



St. Francis
de Sales
School

Rooted in Faith.
Achieving Excellence.
Serving Others.

Dear Prospective Preschool Parent,

Thank you for choosing St. Francis de Sales School's Preschool for your scholar!
Attached is the registration material for enrolling your child for the 2024-2025 school year. There is a *non-refundable* registration fee of **\$100 per family**. Registration for Preschool is on a first come, first served basis.

St Francis deSales 2024-2025 Preschool Tuition is \$6500.00 and is collected by FACTS Tuition Management Services. All families ***are required to enroll with FACTS and chose a payment plan***. There is financial aid available through C.I.S.E.; ***Please see back of this letter for instructions*** on how to set up your payment plan and to how apply for any available grants and financial aid.

St. Francis de Sales school accepts ODJFS vouchers. If you're using the voucher system now, or you need to apply for a voucher you must go on the website www.jfs.ohio.gov to apply and/or change your voucher to St. Francis de Sales Preschool ***before*** the 1st day of school.

The following materials must be returned ***with the Registration form***:

- ___ Registration fee \$100.00
- ___ Birth Certificate
- ___ Shot Record- updated
- ___ Physical form (due by the third week of school)

Only complete registrations will be accepted.

We look forward to meeting you,

Joanne Browarsky

Principal



Dear Parents,

One of the universal challenges in education is achieving a balance between our educational mission and financial stability. St. Francis de Sales has partnered with **FACTS Management Company** to help us manage our tuition payment program and financial aid assessment. FACTS is used by many schools locally and over 5,000 nationally.

With FACTS, the school continues to maintain decision-making control. As always, we will continue to work with families should special circumstances or "hardship" cases arise during the school year.

To access St. Francis de Sales' FACTS portal:

By clicking the FACTS link: <https://online.factsmgt.com/signin/3XCXW> you will create your log in credentials, enter your information, and choose your payment plan & payment date. It only takes a few minutes to enroll. You will be given an **Applicant Id number** to use for applying for **Financial Aid**. (See back for instructions for the FACTS Grant & Aid Assessment application process.)

A Few Things To Know:

- **Payment Dates & Plans:** You may choose either the **5th or 20th** of the month as your scheduled payment date. You may choose to pay in full or schedule your payments through a convenient payment plan.
- **Enrolling in FACTS:** Enroll in FACTS by going online at: <https://online.factsmgt.com/signin/3XCXW>
- **Convenience & Security:** Your payments are processed through a secure electronic funds transfer. Automatic payments can be made from a checking or savings account or from a variety of credit cards (if applicable). You can choose to have email reminders sent in advance of your payment due date if preferred.
- **Peace of Mind Insurance:** FACTS offers this **optional** benefit for only \$14 per year per family. In the event of death of the responsible party or spouse, the remaining tuition balance owed for the current school year is paid to the school.
- **Your consumer portal:** You may check your personal online account anytime to view your payment history, next scheduled payment, change between financial accounts, or make a payment on-line.

FACTS Grant & Aid Assessment to apply for:

C.I.S.E. and Catholic Education Foundation Funds

After completing your profile and setting up your payment plan, click on the Grant & Aid Assessment link to complete your application. You only need to complete ONE application for BOTH funds, but there are different deadlines.

*Families applying for the **Catholic Education Foundation** financial aid and C.I.S.E. aid need to complete an application and submit the necessary documentation to FACTS Grant & Aid Assessment by January 30, 2024.

*Families applying for **C.I.S.E.** financial aid, once *the deadline for the Catholic Education Foundation aid expires*, will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by March 31, 2024. Once an online application has been completed, the following information will need to be uploaded to FACTS to complete the application process:

FACTS at: online.factsmgt.com/aid

- Copies of your 2023 Federal tax forms including all supporting tax schedules.
- Copies of your 2023 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

All supporting documentation can be uploaded in PDF format online.

Documentation can also be faxed to 1-866-315-9264 or mailed to the address below. **Please be sure to include the applicant ID on all faxed or mailed correspondence.**

FACTS Grant & Aid Assessment
P.O. Box 82524
Lincoln, NE 68501-2524

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 1-866-441-4637.



