



ST. MARY SCHOOL
Enter to Learn. Leave to Serve

Dear Parents:

St. Mary Preschool is happy that you are considering being a part of our preschool community as we celebrate 21 years in the fall of 2018. 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's 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, or C

- A. Two (2) HALF-DAYS (3/4 YEAR OLD) \$110.00 per month, nine months, September-May
- B. Three (3) HALF-DAYS AM (4/5 YEAR OLD) \$140.00 per month, nine months, September-May
- C. Three (3) FULL DAYS (4/5 YEAR OLD) \$270.00 per month, nine months, September-May
- C. Three (3) HALF-DAYS PM (4/5 YEAR OLD) \$140.00 per month, nine months, September-May
- I AM INTERESTED IN THE EXTENDED CARE OPTION



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, 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:

[Empty box for Child's History of Hospitalization]

Child's Disease History:

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

[Empty box for Child's Allergies/Treatment]

Child's Dietary Needs/Restrictions:

[Empty box for Child's Dietary Needs/Restrictions]

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

Child's Medication/s:

[Empty box for 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

[Date box]

Signature of Authorized Family Member/Guardian

[Signature box]