



2011-2012

Dear Parents,

As we prepare Saint Joseph Regional School for the school year, I invite you to read over the registration material in this packet and register your child for Preschool.

Please fill out and return with your registration fee, the registration form (2 sides), and indicate if he/she will be attending the full day or half day session.

Beginning with the new school year our Preschool will be a five-day-a-week program offering continuity in classroom enrichment, age-appropriate lessons, developing social skills and extracurricular classes.

New families to our Preschool will be asked to make an appointment with Sister Laura and Mrs. Hoye to tour our Preschool Room and school and talk with Mrs. Hoye about our Preschool Program.

If you have any questions or concerns that you would like to address before you register your child for the school year, please feel free to call me, stop in, or set up a scheduled time to meet. I welcome your thoughts and questions.

With gratitude and prayers,

Sister Laura Della Santa, R.S.M.  
Principal



(For office Use Only)

Date of Application: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Baptism Certificate: \_\_\_\_\_

Immunization Record: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Previous School Records: \_\_\_\_\_

Date of First Entrance: \_\_\_\_\_

### PRESCHOOL REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ F\_\_ M\_\_ DOB \_\_\_\_\_  
First Middle Last Name to be used by teacher

ADDRESS: \_\_\_\_\_  
Street City/Town Zip Code

Please check program you will use \_\_\_\_ 5 days a week 8:30a.m.-2:45p.m. \_\_\_\_ 5 days a week 8:30a.m.-12:30p.m.

Please check the form of payment you will use: **Annually** \_\_\_\_\_ **F.A.C.T.S. Monthly** \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Street Town/City State Street Town/City State

HOME PHONE: \_\_\_\_\_ E-Mail \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ E-Mail \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_  
Street Street

City/Town State City/Town State

BUSINESS PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

STUDENT LIVES WITH: \_\_\_\_\_  
First Name Last Name Spouse's Name

CHILD'S HOUSEHOLD INCLUDES: (Please list all relations living in the home.) \_\_\_\_\_

SCHOOL DISTRICT FISCALLY RESPONSIBLE FOR STUDENT (i.e. SAU#29): \_\_\_\_\_

**EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**HEALTH:**

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City/Town/State Zip Code

HOSPITAL PREFERRED IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

IS CHILD PRESENTLY UNDER DOCTOR'S CARE: \_\_\_ Yes \_\_\_ No IF YES, PLEASE SPECIFY: \_\_\_\_\_

IS CHILD ON MEDICATION? \_\_\_ Yes \_\_\_ No IF YES, NAME OF MEDICATION: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_

PHYSICAL RESTRICTIONS: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

CARRIER: \_\_\_\_\_ POLICY: \_\_\_\_\_ MEDICAID NO. \_\_\_\_\_

Other information you believe the school should have to ensure the health, safety, or well being of your child:

**CERTIFICATION STATEMENT – SIGNATURE REQUIRED**

I understand the student's address must be known to the school for safety reasons, for tuition and state reporting purposes. Under penalty of perjury, I declare that the information given on this s form is correct.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**IMPORTANT: All registrations need to be accompanied by a \$150.00 non-refundable registration fee per child. All new registrants need to submit a copy of Birth Certificate, Immunization Records, and Baptismal Certificate to the school.**

**Saint Joseph Regional School  
2011-2012 Preschool Tuition**

<u>5 Days</u>	<u>Yearly Tuition</u>	<u>11 Monthly Payments</u>	<u>If paid by 7/15 3% Discount</u>
M-F All Day	\$4,635	\$421	\$4,496
M-F ½ Day	\$3,460	\$315	\$3,356

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A non-refundable Registration Fee of \$150.00 is due with re-registration of each child.

Preschool Rates are according to the session registered. Payment choices are the same as above: Full payment by **July 15, 2011** receives a 3% discount, or 11 monthly payments through the automatic withdrawal program, FACTS. Rates are based on 36 weeks and do not include snow days or vacation days.

## **PRESCHOOL ENROLLMENT PROCEDURES AND FINANCIAL POLICIES IMPORTANT INFORMATION FOR YOUR RECORDS**

Please read the following information and file it with your other school information. The provisions contained herein are an essential part of each family's contract with the school.

### REGISTRATION FEE

There is a \$150.00 annual non-refundable registration fee per child for all children enrolling in the Preschool Program. To facilitate planning, children must be signed up for specific preschool sessions and days. Parents are financially obligated for those sessions during the school year, even when there is a snow day, holiday or the child is absent. When families have more than one child in the same session of the Preschool Program, the child receiving the greatest service will be charged full tuition and each additional child will be allowed a 20% discount. The Saint Joseph Preschool is a program of school readiness with a hands-on approach to support developmentally appropriate learning.

### PAYMENTS

\*Two tuition payment schedule options are available to Saint Joseph Regional School Preschool families.

**ANNUALLY:**    **Full tuition due by July 15<sup>th</sup>.** (3% of total may be deducted as a courtesy discount.)

**MONTHLY:**    Through FACTS Tuition Management Company over a period of 11 months beginning in July-May.

### **OUTSTANDING TUITION**

\*In any case where a Preschool Program account has fallen behind, the following procedure will be followed.

Our operational costs depend upon tuition and any unpaid accounts may result in removal of student(s) from school enrollment until account is paid to date. Unpaid accounts may result in non-registration for the following school year. Unfortunately any unpaid balances will need to be turned over to a collection agency.

### REFUND POLICY

\*Families who withdraw their child(ren) from the Preschool Program will be charged for the month they are withdrawing, (i.e., withdrawing on November 12<sup>th</sup>, payment will be the entire month of November).

### **FINANCIAL AID**

\*Financial aid is **not** available for families of children enrolled in the Preschool Program.

### **DISHONORED CHECKS**

\*A \$20.00 fee will be imposed for any check not honored by the bank on which it is drawn. This service charge will be added to the regular billing statement as part of tuition.

### **CHILD CARE PROGRAM**

If you need before and after school care, please register directly through the Child Care Program. Before school care is from 6:45 a.m. – 8:30 a.m. After school care is from 2:45 p.m – 5:30 p.m. Childcare is also available on early release days, snow days and during most school vacations.