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DATE _____

PLEASE PRINT CLEARLY

Pre-School Registration Form 2024-2025

REQUIRED ITEMS:

| | |
|-------------------------------------------|------------------------------------------------------------|
| _____ REGISTRATION PACKET | _____ REGISTRATION FEE: \$100.00 PER FAMILY non-refundable |
| _____ Birth Certificate | _____ Immunization Record-current |
| _____ Child Medical Statement | _____ Roster-Parent Permission |
| _____ Baptismal Certificate (if Catholic) | |

Application will not be considered without the above items.

CHILD #1 INFORMATION

LAST NAME _____ Pre School _____
FIRST NAME _____ MIDDLE NAME _____
CHILD'S ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER: _____
BIRTHDATE ____/____/____ SSN# ____-____-____ SEX: M ____ F ____
RACE _____ IS CHILD A US CITIZEN? Y ____ N ____ CHILD'S RELIGION _____
IS YOUR CHILD OR HAS YOUR CHILD EVER BEEN ON AN IEP? Y ____ N ____ IF YES, FOR WHAT SERVICES _____

CHILD #2 INFORMATION

LAST NAME _____ Pre School _____
FIRST NAME _____ MIDDLE NAME _____
CHILD'S ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER: _____
BIRTHDATE ____/____/____ SSN# ____-____-____ SEX: M ____ F ____
RACE _____ IS CHILD A US CITIZEN? Y ____ N ____ CHILD'S RELIGION _____
IS YOUR CHILD OR HAS YOUR CHILD EVER BEEN ON AN IEP? Y ____ N ____ IF YES, FOR WHAT SERVICES _____

MOTHER'S/GUARDIAN'S INFORMATION

MOTHER'S LAST NAME _____ FIRST _____ MIDDLE _____
ADDRESS _____
CITY _____ ZIP CODE _____ HOME PHONE _____ CELL PHONE _____
BIRTHDATE _____ SSN# _____
OCCUPATION _____
EMPLOYER NAME AND ADDRESS _____ WORK PHONE _____
E-MAIL (required) _____

FATHER'S/GUARDIAN'S INFORMATION

FATHER'S LAST NAME _____ FIRST _____ MIDDLE _____
ADDRESS _____
CITY _____ ZIP CODE _____ HOME PHONE _____ CELL PHONE _____
BIRTHDATE _____ SSN# _____
OCCUPATION _____
EMPLOYER NAME AND ADDRESS _____ WORK PHONE _____
E-MAIL (required) _____

Continue on back...

LEGAL PARENTS/GUARDIANS

| | | | | | |
|-----------------------|--|-----------------------|--|----------------|--|
| Both Natural Parents | | Mother Only | | Father Only | |
| Father and Stepmother | | Mother and Stepfather | | Grandparent(s) | |
| Stepmother Only | | Stepfather Only | | Joint Custody | |
| Guardian | | Foster Parents | | Other _____ | |

CHILD RESIDES WITH: _____

WHO HAS LEGAL CUSTODY OF THIS STUDENT? _____

IS THERE A COURT ORDER REGARDING THIS STUDENT Yes____ No____

(If a court order exists, St. Francis de Sales MUST have a copy of the court order)

WHY DO YOU WANT YOUR CHILD TO ATTEND ST. FRANCIS DE SALES SCHOOL?

HOW WERE YOU REFERRED TO OUR SCHOOL? Circle One Family Member Friend Web Site Archdiocese of Cincinnati Other _____

PARISH AFFILIATION

Registered at St. Francis de Sales Church _____

Registered in another Catholic Parish _____

Parish Name _____

Location (city/state) _____

Pastor _____

Member of other Faith Congregation _____

Name _____

Not a member of any Faith Congregation _____

TUITION POLICY

TUITION FOR THE 2024-2025 SCHOOL YEAR is \$6500.00 per child

ODJFS Vouchers accepted / Income based financial aid available to families without vouchers.

PAYMENT- ALL families must sign up with FACTS Tuition Management Services, choose one of their easy payment plans, and apply for financial aid. (See attached FACTS information sheet.)

10 Monthly payments: \$650 (adjusted if awarded financial aid), Voucher copay \$-amount determined by ODJFS.

Families using ODJFS Vouchers must follow the rules below:

*I understand that if my funding resource fails, I am responsible for the payment of tuition.

