

PRESCHOOL



ST GREGORY

CATHOLIC
SCHOOL

2011-2012 Enrollment Packet



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CATHOLIC
SCHOOL



Dear Parent/Guardian,

Thank you for choosing St. Gregory Catholic School for your child. In this packet, you will find all the forms necessary to enroll your child for the 2011-2012 school year. Your child will not be enrolled until all forms are completed. Please turn in **all** forms to the front office **at one time**, along with your non-refundable registration fee of \$100 per child. A checklist is provided for your convenience.

- One form per child you are enrolling:
 - Student Information
 - Family Information
 - On Campus Permission Form
 - Touch and Nurturing Form
 - Emergency Information and Immunization Record Form

- One form per family:
 - Photographic/Directory Release
 - Extended Day Registration
 - FACTS Tuition Management (If making monthly payments)

- Other information needed for enrollment:
 - Copies of Current Immunization Record for each child
 - Copy of Birth Certificate
 - Copies of custody papers if applicable
 - Non-refundable registration fee of \$100. per child

Your child's space will be reserved when all of the above forms are on file and your registration fee is paid.

We look forward to a wonderful year with your child!

Sincerely,

Greg Cipriano

Mr. Greg Cipriano, M.Ed.

Preschool Director & Assistant Principal



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STUDENT INFORMATION

Legal Name: _____
Last First MI

Grade for 2011-2012: _____ Gender: M F

Date of Birth: ____ / ____ / ____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Religion: _____

Place of Worship: _____

Has he/she received the following sacraments?

Baptism: Y N First Eucharist: Y N

Reconciliation: Y N Confirmation: Y N

Ethnicity: (circle one)

- Alaska Native Asian Black Hispanic
- Native American Native Hawaii/Pacific Island
- Multi-Racial White Other _____

With whom does the student live?
Please circle all that apply.

Father	Mother
Step-Father	Step-Mother
Grandfather	Grandmother
Other _____	

Is there a Court Order in effect for custody/visitation?

Yes N/A

If yes, please submit a copy of the Court Order to the School Office.

MEDICAL INFORMATION

ALLERGIES: Check all that apply & provide details on line.

- Food (peanuts, tree nuts, milk)

- Insects (bee stings, wasps, etc.)

- Latex (gloves, bandaids)

- Medications

- Other

- No allergies I can identify

LIST SPECIFIC MEDICAL CONDITIONS:

LIST SPECIFIC MEDICATIONS YOUR CHILD TAKES:

HAS YOUR CHILD HAD ANY ILLNESS/INJURY IN THE PAST 12 MONTHS?

Yes No

If yes, please describe: _____

COMMENTS: _____



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FAMILY INFORMATION

Student's Name: _____
Last First MI

Siblings' Names: _____

Father

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Occupation: _____

Employer: _____

Work Phone: (_____) _____

Religion: _____

Place of Worship: _____

Language spoken by Father at home: _____

Mother

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Occupation: _____

Employer: _____

Work Phone: (_____) _____

Religion: _____

Place of Worship: _____

Language spoken by Mother at home: _____

Please Circle All That Apply

- | | | |
|----------------------------|-----------------|------------------|
| Parents married | Father deceased | Mother remarried |
| Parents separated/divorced | Mother deceased | Father remarried |
| Single Parent household | Joint Custody | |

Who has legal custody of the child? _____

Emergency Information and Immunization Record Card

Child's Name: _____ Date Enrolled: _____ Updated: _____
Home Address: _____ Date Disenrolled: _____
Street City State Zip
Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

Father or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company _____
(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name Signature Date: _____

Immunization Information

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 – 3 months	#1	#1	#1				
4 – 5 months	#2	#2	#2	#2			
6 – 11 months	#3		#2 - #3 ¹				
12 – 14 months		#3	#1 - #4 ²	#3		#1	#1
15 – 59 months	#4						
24 – 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY /YR

Updated immunizations received and attached

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY /YR

Medical Information

Is child allergic to food or other substances? No Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? No Yes _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)



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PHOTOGRAPHIC/DIRECTORY RELEASE

Only one form per family is required.

Today's Date: _____

I hereby grant my consent to use and release to the Catholic Diocese of Phoenix and St. Gregory Catholic School/Parish the use of my name and my likeness, or my child's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child including voice and features with or without our names for any promotional purposes involving the diocese or parish/school, news feature stories in *The Catholic Sun* or other media including the Internet and/or World Wide Web or other purpose whatsoever, except for the endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy rights. These decisions must be made by parents/guardians when the individual is a minor.

Parent/Guardian Signature: _____

Parents'/Guardians' Printed Names: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Student/s Names: _____

_____	_____
Last	First
_____	_____
Last	First
_____	_____
Last	First
_____	_____
Last	First

Please circle yes or no for each of the following, then sign and date



Would you like your home address printed in the school directory? Yes No



Would you like your home telephone number printed in the school directory? Yes No

Signature of Parent

Date

Extended Day Registration

Student Names: _____

GENERAL INFORMATION

Extended Day program is offered from 6:45 a.m. until 7:30 a.m. and 3:00 p.m. until 6:00 p.m. Monday through Thursday, when school is in session. It is also offered on Friday when school is in session, from 6:45 a.m. until 7:30 a.m. and 1:00 p.m. until 6:00p.m. Children arriving at school before 7:30 a.m. must go to the cafeteria for Extended Day.

