St. Bonaventure Preschool/Pre-K Enrollment Form

Child's Name _____ Birthdate _____
Circle: Male or Female

FATHER (or Guardian)
Name _____ Employer _____

Address _____ Address _____

City/Zip _____ City/Zip _____

Home Phone _____ Cell _____Work Phone _____

MOTHER (or Guardian)
Name _____ Employer _____

Address _____ Address _____

City/Zip _____ City/Zip _____

Home Phone _____ Cell _____Work Phone _____

Emergency Contact Person – will be contacted when a Parent or Guardian cannot be reached.

Name _____ Phone _____

PARISH/CHURCH _____

Public School District You Reside In_____

HEALTH INFORMATION – Please list any health concerns, including diet and activity restrictions, allergies, and medications that staff should be aware of. Write none if applicable.

_____
Does this child have an IEP or IFSP in place for learning or medical problems? Yes or No

DOCTOR'S NAME _____

MEDICAL RELEASE I hereby authorize St. Bonaventure Preschool/Child Care staff to take my child to the above named physician or arrange transportation to Columbus Community Hospital for medical treatment in the event of an emergency in which neither parent or guardian can be reached.

Date _____ **Signature** _____

I wish to enroll my child in the following program(s). Some classes may fill up, **Please choose a 1st choice and a 2nd choice for your child.** You will be notified if we are unable to fill your 1st choice.

_____ 2 Day Tuesday/Thursday $125 per month (3 year olds) 8-10:45 AM

_____ 3 Day Tuesday/Wednesday/Thursday $170 per month (3 year olds) 8-10:45 AM

_____ 3 Day Monday/Wednesday/Friday $170 per month (4 year olds)

_____8-10:45 AM or _____12:30-3:15 PM

_____ 5 Day Monday-Friday $270 per month (older 4-5 year olds)

_____8-10:45 AM or _____12:30-3:15 PM

*child should be the age listed by 7/31/27 or when school starts

My child has attended Preschool before Circle: yes or no Where attended: _____

Registration Fee - $160 Date Paid _____
$100 goes to Tuition, $60 is for Supplies (these fees are nonrefundable unless your child goes to Kindergarten)

Email Address: _____

Are you interested in child care services? (open hours 7Am-5:30Pm) Yes or No

Approximate Days and Times: _____
(example: Mon-Fri 7:30-4:30 or Tues & Thur 10:45-3:15)

Child Care Information and an Enrollment form will be sent to you at a later time (In January sometime)

Our goal is to provide the best possible learning experience for your child. We will provide a warm, secure, and engaging environment to encourage your child's growth. We believe communication between home and school is vital. Feel free to visit anytime and provide us with suggestions and comments.

Please include any information about Custodial Parent Arrangements. Legally, we are to provide information to both parents unless we are given a court document indicating other procedures.

Thank you for your help!

Please return this form with the Registration Fee to: St. Bonaventure Preschool/Child Care, 1604 15th Street, Columbus, NE 68601.

*You will receive a verification letter in April confirming your child's class days/times.

*You will receive additional information sometime in July about the Parent Information Meeting/Open House for children and information about additional forms to fill out. Thank you!

* Information including names, addresses, and phone numbers may be shared with other families and the elementary school, unless you notify us in writing with this form not to release such information.

*Also please inform us as soon as possible if needing to Withdraw from a Preschool/Pre-K Class.