*I understand it is **my responsibility** to have St. Francis de Sales Preschool added to my case **PRIOR** to the first day of school.

*I will swipe my card in/out every day. Failure to do so will result in the tuition being added to my FACTS account monthly balance.

*I will pay my weekly copay set up on FACTS Tuition Management Services.

PARENT AGREEMENT

*I understand that I am making the *choice* to send my child(ren) to St. Francis de Sales School, a *tuition-based* parochial school whose mission is to offer a quality Catholic Education. I agree to uphold my financial obligation, as noted above, to St. Francis de Sales School.

*I agree to support the mission of the school by following the guidelines of the Parent/Student Handbook, participate in school activities and fundraisers, attend Parent Teacher Conferences and keep friendly communication with the teachers and administrators.

I agree to the terms of this registration contract and I certify that all the above information I have given, is true and correct.

Parent or Guardian Signature _____

Date: _____



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Pre-School

CHILD ENROLLMENT INFORMATION

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Parent/Guardian Name _____ Cell Phone _____

Employer Name & Address _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Work 1 2 3

Parent/Guardian Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Employer Name & Address _____ Work Phone _____

Please Circle which phone number should be used 1st 2nd 3rd to reach you while child is in the program.

Cell 1 2 3 Home 1 2 3 Work 1 2 3

Please list two people to be contacted in the event of an emergency **If parent cannot be contacted:**

| | |
|-----------------------|-----------------------|
| Name | Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip Code | Zip Code |
| Relationship to Child | Relationship to Child |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Work Phone: | Work Phone: |

ANNUAL CLASS ROSTER

Each year we prepare a roster for each group of children in our program.

This roster will not be furnished to any persons other than parents of enrolled in our program.



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**Preschool Information and Consent Form
2024-2025**

1. We may take walking trips in the neighborhood as part of learning activities throughout the year. We need your permission to include your child:

Yes _____ No _____

2. Our preschool program includes health and developmental screening; including vision and hearing. We will share screening results with you upon completion and we will assist you in accessing additional services that may be needed.

3. Throughout the year, we will provide community resource information that be helpful to your family.

4. Our program often takes photos to share with parents throughout the year. Occasionally we post educationally related photos using the school's social media.

Please indicate your consent for photos:

Yes _____ No _____

5. Please confirm that you have received a copy of the Preschool Parent Handbook:

Yes _____ No _____

6. We make every effort to coordinate our educational services with other services your child may already receive. Are there any services that we should be aware of? If so, please describe;

Parent: _____ Date: _____



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Authorizations-Preschool

May we include your contact information in our Parent Roster?

To be used by SFDS Faculty/Staff/Families ONLY

1. Parent/Guardian Name: Yes: _____ No: _____
2. Child's Name: Yes: _____ No: _____
3. Home/Work/Cell: Yes: _____ No: _____

Please list person(s) whom ARE authorized to pick up your child:

PLEASE PRINT CLEARLY

| | |
|--------------|---------------|
| <u>Name:</u> | <u>Phone:</u> |
| <u>Name:</u> | <u>Phone:</u> |
| <u>Name:</u> | <u>Phone:</u> |
| <u>Name:</u> | <u>Phone:</u> |
| <u>Name:</u> | <u>Phone:</u> |

OVER →



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Authorizations-Preschool

Please list person(s) *NOT* authorized to pick up your child:

****PLEASE PRINT CLEARLY****

| | |
|---------------------|----------------------|
| <u>Name-</u> | <u>Phone:</u> |
| <u>Name-</u> | <u>Phone:</u> |
| <u>Name-</u> | <u>Phone:</u> |
| <u>Name-</u> | <u>Phone:</u> |

If applicable-Restraining Orders, Custody Paperwork and Divorce Decrees **MUST be included at the time of submission.**

Parent/Guardian:

Student's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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Medical Provider(s)-Preschool

Primary Physician:

Name-

Address-

Phone-

Email-

Dentist:

Name-

Address-

Phone-

Email -

OVER →



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Medical History-Preschool

History:

Please list any chronic conditions-

Please list any hospitalizations-

Please list any diseases-

Please list any allergies to food and/or medications-

Please list all current medications and/or treatments-

IMPORTANT- Your child's immunization record *must* be included at the time of submission

