



# 2018-19 PRESCHOOL REGISTRATION

Please update/complete all sections below

## REGISTRATION FEES

### PRESCHOOL REGISTRATION FEE

\_\_\_\_\_ \$100 non-refundable registration fee – per student / per year **MUST BE PAID TO RESERVE YOUR SPOT**

### SHAMROCK ZONE CHILD CARE REGISTRATION

\_\_\_\_\_ \$25 per person/\$50 per family non-refundable registration fee / per year **MUST BE PAID TO RESERVE YOUR SPOT**

**TADS Billing - 10 and 12 month plans** email billing / \$45 per year \_\_\_\_\_ postal billing / \$55 per year \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ Credit Card \_\_\_\_\_ 3% fee

Early Childhood Screening Date \_\_\_\_\_ Contact Val at CLC 507-460-1709 to schedule screening. IEP \_\_\_\_\_(Y/N)

## TUITION

PACELLI CATHOLIC SCHOOLS' TUITION INFORMATION IS ATTACHED. FIRST PAYMENT IS DUE JULY 15.

### TINY SHAMROCKS

\_\_\_\_\_ **2-DAY OPTION:** \$76.50 per month, billed July 15 – April 15  
3 year olds, Tuesday, Thursday, 8:30 am – 11:00 am, September - May

\_\_\_\_\_ **3-DAY OPTION:** \$99 per month, billed July 15 – April 15  
3 year olds, Monday, Wednesday, Friday, 8:30 am – 11:00 am, Sept. – May

### LITTLE SHAMROCKS

\_\_\_\_\_ **4-DAY OPTION:** \$135 per month, billed July 15 – April 15  
3, 4, & 5 year olds, Monday through Thursday, 12:00 pm – 2:30 pm, Sept. - May

### KINDERGARTEN PREP

\_\_\_\_\_ **4-DAY OPTION:** \$135 per month, billed July 15 – April 15  
4 & 5 year olds, Monday through Thursday, 12:00 pm – 2:30 pm, Sept. - May

\_\_\_\_\_ **5-DAY OPTION:** \$157.50 per month, billed July 15 – April 15  
4 & 5 year olds, Monday through Friday, 8:30 am – 11:00 am, Sept. – May

**I WILL BE REQUESTING FINANCIAL ASSISTANCE.** Only available for K-Prep students through United Way.

To receive financial assistance you must turn in 2017 tax forms (1040) to the business office by May 1, 2018.

Free/Reduced Lunch Form will be available after July 1. A NEW FORM MUST BE COMPLETED EACH YEAR.

## FAMILY INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Email (required) \_\_\_\_\_ Father's Email (required) \_\_\_\_\_

Mother's Primary Language \_\_\_\_\_ Father's Primary Language \_\_\_\_\_

\_\_\_\_\_ Check if interpreter is required

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\_\_\_\_\_ Check if wifi/email at home (in addition to cell phone)

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**EMERGENCY CONTACTS:** List 2 people who can pick up your child if you are unable to be reached. *If there are people who are NOT authorized to pick up your child, you must notify the teacher and the office.*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**How will your child get TO and FROM school:** \_\_\_ Car \_\_\_ Rainbow Route Bus \_\_\_ Shamrock Zone Child Care

**Does your child have allergies or health conditions that we need to be made aware of:**

In case of accident or serious illness, the school will attempt to contact me. If the school is unable to reach me, I authorize the school to call for emergency medical treatment and follow any instructions given.

All medications that are to be administered at school (including over-the-counter) medications must be in their original container and must be accompanied by a medical authorization form signed by both the parent and the physician. Forms are available in the school office.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**If your student is NEW to Pacelli attending Preschool,  
YOU MUST PROVIDE THE SCHOOL WITH THE MOST RECENT IMMUNIZATION RECORD ASAP – Thank you!**

Pictures of our students as they are participating in classroom activities and other events within Pacelli Catholic Schools are often used in the school's marketing brochures and other system publications. I grant permission for my child's name and picture to be used on Pacelli's website and marketing.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

Students occasionally take a bus for field trips or other events. I permit my child to participate in field trips sponsored by Pacelli Catholic Schools and I agree that they can take the bus transportation arranged by the school.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**The following questions are being asked for state and Diocese reporting guidelines and are not used to determine registration qualification of your child:**

1. What religion is your child \_\_\_\_\_
2. If Catholic, which parish do you belong to: \_\_\_ St. Augustine \_\_\_ St. Edwards \_\_\_ Queen of Angels
3. Check One – **Ethnicity:**  
\_\_\_ Hispanic  
\_\_\_ Non Hispanic
4. Check One – **Race:**  
\_\_\_ Asian \_\_\_ White \_\_\_ Am. Indian/Native Alaskan  
\_\_\_ Black/African American \_\_\_ Two or more races
5. Baptism Month/Year for your child \_\_\_\_\_
6. Parish child was baptized at \_\_\_\_\_

Please tell us how you heard about our schools:

- \_\_\_ Pacelli Website \_\_\_ Newspaper Ad \_\_\_ Pacelli Alumni  
\_\_\_ Facebook/Twitter \_\_\_ Radio/TV \_\_\_ Internet \_\_\_ Other  
\_\_\_ Referral from \_\_\_\_\_

**For Office Use Only**

- Business Office
- Elementary School Office
- Middle/High School Office
- Entered into TADS
- Entered into RENWEB