



DATE _____

PLEASE PRINT

Pre-School Registration Form 2021-2022

REQUIRED ITEMS:

REGISTRATION FEE: \$100.00 PER FAMILY non-refundable
 Immunization Record-current
 Permission to Administer Medication Form
 Baptismal Certificate (if Catholic)

Birth Certificate
 Child Medical Statement
 Roster-Parent Permission

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 2021-2022 SCHOOL YEAR is \$5200.00 per child
 Tuition is billed at the rate of \$150.00 per week / ODJFS Vouchers accepted.

PLEASE CHECK YOUR METHOD OF PAYMENT

____ SELF PAY, I agree to pay, each MONDAY, the rate of \$150.00 per week

____ I wish to use my ODJFS Vouchers and 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. Or, pay the weekly rate of \$150.00 if I fail to swipe on a consistent basis and surpass the acceptable number of days set by ODJFS

*I will pay my weekly voucher fee not paid by ODJFS

PARENT AGREEMENT

I understand that I am making the *choice* to send my child/children to St. Francis de Sales School that is 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 _____