrs. Fischer

Please detach and return bottom portion with registration

REGISTRATION FEE: \$30.00 Non-refundable to be submitted with registration form.

Payable to: St. Mary Preschool

TUITION AND CORRESPONDING SCHEDULE: Please check A, B, C, or D

- | | | | |
|----|---|---|-------------------------------------|
| A. | <input type="checkbox"/> 3/4-Year-Old Class | Tuesdays and Thursdays | \$1080 per year (\$108 x 10 months) |
| B. | <input type="checkbox"/> 4/5-Year-Old Class | AM Mondays, Wednesdays, and Fridays | \$1350 per year (\$135 x 10 months) |
| C. | <input type="checkbox"/> 4/5-Year-Old Class | PM Mondays, Wednesdays, and Fridays | \$1350 per year (\$135 x 10 months) |
| D. | <input type="checkbox"/> 4/5-Year-Old Class | ALL day Mondays, Wednesdays, and Fridays | \$2520 per year (\$252 x 10 months) |

I AM INTERESTED IN THE EXTENDED CARE OPTION

Name of Child: _____



Preschool Enrollment Form

Revised 7/11/2016 This form meets Ohio Administrative Code.

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Employer Name, Employer Street Address, Email address, Cell Phone, Home Phone, Work Phone, Call Order

Alternate Family Information:

Family/Guardian Name, Family Street Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip (two columns)

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work, Call Order (two columns)

List Medical Contacts, In Case Of Emergency:

Physician, Street Address, City, State, Zip, Phone, Dentist, Street Address, City, State, Zip, Phone

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Empty box for child's chronic medical/health needs

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

Section IV - Transportation/Activity Authorization

Complete To Allow Child To Leave Program For Specific Activities With Specific People

Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster:

My child's name Yes No

Family name Yes No

Phone numbers Yes No

Exempt from immunizations because of religious conviction: Yes No

Child immunization records attached: Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Cell Home Work eMail

We have received and read a copy of the St. Mary Preschool Family Handbook. We accept responsibility for acceptance and adherence to the policies, guidelines, rules, and fee payment plan of our school.

Date

Signature of Authorized Family Member/Guardian

PERMISSIONS FORM/ADDITIONAL INFORMATION

Student Name: _____

Student Religion: _____ Parish: _____

Handbook Agreement

We, members of the _____ family, have received and read a copy of the St. Mary Preschool Handbook. We accept responsibility for acceptance and adherence to the policies, guidelines, rules, and fee payment plan of our school.

Media Release

I (circle one) DO DO NOT give my permission to have my child appear in any media coverage approved by the school. Examples include but are not limited to brochures, posters, newspapers.

School Website Permission

I (circle one) DO DO NOT give my permission to have my child appear in any pictures placed on social media or the school website. I understand that names are never listed.

Parent/Teacher Communication through Email

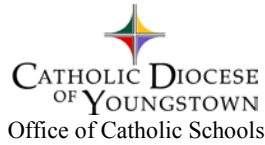
Although email is a valuable communication tool, it is important to remember that it is not always a completely secure and confidential method of communication. We would like to make email available as another way for parents to communicate with their child's teacher when appropriate. We are, however, concerned about maintaining privacy laws, especially as they relate to student records. We will not send any student record information via email. If your email changes, you are required to fill out and sign an updated form before we send information to the new address.

I (circle one) DO DO NOT give permission for general information regarding my child to be sent via email.

Email Address: _____

Print Name(s): _____

Signature(s): _____ Date: _____



EMERGENCY MEDICAL FORM TRANSPORTATION ADDENDUM

Child's Name: _____ Homeroom: _____

Please check the normal way your child will be transported to and from school.

_____ Bus District _____ Bus # AM _____ Bus # PM _____

_____ Car Rider AM _____ PM _____

Daily changes from the normal dismissal plans need to be communicated in writing to the teacher on the morning of the change. If your schedule changes weekly, please send in a weekly schedule to your child's teacher at the beginning of the week.

The following persons have the authority to pick up my child from school in the case of an early dismissal, an evacuation, or other emergency. The school assumes that parents will communicate with the people listed on the forms about their wishes. Fill in as many spaces as you deem fit. Having this information in advance will facilitate the smooth handling of any mass unscheduled pick-up from school.

In the event of an emergency, and if I cannot pick up my child, he/she may leave school with the following people. Be sure to include the name of an older sibling if applicable. Information should be completed for EACH person a parent wishes to authorize. The authorized person will be asked to sign out your child and show drivers' license if not recognized by the office staff.

1. Name of adult authorized to pick up my child: _____.

Phone Number of authorized adult: _____

2. Name of adult authorized to pick up my child _____.

Phone Number of authorized adult: _____

3. Name of adult authorized to pick up my child: _____.

Phone Number of authorized adult: _____

4. Name of adult authorized to pick up my child: _____.

Phone Number of authorized adult: _____