



## New Families – Preschool Enrollment

### Enrollment Process Steps revised

3/17/2015

#### **STEP 1: Prepare Documents**

1. **Student Age Verification:** Students must be 3 years – 4 years 11 months old by Sept 1, 2015
  - Birth Certificate or Baptismal Certificate
2. **Health Requirements (ALL required):**
  - Immunization Record
  - One of the following:
    - > Verification of Medical insurance coverage: Insurance company name and policy number
    - > Medicare information
    - > Must be potty trained and free of pull-up diapers.

#### **STEP 2: Fill Out Forms**

The enrollment packet for PRESCHOOL FAMILIES can be found on our website: [www.stjohnec.org](http://www.stjohnec.org). Please complete all applicable fields in advance of submitting it to the school. Please complete the forms and sign where requested.

#### **STEP 3: Submit**

Print the forms in this enrollment packet and bring to the Office along with your Registration fee.

- > \$350 2015-16 school year registration fee.
- > Please remember to bring the documentation asked for in **STEP 1** as well as any other supporting documentation requested.

#### **NOTE: Incomplete Enrollment packets cannot be accepted and your child's place will not be held**

Once we have accepted your completed Enrollment packet and you have paid the registration fee, your child will tentatively be enrolled in St. John the Baptist Preschool pending receipt of a signed *Tuition Agreement* and signed *Handbook Agreement* (only for 2015-16 school year) which will be sent to you at a later date.

Each family will be sent a **Tuition Agreement** once all paperwork is completed and reviewed. You must sign and return it to the office by the date specified on your Agreement.



## New Families – Preschool Enrollment

### 1) STUDENT INFORMATION

Last Name	First Name	Middle Name	Registration Date
Primary language spoken at home	Current Age	Date of Birth (mo/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address, City, State, Zip			Home Phone
Place of Birth (City/State/Country)			

### 2) PARENT/GUARDIAN INFORMATION

Please check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please explain):	Last Name	First Name
	Street Address, City, State, Zip (if different from student)	
	Living with student? <input type="checkbox"/> No <input type="checkbox"/> Yes	Language Spoken at Home
	Business Phone	Cell Phone
	Home Phone	Email
	Employer	Occupation
Please check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please explain):	Last Name	First Name
	Street Address, City, State, Zip (if different from student)	
	Living with student? <input type="checkbox"/> No <input type="checkbox"/> Yes	Language Spoken at Home
	Business Phone	Cell Phone
	Home Phone	Email
	Employer	Occupation

### 3) STUDENT RESIDES WITH (please circle): Both Parents Mother Father Guardian(s) Other (please specify)

### 4) OTHER CHILDREN IN FAMILY INFORMATION (List all children in order of birth date)

Name	Birth Date	Current School

### 5) COURT ORDER

Are there any court orders restricting the legal rights of either parent? If you answered <b>YES</b> , please attach a copy of the court order to this form.	<input type="checkbox"/> No <input type="checkbox"/> Yes
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## New Families – Preschool Enrollment

### Student Health Information

#### I. History of Illness: (If child had any of the following, give age. If severe, explain on back of page)

- |   |  |   |                   |
|---|--|---|-------------------|
| <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Pneumonia      | Operations? _____ |
| <input type="checkbox"/> Convulsions    | <input type="checkbox"/> Measles         | <input type="checkbox"/> Vision Problem |                   |
| <input type="checkbox"/> Anemia Allergy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Skin           | Accidents? _____  |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Heart Condition | Any other serious                       |                   |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Hay Fever       | illness? _____                          |                   |
| <input type="checkbox"/> Ear Infection  | <input type="checkbox"/> Mumps           |   |                   |

#### II. History of Symptoms: (Give age if your child has a history of one of the following)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 4 or more colds a year | <input type="checkbox"/> Foot problems       | <input type="checkbox"/> Bedwetting         |
| <input type="checkbox"/> Frequent stomach ache  | <input type="checkbox"/> Worries a lot       | <input type="checkbox"/> Fainting spell     |
| <input type="checkbox"/> Tires easily           | <input type="checkbox"/> Frequent nosebleeds | <input type="checkbox"/> Runny ear          |
| <input type="checkbox"/> Frequent sore throats  | <input type="checkbox"/> Hernias             | <input type="checkbox"/> Trouble speaking   |
| <input type="checkbox"/> Frequent leg pains     | <input type="checkbox"/> Seems nervous       | <input type="checkbox"/> Tantrums           |
| <input type="checkbox"/> Angers easily          | <input type="checkbox"/> Coughs a lot        | <input type="checkbox"/> Frequent headaches |

#### III. Are there any questions or other problems you would like to discuss with the school administration?

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Parent/Guardian Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_



## New Families – Preschool Enrollment

### Student Ethnicity and Race

Dear Parent or Guardian,

Diocese of Oakland schools are required to collect information about the race and ethnicity of students. To comply with these regulations, we ask that you complete the following form and return it with your Enrollment forms.