Parent/Guardian:

Student's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Child's Name (<i>print or type</i>) | Date of Birth |
| Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner): | |
| Section A- EXAMINATION | |
| ✓ The above named child has been examined. | |
| ✓ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care). | |
| ✓ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>): | |
| | |
| Check below, if applicable: | |
| <input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form. | |
| Optional: Measurements and Recommended Assessments/Screenings | |
| Height _____ | Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weight _____ | Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BMI _____ | Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lead _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hemoglobin _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | |
| Notes: | |
| Signature of Examining Health Care Practitioner | Date of Examination |
| Name of Examining Health Care Practitioner | Telephone Number |
| Street Address | City, State and Zip Code |

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| IMMUNIZATION (Complete ONLY ONE SECTION below) | |
| Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: | |
| Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus. | |
| Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i> | Initials of Examining Health Care Practitioner <hr/> Date |
| Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s): | Signature of Parent <hr/> Date |

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|
| Child's Name <i>(Last)</i> | <i>(First)</i> | Nickname <i>(If any)</i> |
| <i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i> | | |
| Who is in the child's immediate family? | | |
| Who lives at home with your child? | | |
| What is the primary language spoken in your child's home? | | |
| Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details? | | |
| Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details? | | |
| Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.) | | |
| Do you have any pets at home? If so, what are they and what are their names? | | |
| Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.) | | |
| My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. <i>(Check all that apply)</i> How much and how often? | | |
| Does your child have any favorite foods? | | |
| Does your child dislike any foods? | | |
| Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions) | | |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Please check <u>all</u> of the words that best describe your child's personality and behavior</p> <p> <input type="checkbox"/> active <input type="checkbox"/> adventurous <input type="checkbox"/> affectionate <input type="checkbox"/> anxious <input type="checkbox"/> bossy <input type="checkbox"/> bright <input type="checkbox"/> busy <input type="checkbox"/> calm <input type="checkbox"/> cautious <input type="checkbox"/> cheerful <input type="checkbox"/> content <input type="checkbox"/> creative <input type="checkbox"/> curious <input type="checkbox"/> easily-angered <input type="checkbox"/> emotional <input type="checkbox"/> energetic <input type="checkbox"/> excitable <input type="checkbox"/> friendly <input type="checkbox"/> gives-in-easily <input type="checkbox"/> happy <input type="checkbox"/> hesitant <input type="checkbox"/> insecure <input type="checkbox"/> jealous <input type="checkbox"/> likes structure/routines <input type="checkbox"/> loud <input type="checkbox"/> loving <input type="checkbox"/> mellow <input type="checkbox"/> outgoing <input type="checkbox"/> prefers adult attention <input type="checkbox"/> quiet <input type="checkbox"/> sensitive <input type="checkbox"/> serious <input type="checkbox"/> shares-well <input type="checkbox"/> social <input type="checkbox"/> spontaneous <input type="checkbox"/> stubborn <input type="checkbox"/> tentative <input type="checkbox"/> other: </p> |
| Are there additional personality and behavior characteristics that would be useful to know about your child? |
| Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? |
| What routines/actions or items do you use to comfort your child? |
| What causes your child to feel angry or frustrated? |
| What methods do you use to respond to your child's negative behavior? |
| Does your child use any special comfort or support items that help him/her go to sleep? If so, what? |
| What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)? |
| My child sits in a <input type="checkbox"/> high chair, <input type="checkbox"/> booster, <input type="checkbox"/> child size chair or <input type="checkbox"/> adult size chair. <i>(Check the one that applies.)</i> |
| Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used. |
| Does your child need assistance when using the toilet? If so, how? |
| What words, gestures or signs does your child use if he/she needs to use the bathroom? |
| What time does your child normally go to bed at night and wake up in the morning? |
| What time(s), and for how long, does your child usually nap? |

| | |
|------------------------------------------------------------------------------------------------------|------|
| Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain. | |
| What might you and/or your child be anxious about as he/she starts in this program? | |
| What are you and/or your child excited about as he/she starts in this program? | |
| What are your expectations of this program? | |
| What other information would be helpful for the staff caring for your child to know? | |
| Parent/Guardian's Signature | Date |