



# 2022-2023 PRESCHOOL Registration

Returning Families Registration DUE: 1/21/22, NEW FAMILIES REGISTRATION OPENS: 2/7/22

FAMILY NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**\*Please complete BOTH sides of this form\***

<b>1</b>	<input type="checkbox"/> We are a <b>RETURNING</b> St. James Preschool family (Registration DUE: 1/21/22) <input type="checkbox"/> We are a <b>NEW</b> Preschool Family (Registration OPENS: 2/7/22) <input type="checkbox"/> We will not be returning for the 2022-2023 school year and understand we may be contacted for follow-up.
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<b>2</b>	<input type="checkbox"/> We have K-8th grade student(s) attending St. James the Apostle.
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<b>3</b>	<input type="checkbox"/> We are <u>registered</u> parishioners of St. James the Apostle Parish <input type="checkbox"/> We are parishioners of _____ Parish* <input type="checkbox"/> We are not Catholic
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## Preschool Program Description and Requirements:

### **Blended Program** – 7:45a.m. – 11:00a.m available Monday through Friday

- MUST be 3 years old by September 1.
- MUST be 100% Bathroom Independent- please review our policy.
- Choice of **5 mornings, 3 mornings** (Monday, Wednesday, Friday) or **2 mornings\*** (Tuesday & Thursday is available for 3 year olds only).
- Preschool Plus - Optional afternoon enrichment program, Monday - Friday (for 5 day students). See below for description.

### **Kindergarten Prep Program** – 7:45a.m. – 11:00a.m, Monday - Friday

- MUST be 4 years old by September 1.
- MUST be 100% Bathroom Independent - please review our policy.
- Preschool Plus - Optional afternoon enrichment program, Monday - Friday. See below for description.

### **\*\*\*Afternoon Options\*\*\***

- **Preschool Plus**- 11:00a.m. - 2:45p.m.. An ADDITIONAL afternoon, 5 day program that offers enrichment, large motor, lunchtime and “nap” time which *can be added onto* both 5 day Preschool Programs listed above.
- **Kids Klub Littles- After School Care** is available from 2:45p.m.- 6:00p.m. \*Please ask about registration and details.

\_\_\_Y or \_\_\_N - My family will be registering in the Kids Klub Littles –After-School Care.

# 2022-2023 PRESCHOOL Registration

	Child's First & Last Name	Gender: M or F	Date of Birth mm/dd/yy	<b>Preschool Level for <u>2022-2023</u></b> <i>Please X the program, the number of days and yes or no for the Full-Day option.</i>
<b>4</b>				<input type="checkbox"/> <b>Blended Program</b> (3 yrs. old) <input type="checkbox"/> 2 AM's * <input type="checkbox"/> 3 AM's <input type="checkbox"/> 5 AM's Full-Day Preschool Plus option: <input type="checkbox"/> Y or <input type="checkbox"/> N OR <input type="checkbox"/> <b>Kindergarten Prep</b> (4 yrs. old) = 5 AM's Full-Day Preschool Plus option: <input type="checkbox"/> Y or <input type="checkbox"/> N
				<input type="checkbox"/> <b>Blended Program</b> (3 yrs. old) <input type="checkbox"/> 2 AM's * <input type="checkbox"/> 3 AM's <input type="checkbox"/> 5 AM's Full-Day Preschool Plus option: <input type="checkbox"/> Y or <input type="checkbox"/> N OR <input type="checkbox"/> <b>Kindergarten Prep</b> (4 yrs. old) = 5 AM's Full-Day Preschool Plus option: <input type="checkbox"/> Y or <input type="checkbox"/> N

<b>5</b>	<b><u>PARENT/ GUARDIAN CONTACT INFORMATION:</u></b> Please Print Clearly
	Mother/ Guardian Name: _____ Contact Number _____ E-mail address: _____
	Father/ Guardian Name: _____ Contact Number _____ E-mail address: _____

**REGISTRATION will not be considered for enrollment without the following:**

1. This form - complete with all requested information.
2. State/ County issued Birth Certificate- NEW families only
3. Baptismal Certificate - as applicable for NEW families
4. Non-refundable Registration Fee of **\$200.00 per Preschool Family** -checks payable to St. James the Apostle (For accounting purposes, K-8 Registration fee must be a separate check)

**\*\*Notification of enrollment status will be provided within 3 weeks of Registration\*\***

**\*Please file the Tuition Schedule/ Procedure Guidelines for easy reference to detailed information\***

Let us know if you were referred by a St. James Family: \_\_\_\_\_

### Office Use Only:

Date Received: \_\_\_\_\_ Reg. Amt. Enclosed: \$ 200.00 Ck# \_\_\_\_\_ Received by: \_\_\_\_\_  
 \_\_\_\_\_ FACTS \_\_\_\_\_ Birth Cert. \_\_\_\_\_ Baptism Cert.