

Student Registration Form

Student Information

Student Name _____
Last First Middle

Home Address _____

Grade Entering _____ Date student will start school _____

Nickname (if any) _____

Date of Birth _____ Place of Birth _____ Gender _____

Religion _____ Parish (if Catholic) _____

Race (Please select only one): Native American _____ Asian _____ Black _____ Pacific Islander _____
White _____ Multi-Racial _____

Ethnicity (Please select only one): Hispanic _____ Non-Hispanic _____

Previous School Attended _____

Previous School Address _____

Sacramental Information

Sacrament	Date	Church	City/State
Baptism			
Reconciliation			
First Communion			
Confirmation			

Home Situation

The child lives with:

Both biological parents _____ Mother/Step-father _____ Father/Step-Mother _____
Single Mother _____ Single Father _____ Grandparent(s) _____ Other _____

Copies of Birth Certificate, Baptismal Certificate, Immunization Record, and any court documents pertaining to custody of the child are required at the time of registration.

Family Information

Mother's Full Name _____

Check here if mother is deceased _____ Mother's SS# _____

Mother's Address (if different from above) _____

Mother's Phone Numbers Home _____ Cell _____
Work _____

Mother's E-Mail Address _____

Mother's Employer _____ Mother's Occupation _____

Mother's Religion _____ Mother's Country of Birth _____

Father's Full Name _____

Check here if father is deceased _____ Father's SS# _____

Father's Address (if different from above) _____

Father's Phone Numbers Home _____ Cell _____
Work _____

Father's E-Mail Address _____

Father's Employer _____ Father's Occupation _____

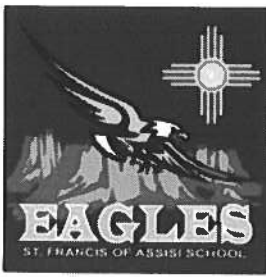
Father's Religion _____ Father's Country of Birth _____

Child Custody (in cases of divorce, separation, legal guardianship)

Legal Custody: Joint _____ Sole _____
Physical Custody: Joint _____ Sole _____ Mother _____ Father _____ Guardian _____

Guardian Information:

Name _____ Relationship to Child _____
Address _____
Phone Numbers _____
E-Mail Address _____



St. Francis of Assisi Preschool
General Information Sheet

Welcome to St. Francis of Assisi Preschool! To best prepare for your child's success at school, we ask you to share the following information with the preschool staff who will be caring for your child. All information will be kept confidential.

Child's Information

Name (first, middle, last) _____

Birthdate _____ Nicknames _____

Family Information

Mother _____

Father _____

Siblings _____

Regular Caregiver(s) _____

Close Family Member(s) _____

Pets _____

Experiences & Behavioral Characteristics

Has your child been enrolled in a structured setting before? If so, where? _____

What adjectives do you feel best describe your child? _____

What are your child's interests and favorite toys? _____

How does your child handle separation from you and other loved ones? _____

How does your child get along with and interact with peers? _____

Developmental History

Was your child born prematurely or did he / she experience any health challenges as an infant?

Did your child receive Early Intervention Services (ELFs, Growing in Beauty, speech or occupational therapy, etc.)? If so, what type? _____

Does your child experience any chronic or reoccurring health issues (ear infections, asthma, allergies, etc.)? IF yes, please explain. _____

Do you have any concerns about your child's development (playing with others, learning, speaking, ability to care for own needs, etc.)? _____

Is your child fully toilet trained (using toilet, managing clothes, washing hands)? _____

How long has your child been toilet trained? _____

Does your child have difficulty with sleep? If so, please explain. _____

Culture

What is the primary language used in the home? _____

Please share any additional information you feel is important about your child:

Please attach any current reports or testing results if applicable.

St. Francis of Assisi School

Preschool Tuition Contract 2019 - 2020

St. Francis of Assisi Preschool is an extension of the school program and a ministry of the Catholic community of St. Francis Parish. Together with the support and cooperation of the parents as the primary educators of their children, the faculty of St. Francis of Assisi Preschool are dedicated to the teaching mission of the Church, and the development of the whole child.

STUDENT NAME(s)	CLASS	DOB

Responsible Party:

(First)

(Middle)

(Last)

(Street Address)

(City)

(State)

(Zip)

Phone Numbers _____

(Home)

(Cell)

(Work)

E-Mail Address _____

SS# (required) _____

Employer _____ Occupation _____

By enrolling our child(ren) in St. Francis Preschool, we agree to accept, abide by, and actively support the school's policies, procedures, and guidelines – many of which are included in the Parent / Student Handbook. We recognize the right and responsibility of the school to establish policies, procedures, and guidelines to ensure the safety and growth of the students. We also understand and accept that the school reserves the right of the school's administration to waive and /or deviate from any and all policies, procedures, and guidelines for just cause at their discretion. **Initial** _____

Annual Tuition

The annual tuition for a child in St. Francis Preschool is \$4,200.00. There are no discounts for multiple students in the preschool, and the multi-student discount offered by the school does not apply when the students are enrolled in separate programs (school and preschool). A 10 month payment plan is offered for preschool families.