COST AND FEES:

Daily cost - 3:00pm to 6 p.m.	\$8.00 per child per day \$13.00 per day for 2 children \$15. 00 per day for 3 or more children
Late Fee after 6:00 p.m.	\$1.00 per minute per child
Registration Fee	\$15.00 for 1 child \$25.00 for families with 2 or more children
Morning Care-6:45am-7:30am	Complimentary from St. Gregory Staff

BILLING INFORMATION

Billing is done monthly through the FACTS tuition management system. Any bill over 30 days past due must be paid in full prior to the acceptance of your child/children into the Extended Day program.

I understand that I will not be billed a registration fee until my child actually attends the Extended Day program. At that point, I understand that I will owe the registration fee and any daily fees I accrue. I agree to pay according to the costs as listed above.

 Signature of Parent/Guardian

 Date



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Preschool Registration & Tuition 2011- 2012*

Registration Fee (non refundable) \$100.00 per child

Tuition Schedule

Jr. Kindergarten 5 Full days - \$4700 per academic year
 (4.0 - 4.5 years old by August 1st) 5 Half days - \$4700

Preschool..... 5 Full days - \$4700
 (3 ½ years old by August 1st)** 5 Half days - \$4700
3 Full days - \$2950
3 Half days - \$2950

Tuition fees do not include student lunches or snacks.

The three day program is Monday, Wednesday & Friday (no exceptions) and only for the Preschool Program

Tuition is the same amount each month regardless of holidays, vacations, illness etc. If a child leaves the program in the middle of the month, the tuition will be prorated and the unused portion will be refunded to the parent or guardian.

Preschool tuition payment options are as follow:

- a) Tuition may be paid in full by August 1, 2011. There will be a 3% discount if paid in full at this time.
- b) Monthly automatic bank payments through FACTS Tuition Management Company will begin in August 2011 with the last payment in May 2012.

* *Tuition rate is subject to change based on Finance Committee approval*

** *Preschool children may be accepted at a younger age at the discretion of the preschool Director. All students must be potty trained before starting preschool.*

St. Gregory Catholic Preschool
On Campus Permission Form
2011-2012

I/We the parents of _____ request that St. Gregory Catholic Preschool allow my/our
Child's Name

son/daughter _____ to participate in school activities on or relating to the following areas
Child's Name

on the premises of St. Gregory Catholic School and Church for the 2011-2012 school year.

Our on campus field trips include the following:

Visits to the church, weekly mass
Visits to other classrooms, rectory, school library & computer lab
Daily assemblies in courtyard and pep assemblies on the blacktop
Assemblies and lunch in Gordon Hall and the cafeteria
Convent backyard & Youth Room
Jog-a-Thon, Field Day activities, Water Day Events
"Big" playground and field

I/We hereby release and save harmless St. Gregory's Catholic School and Preschool and any and all of its employees and
volunteers from any and all liabilities for any and all harm arising to my/our son/daughter _____
Child's Name
as a result of these events.

Parent/Guardian Name

Parent/Guardian Signature

Date

Home Phone #

Work Phone #

Cell Phone #

Touch & Nurturing Form

It is our policy to inform you of the nature and type of routine physical contact that your child will experience while he/she spends his/her days at our program. Please feel free to discuss or question anything you read from this document.

Physical touching is an important part of the care and nurturing of young children. Children feel loved, accepted and supported through the sensations of touch by nurturing adults and peers. However, physical touch should be respectful of children's body cues and only occur with their permission. Staff members are sensitive to children's responses and requests for physical interaction and model appropriate nurturing touches. Except for safety or cleansing, children will always have the right to refuse touch. Children are also taught to respect adults' and other children's touch preferences. It is our policy to inform parents/guardians of the nature and type of routine physical contact that your child will experience. It is our philosophy, belief, and practice that children require physical contact for their care and healthy development. Personal care touch for young children includes cleaning, dressing and naptime routines and is done in gentle and respectful manner. It will also include face and hand washing with necessary clothing changes. First aid is administered as gently as possible and always accompanied by verbal explanation and appropriate comfort.

Acceptable forms of touch by staff:

Nurturing touches/ comfort touch (spontaneous)

*Hugging, i.e. welcoming/dismissing in classroom

*Holding on laps, i.e. reading a book or during group time

*Rubbing and patting backs, i.e. saying "thank you" or "I'm proud of you."

*Holding or carrying in arms, i.e. when a child is injured

Both in accordance with law and rule, and in accordance with our own philosophies, no child will ever be subjected to corporal punishment. Safety techniques will be provided to staff members for holding a child who is out of control, or physically abusive to other children and or staff.

I have read this document and I understand the content.

Student Name _____ Parent Name _____

Parent Signature _____ Date _____