

St. Patrick Catholic PRESCHOOL
Student Registration
2024-2025



ST. PATRICK
PRESCHOOL

This form is to be completed for EACH child registering for the 2024-2025 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: 12/19/23

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: _____

CHILD'S NAME: _____

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: _____