At the time of registration, each family is required to pay a **non-refundable registration fee of \$125.00 per child.**

Tuition Payment Plans

Tuition payments may be made annually, semi-annually, quarterly, or monthly. A 5% discount will be applied for families choosing to pay annually. The first full month payment is due **August 1**. Each payment thereafter is due on the first of each month, the last payment due on **May 1**. Payments are due on the 1st of each month. Tuition payments received after the 10th or not paid in full, are considered delinquent and will incur a \$25 late fee. Any check made to the school that is returned for non-sufficient funds (NSF) will be charged a \$30 fee for each occurrence. After two notices of NSF, families must pay tuition and all other accounts by money order, cash, or Cashiers Check, for the remainder of the school year. If an account becomes seriously delinquent (60 days+) and no payment arrangements have been made, the account will be turned over to a collection agency. The family will also be held liable for all reasonable collection and attorney fees related to collecting on the account.

Students may not be admitted to class if tuition is 30 days delinquent. Pre-paid tuition is not refundable upon the withdraw of the student from the school.

Parent Participation: Fundraising/Hours

Families are required to assist in the fundraising efforts of the school. Each family is required to fundraise at least \$300 per year and complete 10 service hours per year. Families may choose not to participate in the fundraising and service hours by paying off these obligations, in the amount of \$800.00 at the beginning of the school year. Families who complete partial obligations will pay the difference between what they have completed and the total obligation by April 15 of the school year. Each unfulfilled service hour will be billed at \$50.00 per hour.

<input type="checkbox"/> One Child	<input type="checkbox"/> Two Children	<input type="checkbox"/> Three Children	<input type="checkbox"/> Four+ Children
Fundraising Option	<input type="checkbox"/> Non-Participation	<input type="checkbox"/> Participation	
Payment Plan	<input type="checkbox"/> 10 Month	<input type="checkbox"/> A/S/Q _____	

Total due at registration:

Registration Fee	_____
Non-Participation Buy-out	_____
A/SQ Payment	_____
Total	_____

My monthly tuition for the 2019 - 2020 school year will be: _____

The above contract has been read, approved, and agreed upon by:

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

**EMERGENCY INFORMATION AND
PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER**

Student's name _____

Grade _____ Date of birth _____ Gender _____

Parent / Guardian's name _____

Home address _____

Home phone _____ Cell phone _____ Work phone _____

Family doctor _____ Phone _____

Address _____ City _____ State _____

Family dentist _____ Phone _____

Address _____ City _____ State _____

Hospital of choice _____

Family Health Plan Carrier _____ Policy # _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Francis of Assisi School and St. Francis of Assisi Parish, its officers, directors, employees and agents, and the Diocese of Gallup, its employees and agents, from any claim arising from or in connection with my child attending the school or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Gallup, its employees and agents representative associated with the school for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Gallup.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact one of the following emergency contacts:

Name & relationship: _____

Phone Numbers: _____

Name & relationship: _____

Phone Numbers: _____

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

STUDENT HEALTH INFORMATION FORM

In an effort to help the faculty and staff better serve the needs of your child, please provide the following information.

Name of Student: _____ Current Grade: _____

Student's Date of Birth: _____ Gender: _____

Name of Parent or Guardian: _____ Phone: _____ home work cell

Name of Parent or Guardian: _____ Phone: _____ home work cell

Date of last physical exam: _____ Date of last eye exam: _____

Date of last dental exam: _____ Date of last hearing exam: _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

Child's Health Insurance Carrier: _____

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Parent/Guardian Signature: _____ Date: _____

St. Francis of Assisi School

Arrival and Dismissal Procedures and Pick-up Authorization

Please note the following guidelines for St. Francis of Assisi Preschool dismissal and pick-up:

- Parents of Preschool students must park their cars and come in through the front doors of the school to sign their child into and out of his / her preschool class.
- The preschool program is open from 7:30 AM until 5:30 PM each day. Students may not be dropped off before 7:30 AM and must be picked up no later than 5:30 PM.
- There will be additional charges incurred by the parents if students are not picked up by 5:30 PM.
- Only those over the age of 18 will be allowed to sign-out students. Other adults on your authorized pick-up list will be allowed to pick-up your student(s) only after showing photo identification to staff members. Changes to those on your authorized pick-up list may only be made in writing.

Please provide your child/children's name(s) and class. Also provide the names of any other adults authorized to pick-up your child(ren).

