



ST. CHARLES PRESCHOOL

Student Name: _____

Office Use Only

Date Received: _____
Reg Fee: _____ Check No: _____
Parent Handbook: _____
Immunization Form: _____
Transportation Form: _____

Staff Initial: _____

Director Approval: _____

Student Information:

Name:
Date of Birth:
Child Lives With (circle): Parents Mom Dad Other

Mother's Information:

Name:
Address:
Cell Phone:
Work Phone:
Address:
Email:
Preferred Method of Contact:

Father's Information:

Name:
Address:
Cell Phone:
Work Phone:
Address:
Email:
Preferred Method of Contact:

Family Information: (Circle One)

Single	Married	Divorced	Widowed	Seperated
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Custody Information:	Permission to pick up?
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Name of Siblings	Age of Siblings	Grade (if applicable)

AUTHORIZATION OF RELEASE / EMERGENCY CONTACT

In the event that we are unable to reach you please list in order the people you want us to contact to pick up your child. You must have at least two names and numbers listed.

	Name	Relationship	Phone
1			
2			
3			

****Please keep us informed of any phone number changes.**

WALKING FIELD TRIP PERMISSION

Some of our field trips are located within walking distance to our school. Please sign below that you give permission for your child to go on these walking trips.



SIGNATURE

DATE

PHOTO RELEASE STATEMENT

I hereby grant St. Charles School District the right to use and publish pictures of my child. I give them permission for my child to be in the photographs/videos for the website, social media, and newspaper events as part of the program.



SIGNATURE

DATE

SCHOLARSHIPS

Scholarships are available based on income. If you are interested in scholarships please request an application. Applications are available in the summer months. If you have any questions about them please contact 507-932-4910.



_____ Please mail me an application

HEALTH INFORMATION

The following information is required prior to attendance, along with a current immunization record or a signature stating exemption along with Health care Summary.

	Child's Doctor	Child's Dentist
Name		
Address		
Phone		

Allergies:
Medical Condition:
Date of Early Childhood Screening: (month/year)

Authorization for Medical Treatment:

If I cannot be reached or am delayed in arriving, I authorize the nearest source of emergency medical care to treat my child.

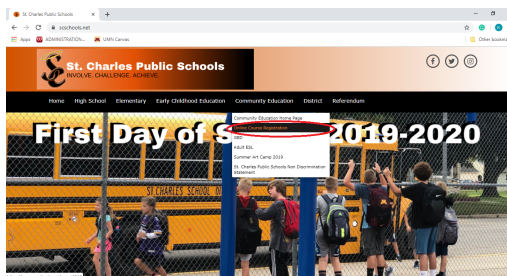
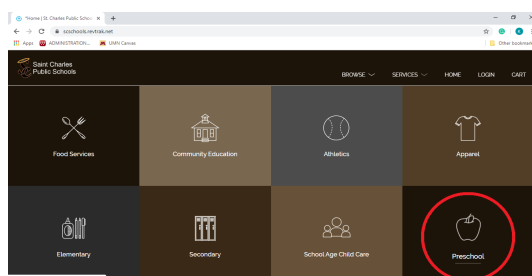


SIGNATURE

DATE

TUITION

Tuition is due the 1st of every month. The first payment is due at the preschool open house (Meet the Teacher). You can pay by check or on Rev Track. www.scschools.net (online store). If payments are not received in two consecutive months a child may be asked to leave the program. Every effort will be made to reach out and set up payment plans.



I understand the policies for tuition. I have read this statement in the parent handbook:



SIGNATURE

DATE

Class Description	Yearly Cost	Monthly Fee (9 payments)
Registration Fee (one time fee, non refundable)	\$50	n/a
3 year old morning preschool (T/ TH~ 8-10:30)	\$990	\$110
3 Full Day Preschool (M, W, F)	\$2835	\$315
4 Full Days of Preschool (M, T, W, TH)	\$3591	\$400

*Full Day classes are \$27 per day times by the total number of days for the school divided by nine monthly payments

TRANSPORTATION

Please note that the above information will be where your child will be transported each day unless a written note is sent with your child to their classroom teacher.

_____ My child will go to School Age Child Care (SACC) before/after school

_____ My child will be dropped off and picked up at school

_____ My child will ride the school bus (Bus Number _____)



_____ Please send me information on Transportation (Rolling Hills)

_____ Please send me information on School Age Child Care (SACC)

