

REGISTRATION PACKET

Pre-K

2017 – 2018 SCHOOL YEAR

Registration Packet Checklist for Admission to St. Francis School 2017-18

We have separated out the registration packet in different sections and provided a checklist to ensure all items are returned on time.

_____ **Included**

Section A: Acknowledgment Form (pg. 3) – one completed and signed per family

_____ **Included**

Section B: Family Information (pg. 4) – one completed and signed per family

_____ **Included**

Section C: Student Section (pg. 5)

_____ **Included**

A non-refundable registration fee of \$150.00 per child (\$300 maximum family registration) is due upon registration for Preschool. The registration fee is applied directly to next year's tuition.

By signing below, I acknowledge that I have completed my child(ren) registration and included all necessary documentation for registration.

Parent signature: _____ **Date:** ____/____/____

**Please return the completed forms acknowledged above to the school
office 817 Juniper Street
Brainerd, MN 56401
Phone: 218-829-2344
Fax: 218-828-4157**

Office Use Only

Date Forms Returned: _____ Time Returned: _____

Deposit Enclosed: Yes: _____ No: _____

Check # _____ Cash _____ CC _____



Registration Information for Admission to St. Francis School 2017-18

Thank you for supporting our Catholic School by entrusting us with the most precious of gifts, your child. St. Francis of the Lakes Catholic School provides many opportunities for each student to flourish in a Christ-centered atmosphere. St. Francis of the Lakes Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic, or other school-administered programs.

A non-refundable registration fee of \$150.00 per child (\$300 maximum family registration) is due upon registration for PreK – 8th grade. The application fee must be enclosed for your child to be considered enrolled. The registration fee is applied directly to next year’s tuition.

TUITION POLICY

The tuition scale for Preschool for the 2017-2018 school year is as follows:

Days	Time	Tuition
M W F	8:00 to 3:00	\$2,750
T TH	8:00 to 3:00	\$1,885
M T W TH F	8:00 to 3:00	\$4,635

If a student does not complete the school year, a negotiated, pro-rated amount for tuition will be set between the parents, pastor and principal. Balance is due upon agreement.

Ancillary fees for the 2017 – 2018 school year for each **FAMILY** for PreK – 8th grade is as follows:

Type of Fee	Fee Amount
Administrative Fee	\$20.00

This fee will be paid through SMART Tuition and will be due August 15, 2017 online.

We will be moving towards more electronic payment with SMART tuition and encourage families to participate in this service for ease of tracking in multiple systems. Moving forward you will be able to pay online through SMART tuition for items including but not limited to; Kaleidoscope Club, Band and Choir Fee’s etc.

FUNDRAISING OPPORTUNITIES

Fundraising is not required for our Preschool student(s), however we encourage student(s) to participate in these fun events! 20% of the St. Francis of the Lakes Catholic School Budget comes from fundraising and donations. Fundraising dollars do not have to come from your own pocket! We encourage you to engage others in the financial success of our school.

St. Francis Parish is fiscally responsible for the operation of St. Francis of the Lakes Catholic School. The actual cost of educating each child at St. Francis of the Lakes Catholic School is \$5,800 per year. In order to meet our budget for the coming year, the \$5,800 needs to be covered by your tuition, donations and fundraisers, and parish assistance.

Section A: Acknowledgment Form – Please complete

TUITION POLICY

Please indicate how you plan to pay for the 2017-2018 school year:

- _____ Full payment to the school office by 8/15 (paid through **SMART Tuition**)
 - _____ 2 payments to the school office by 8/15 and 2/16 (paid through **SMART Tuition**)
 - _____ 10 monthly payments (August – May, by automatic debit through **SMART Tuition**)
 - _____ 10 monthly payments (July – April, by automatic debit through **SMART Tuition**)
-

DAY SELECTION

Please indicate which day is your preferred selection for the 2017 – 2018 school year:

- _____ M W F
 - _____ T TH
 - _____ M T W TH F
-

By signing below, I acknowledge that I have read and accept the tuition policy, tuition assistance and fundraising commitment policies. If my fundraising commitment is not fulfilled as indicated above, I agree to pay the difference by the end of the 2017- 2018 school year.

Family Name (please print) _____

Signature of Parent/Guardian _____ Date _____

Signature of Principal _____ Date _____

SECTION B: Family Information – Please complete

Family Contact Information

Parent #1/ Legal Guardian's name: _____ **Primary phone:** _____

Address: _____

Relationship to Student(s): _____ **Preferred email:** _____

Place of Employment: _____ **Work phone number:** _____

Parent #2/ Legal Guardian's name: _____ **Primary phone:** _____

Address (if different from above): _____

Relationship to Student(s): _____ **Preferred email:** _____

Place of Employment: _____ **Work phone number:** _____

Is there anyone who cannot have contact with your child(ren) during school hours? If there is a court order against the person named below, please provide a copy to the school office. A copy of the court order must be provided to the school to enforce the order.

Name: _____ **Relationship to the child(ren):** _____

Who can be contacted and has permission to pick up your child(ren) in case of emergency (List name, phone, and relationship to student)?

1. _____
2. _____
3. _____

Religious Information

Religious affiliation: _____ **Parish (if applicable):** _____

Permission Release

1. I give permission to include my child(ren)s contact information in the All School Directory. Yes: No:
2. I give permission for photographs to be taken of my child(ren) for public relations purposes. Yes: No:
(newspaper, displays, newsletter, etc.)
3. I give permission for my child(ren) to go on mini field trips around the school. Yes: No:

Family Health Information

*If your child will be taking any prescription/over-the-counter medications during school hours, additional paperwork must be filled out in the school office **PRIOR** to receiving the medication at school and/or the start of the school year. All medication **MUST** be brought in and picked up by an adult.*

Family Physician's Name and Facility: _____

Address and Phone: _____

Family Dentist's Name and Facility: _____

Address and Phone: _____

Hospital where child should be taken if parent or physician is unavailable: _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever actions are deemed appropriate.

Parent signature: _____ **Date:** ____/____/____

Section C: Student Section – Please complete

Preschool Requirements

- While enrolling a new student, please provide a copy of your child(ren)s birth certificate, immunization records and health summary to the school office
 - Must be fully potty trained to be in preschool.
-

Student #1 Name: _____

Birthdate: ____/____/____

Grade for 17/18: _____

Name and phone of previous school (if applicable): _____

Was your child receiving any special programming due to behavioral or emotional issues? Please explain below. ***If there is a current or past IEP in place, please provide a copy to the school office.***

Religious Information

Has your child receive the following Sacraments;

Baptism – Date: ____/____/____

Church: _____ Church address: _____

Health Information

Does your child have any allergies? _____

What are your child's symptoms, if exposed? _____

Does your child have an Epipen? Yes: _____ No: _____

Does your child have any other health concerns we should be aware of? (diabetes, autism, ADHD, recurring illness, other)

Are there any psychological or social limitations in your child's life that could be a barrier to his/her academic or social success that the school should be aware of? (Awareness of these factors will help us best serve your child).