(if this is different for different children in the family, a separate form should be filled out for each child)

Student Name: _____ Class: _____

Student Name: _____ Class: _____

Student Name: _____ Class: _____

Please choose the regular time of pick-up for your child:

My Child(ren) will be picked up at or before 2:45 PM each day.

My Child(ren) will be picked up at or before 5:30 PM each day.

Authorized Pick-Up list (adults other than the custodial parent(s) / legal guardian)

Name	Relationship to Student

I authorize the above persons to pick-up my children from school. I understand this permission will be in place until I communicate a change, in writing, to the school.

Parent / Guardian Signature _____ Date _____

DIOCESE OF GALLUP
REQUEST FOR PHOTOGRAPHY CONSENT AND RELEASE

Dear Parents/Guardians:

There may be individuals present taking photographs or otherwise videotaping events during school hours or at school-sponsored events from time to time. These individuals may be conducting these activities on behalf of the school, the Roman Catholic Church of the Diocese of Gallup, NM ("Diocese"), or a parish within the Diocese, or may be the friends or family of other students, faculty or staff. We cannot control the spontaneous photography or videotaping by friends or family of other students, faculty or staff. However, we can and we do attempt to control the photography and videotaping on behalf of the school, Diocese, and parishes, which may be performed by outside photographers, news media or our own faculty or staff. The purpose of this communication is to request your consent to our use of any photograph or video of your child that may be taken at school or during school-sponsored events.

If you consent below, you agree that the school, Diocese, or parish(es) may record your child's voice, image, and likeness, alone or with others and with or without your child's creative works or projects, on any media (photography, video, digital, or otherwise, with or without sound) and may use, publish, display, and reproduce those recordings, either with or without modification or alterations (such as cropping or color enhancement) along with your child's name and involvement in school activities or clubs for school-related media, creative works, brochures, websites, and bulletin boards to be used for the purpose of publicity, recruitment, fundraising, evangelization and other communication efforts on behalf of the school, the Diocese or parish(es). These recordings may be used in any media, including without limitation on the Internet, and they may be displayed publicly and prominently, possibly for a long time or permanently.

By consenting below, you agree to release and hold harmless the Diocese and related schools, parishes, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that may arise out of or by reason of, or be caused by the use of your child's name, photograph or likeness, voice or creative work(s), on television, radio, motion picture, print media, social media (such as Facebook and Instagram) or on the Internet or other electronic medium, including any claims for payment, claims of defamation, and claims regarding rights of privacy or publicity. You may withdraw your consent at any time by contacting your school and the Diocese at (505)863-4406. You understand that by releasing the Diocese and related parties you are giving up rights you may otherwise retain on behalf of your child and waive the benefit of any law that provides that a general release does not extend to claims that you do not know or suspect exist at the time of executing this release.

If you elect to consent below, you understand and agree that no payment, money or other consideration in any form will be due to you, your child, or your heirs, agents or assigns at any time because of your child's participation in any of the above activities or the above-described use of your child's name, photograph, likeness, voice, or creative work(s).

Please indicate on the next page whether you are providing your consent to the recording of your child as set forth above and return the form to the Diocese. If you have any questions or concerns you may contact your school or the Diocese.

DIOCESE OF GALLUP
REQUEST FOR PHOTOGRAPHY CONSENT AND RELEASE

____ I consent to the creation of recordings of my child(ren) by or on behalf of the school, the Roman Catholic Church of the Diocese of Gallup, NM, and/or its parishes, as set forth in this Request for Photography Consent and Release.

____ I **do not** consent to the creation of recordings on my child(ren) as set forth by or on behalf of the school, the Roman Catholic Church of the Diocese of Gallup, NM, or its parishes as set forth in this Request for Photography Consent and Release., and release the Roman Catholic Diocese of Gallup, NM of any liability from the spontaneous photographs taken by third parties outside of the Diocese's control. I understand that by electing this option my child will still be photographed for inclusion in the school yearbook and internal school files.

Name of Student: _____ Grade _____

Name of Student: _____ Grade _____

Name of Student: _____ Grade _____

Name of Student: _____ Grade _____

Signature of Parent/Guardian: _____ Date: _____

St. Francis of Assisi School

Privacy Policy

Your privacy is important to us. School registration forms are housed in a secure location in the administrative offices of the school. Only authorized school personnel have access to the completed forms. St. Francis of Assisi School does not sell or release contact information to any non-affiliated organization. Select information is shared with our faculty, the Diocese of Gallup, the St. Francis of Assisi Parent Teacher Association, and the St. Francis of Assisi School Advisory Board. School personnel and members of the school's affiliated organizations are not permitted to retain your information for non-school related business unless you specifically grant them permission. Your information will be included in the school directory unless you provide a written request to the school office stating your desire to be excluded from the directory. Directory information includes names, address, phone numbers, e-mail address, student name and grade.