Student Name: \_\_\_\_\_

Gender ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_

☐ Catholic

☐ Non-Catholic

**ETHNICITY** (check one)

Is the student Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino

**RACE** (check all that apply)

**No matter what you selected in the Ethnicity category,** please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- ☐ American Indian/Alaskan Native
- ☐ Black or African American
- ☐ White
- ☐ Multi-racial (2 or more races)
- ☐ Chinese
- ☐ Japanese
- ☐ Korean

- ☐ Vietnamese
- ☐ Asian Indian
- ☐ Laotian
- ☐ Cambodian
- ☐ Hmong
- ☐ Other Asian
- ☐ Filipino

- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Tahitian
- ☐ Other Pacific Islander

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## New Families – Preschool Enrollment ENROLLMENT FEE and PAYMENT STRUCTURE

### Registration & Tuition for 2015-16 School Year

Registration is \$350 for the 2015-2016 school year. To insure a spot in preschool, the registration fee is due upon enrollment. Tuition is non-refundable. The school's operating budget is based on projected enrollment and the school's financial obligation does not change when students withdraw. No adjustment is made because of late registration, absence from class, days when school is not in session, planned closure, leaves of absence or the suspension or dismissal of a student by official action of the school.

A year contract/commitment to attend the preschool is required. If you select the ACH payment option, it will be available starting in September.

If unforeseen circumstances arise a 30-day written withdrawal notice must be provided if your family is to withdraw during the contracted year. If your family leaves 1) before October 1/3 of your annual tuition will be due, 2) before December 1/2 of your annual tuition be due, and after Jan 1 the total contracted tuition will be expected to be paid. If due to a unique set of circumstances, a parent or guardian feels that an adjustment or refund is in order, they may request such in writing from the Principal.

The rates below are for regular preschool session as defined by the St. John the Baptist School calendar.

#### FULL DAY – Regular Session

Days per week	Times	10 monthly installment payments beginning in September	Yearly Tuition Fee
5	7:00 am – 6:00 pm	\$780.00	\$7800.00
3	7:00 am – 6:00 pm	\$520.00	\$5200.00

#### HALF DAY – Regular Session - morning only

Days per week	Times	10 monthly installment payments beginning in September	Yearly Tuition Fee
5	7:00 am – 12:00 noon	\$620.00	\$6200.00
3	7:00 am – 12:00 noon	\$400.00	\$4000.00

Students may be dropped off between 7:00 am and 8:15 am. If students arrive **after 8:15 am they are considered tardy**. For every five (5) tardies, the parent will incur one (1) additional PPH.

Full-day students may be picked up between 3:15 pm and 6:00 pm. Half-day students must be picked up no later than 12:15 pm.

**REMINDER:** A late pick up fee of **\$1/per minute** is payable to the teacher upon pickup.



## New Families – Preschool Enrollment

### Other Financial Obligations 2015-16 School Year

#### OTHER FINANCIAL OBLIGATIONS

Each **family** is required to work 20 Parent Participation Hours (PPH). If you have a child in St. John the Baptist School, your St. John the Baptist School PPH will cover your preschool obligation. **If you have not completed your PPH obligation by May 6, 2016, you will be charged \$25.00/per hour for each outstanding PPH. You must pay the outstanding balance by June 10, 2016 or you will be assessed a \$25 late fee.**

If you are unable to fulfill your general PPH, the following is the buy out option:

1 – 20 PPH valued at \$25.00/hour

If you choose to this option, you must remit full payment no later than **December 10, 2015**. After this date you will be charged the higher rate of \$35.00/hour.

### PTG Fee

Every St. John the Baptist family is charged a \$200 PPP fee in addition to the volunteer hour commitment. Families are asked to pay this fee \$100 in November and \$100 in February. Extra PPP hours earned for the current school year cannot be credited in exchange to the PPP annual commitment.



## New Families – Preschool Enrollment

### Tuition Payment Options - 2015-16 school year

Print Student Name: \_\_\_\_\_

Print Parent/Guardian name: \_\_\_\_\_

The person responsible for tuition payments is: \_\_\_\_\_  
(please print name)

Relationship to student: \_\_\_\_\_

#### OPTION 1

- ☐ I wish to make my tuition payment through the Electronic Funds Transfer (ACH).  
I understand that Mechanics Bank will directly debit my payments from my bank account.

Bank Routing Name \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**Please attach a VOIDED check. Once we have received this completed form, your payment will be taken out automatically per your contract until further notice.**

#### OPTION 2

- ☐ I wish to make my tuition payment using debit or credit card.

