

St. Patrick Catholic PRESCHOOL
Student Registration
2023-2024



ST. PATRICK
PRESCHOOL

This form is to be completed for EACH child registering for the 2023-2024 school year.

The form must be accompanied by a Birth Certificate, Baptismal Certificate (if applicable), Family Registration Form, and a **\$150 Non-Refundable Registration Fee.**

PLEASE PRINT ALL INFORMATION

Revised: 12/6/22

STUDENT INFORMATION

First Name: _____

Gender: (Check one) _____ Male _____ Female

Middle Name: _____

Birthdate: _____

Last Name: _____

(Copy of birth certificate MUST be provided with this registration form)

Street Address: _____

City: _____ Zip code: _____

PRESCHOOL CLASS INFORMATION Check the class for which you wish to register this child:

_____ **2-year-olds: 2-day morning program (Monday and Wednesday, 8:30am-11:00am)**

Open to all children who have reached the age of 2 years by September 1st of the admissions year.

_____ **2-year-olds: 2-day morning program (Tuesday and Thursday, 8:30am-11:00am)**

Open to all children who have reached the age of 2 years by September 1st of the admissions year.

_____ **3-year-olds: 2-day morning program (Tuesday and Thursday, 8:15am-11:15am)**

Open to all children who have reached the age of 3 years by September 1st of the admissions year.

_____ **3-year-olds: 3-day morning program (Monday, Wednesday, Friday, 8:15am-11:15am)**

Open to all children who have reached the age of 3 years by September 1st of the admissions year.

_____ **4-year-olds: 4-day morning program (Monday-Thursday, 8:15am-11:15am)**

Open to all children who have reached the age of 4 years by September 1st of the admissions year.

_____ **4-year-olds: 5-day morning program (Monday-Friday, 8:15am-11:15am)**

Open to all children who have reached the age of 4 years by September 1st of the admissions year.

Please
Rate
#1
and
#2
Choices

*All classes
require a
minimum
of ten
students

(over)

Student Registration

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DEMOGRAPHIC INFORMATION FOR DIOCESAN PURPOSES (Check all that apply)

CHILD'S RELIGION: _____

RACE: _____ Native American _____ Asian _____ Black _____ Hispanic _____ White _____ Bi-Racial

ETHNICITY: _____ Hispanic or Latino _____ Non- Hispanic or Non-Latino _____ Unknown

THIS CHILD LIVES WITH (check one)

_____ Mother _____ Father _____ Both _____ Other

If Other: Name _____ Relationship _____

PARISH INFORMATION

I am a REGISTERED parishioner of St. Patrick Parish, St. Charles, IL: (Circle) YES NO

I am a REGISTERED parishioner of St. John Neumann Parish, St. Charles, IL: (Circle) YES NO

I am a REGISTERED parishioner of _____ in _____

GENERAL INFORMATION

I agree to have my family name, address, and phone number published in the school directory: (Circle) YES NO

I agree to have my child (ren) photographed for yearbook /newsletters/bulletin: (Circle) YES NO

I agree to have my child (ren) photographed for print/media releases: (Circle) YES NO

I agree to have my child's images posted on the St. Patrick's website: (Circle) YES NO

I agree to have my child's images posted on social media websites: (Circle) YES NO

How would you like to have your child's name appear in the classroom (on name tags, learning materials, folders)?

SIBLINGS

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Number of children who will be attending St. Patrick's St. Pat's Preschool: _____ St. Pat's K-8: _____

Mother: _____ Cell: _____

Father: _____ Cell: _____

FAMILY EMERGENCY INFORMATION

The following adults are authorized and available to provide transportation—and otherwise assume responsibility-- for my child(ren) in case of illness or injury...or if a parent cannot be reached: (Please list three – **Do NOT list parents. It is assumed that both parents are considered primary contacts and authorized for pick up unless otherwise stated and documentation is included**)

Emergency Contact #1: _____

Cell: _____ Relationship: _____

Emergency Contact #2: _____

Cell: _____ Relationship: _____

Emergency Contact #3: _____

Cell: _____ Relationship: _____

ALTERNATE PICKUP INFORMATION (in addition to emergency contacts)

The following persons are authorized to pick up my child (ren) from K-8, Preschool or Extended Day:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

MEDICAL CONTACTS:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital of Choice: _____ Phone: _____

- I agree that in case of emergency, illness, or accident to my child(ren), the school is authorized to contact any available licensed physician if my own physician is not available. **(Circle) YES NO**
- If none of the emergency contacts listed above are available for emergency transportation, I give my permission for the principal, paramedics, or other responsible person to transport my child(ren) for emergency care: **(Circle) YES NO**

Please return the following 4 items with this registration form:

Birth Certificate: _____ \$150 Non- Refundable Registration fee: _____

Family Registration Form: _____ Baptismal Certificate: _____ (if applicable)

- Please note that preschool registration is not complete until the student form, family form, birth certificate, and non-refundable deposit is received **by the Preschool Office during business hours.** Notification of placement or waitlist status will be sent to you by email once your paperwork has been completed and received at St. Patrick Preschool.

Signature: _____ Date: _____