**Debit my bank account or charge my credit card on (Choose ONE):**

☐ the 5<sup>th</sup> of the month

or ☐ the 20<sup>th</sup> of the month

**Credit Card:**

☐ Visa

**Card Number:** \_\_\_\_\_

☐ MasterCard

**Expiration: (Month/Year)** \_\_\_\_\_

**Security Code on Back of Card:** \_\_\_\_\_

**Please read and initial:**

\_\_\_\_\_ I will provide St. John School with a **10 day notice** if I need flexibility in my payment date or method of payment in any given month. I understand that I will not be granted this privilege more than once in a three-month period.

**Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## New Families – Preschool Enrollment

Print Student Name: \_\_\_\_\_

### Tuition Payment Schedule – 2015-16 school year

My student will be enrolled:

(please check one):

- ☐ Full time, 5 days a week (\$7800)
- ☐ Full time, 3 days a week (\$5200)
- ☐ Part time, 5 days a week (\$6200)
- ☐ Part time, 3 days a week (\$4000)

No late fee will apply to automatic electronic payments (ACH) except when returned because of insufficient funds. In this case, a \$25.00 late fee AND a \$30.00 insufficient fund fee will be charged.

Please check one:

- ☐ I will pay my preschool tuition IN FULL (3% discount) – payment is due **by 4:30pm on August 31, 2015.**
- ☐ I will pay in 10 equal payments, Begin payments in September, and continue until June.

**NOTE:** Families who have an unpaid balance for 30 days will be unable to return the following month. If your situation changes in any way please notify the director and/or Principal prior to the end of the month.

A 30 day advance notice will be provided by St. John the Baptist Preschool prior to any rate change.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_





## New Families – Preschool Enrollment

### St. John School Student - Parent/Guardian Technology User Agreement and Parent Permission Form

Note: The *St. John the Baptist Telecommunications Responsible Use Policy* may be found on our website under the Admissions heading

#### Part 1:

Before signing this form, parents/guardians and the student should read and review all of the information contained in the “St. John the Baptist School Telecommunications Responsible Use Policy” which outlines St. John the Baptist School's Technology Policy. Please return this form with both the student's and a parent's or guardian's signature along with the other enrollment documents.

1. We have read and agree to comply with the terms of this policy governing the use of the school's technology resources and the responsible use of all telecommunications at school, home, and work – communicating over the network in a responsible fashion while honoring all relevant laws, policies, regulations, and restrictions.
2. We understand that a violation of this policy may result in a loss of access as well as other disciplinary or legal actions.

Student's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* If the student is too young to sign, the parent/guardian must sign on the student's behalf. This signature will indicate the Policy has been reviewed with your child.

Print Student Name: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

#### Part 2:

As the parent or legal guardian of the minor student signing above, I grant permission for this student to access networked computer services such as electronic mail and the Internet. I understand that individuals **AND** families may be held liable for violation of all provisions contained with the policy. I also understand that the “St. John Telecommunications Responsible User Policy” applies if I am a user of school technology.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_



## New Families – Preschool Enrollment

### Verification of Insurance Coverage for Student

Print Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Policy Holder Name: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergic to any medications ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Allergic to any foods or products ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication prescribed for long-term continuous use and/or have the following PRE-EXISTING ILLNESSES, ALLERGIES OR HEALTH CONCERNS – please attach a separate sheet, if applicable:

( \_\_\_\_\_ ) \_\_\_\_\_  
condition medication

( \_\_\_\_\_ ) \_\_\_\_\_  
condition medication

→ **NOTE:** If your child is required to take **ANY** medication during school hours, you must fill out, sign, and return to the Office a **MEDICATION AUTHORIZATION** form.

**You may NOT send medication with your child to self-medicate.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_



## New Families – Preschool Enrollment NON-EMERGENCY CONTACT AND PICK UP AUTHORIZATION

Print Student Name: \_\_\_\_\_

I authorize St. John School to contact the following people if a parent/guardian cannot be reached in a **non-emergency situation**. These people are also authorized to pick up my child from school:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_



## New Families – Preschool Enrollment

### EMERGENCY MEDICAL AUTHORIZATION

Print Student Name: \_\_\_\_\_

I understand that St. John the Baptist School does **not** provide student accident insurance for families to purchase. I verify that my family has sufficient medical coverage for my child in the event of an accident at school that would require medical attention.

Should my child suffer an accident or illness while in the care of St. John the Baptist School and the school is unable to **immediately** contact a Parent/Guardian, the school is authorized to secure such medical attention for my child as may be necessary. I agree that I will be responsible for any costs incurred. I agree to keep the school informed if the phone number where I may be reached changes. The school agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Print Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_