ST. CHRISTOPHER SCHOOL NEW REGISTRATION
2019 – 2020 SCHOOL YEAR

<u>Kindergarten Registration Information</u>

Registration for all **new students in kindergart**en will begin on **March 1, 2019**.

If you are registering a child for **kindergarten**, you will need to bring **copies of your child's birth certificate, immunization record and baptismal certificate (if applicable)**. Other needed items if it applies to your child, are copies of a **service plan** (ex. 504, IEP, speech, etc.) and up to date copies of any **custody papers**. Your child must be **five years** old by **August 1, 2019** in order to register. Registration materials for new kindergarten students must be accompanied by a **$200.00 non-refundable registration fee**. The fee covers the cost of the Religion textbooks and other consumable supplies used throughout the year.

Completed registration forms, registration fee and **required documents** can be dropped off at the school office between **8:00 a.m. and 3:00 p.m**.

"Everything you always wanted to know about St. Chris Pre School and Kindergarten"

An informational **orientation meeting for parents** of all **incoming Kindergarten students** will be Tuesday**, April 9, 2019** at **6:30 p.m. in the school cafeteria**. Our Junior High students will provide free childcare for preschoolers. Mrs. Judy (Shoup) and Mrs. Chiappone will hand out necessary paperwork, including **Kindergarten screening sign-up** and **transportation sign-up**. They will also answer any and all questions you may have regarding our Pre School, Kindergarten and Child Care Center.

Kindergarten screening for all incoming students will be held **Friday, April 12, 2019 in the church** starting at approximately **9:00 a.m**. Be sure to **mark you calendar** for both these very important dates.

Acceptance into the St. Christopher Kindergarten Program is determined by the **child's readiness**, which is **based on age and screening results.**

If you have any questions about registration, the screening process, or about the school in general, please call 898-5104. Tours of the school can also be arranged by calling the school office.

Please Print with Blue or Black Ink   Date_____

Section I: Family Information

Family Name_____

Street _____ City/State/Zip _____

Home Phone_____ Home E-mail _____

Section II: Parental/Guardian Information

*Father Name*_____ Father____ Stepfather____ Guardian____ Deceased____

Employer_____ Occupation_____

E-mail Address _____ Cell Phone #_____

Work Address_____ City/State/ Zip_____

Work Phone#_____

Religion_____ St. Christopher Parishioner? Y_____ N_____ Since 19___/20___

Marital Status _____ Father's Place of Birth City/State_____

Father's address (if different from above) _____

City/State/Zip_____ Home Phone_____

*Mother Name*_____ Mother____ Stepmother____ Guardian____ Deceased____

Employer_____ Occupation_____

E-mail Address _____ Cell Phone #_____

Work Address_____ City/State/ Zip_____

Work Phone #_____Mother's Place of Birth City/State _____

Religion_____ St. Christopher Parishioner? Y_____ N_____ Since 19___/20___

Marital Status _____ Maiden Name_____

Mother's address (if different from above) _____

City/State/Zip_____ Home Phone_____

Section III: Student Information

Provide information for each child registering at St. Christopher School for the 2019 - 2020 school year.

Student # 1: Last Name_____ First_____ Middle_____

Street Address _____ City/State/Zip_____
(If different than above)

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth

   Male / Female   Birth Date: Month_____ Day_____ Year_____

City/State of Birth_____, _____

Public School District of Residence_____ (Must Complete - Required by State)

Public School Building_____ (Must Complete - Required by State)

Religion_____ Child's Race_____ (Must Complete - Required by State)

Baptism: Full Date ____/____/____ Church_____ City/State_____

Reconciliation: Full Date ____/____/____ Church _____ City/State_____

1st Communion Full Date ____/____/____ Church_____ City/State_____

Confirmation   Full Date ____/____/____ Church_____ City/State_____

Student # 2: Last Name_____ First_____ Middle_____

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth
   Male / Female   Birth Date: Month_____ Day_____ Year_____

City/State of Birth_____, _____
Public School District of Residence_____ (Must Complete - Required by State)
Public School Building_____ (Must Complete - Required by State)
Religion_____   Child's Race_____ (Must Complete - Required by State)
Baptism: Full Date ____/____/____ Church_____ City/State_____
Reconciliation: Full Date ____/____/____ Church _____ City/State_____
1st Communion Full Date ____/____/____   Church_____ City/State_____
Confirmation   Full Date ____/____/____ Church_____ City/State_____

Student # 3: Last Name_____ First_____ Middle_____
Street Address _____ City/State/Zip_____
(If different than above)
Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth
   Male / Female   Birth Date: Month_____ Day_____ Year_____

City/State of Birth_____, _____
Public School District of Residence_____ (Must Complete - Required by State)
Public School Building_____ (Must Complete - Required by State)
Religion_____   Child's Race_____ (Must Complete - Required by State)
Baptism: Full Date ____/____/____ Church_____ City/State_____
Reconciliation: Full Date ____/____/____ Church _____ City/State_____
1st Communion Full Date ____/____/____   Church_____ City/State_____
Confirmation   Full Date ____/____/____ Church_____ City/State_____

Student # 4: Last Name_____ First_____ Middle_____
Street Address _____ City/State/Zip_____
(If different than above)
Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth
   Male / Female   Birth Date: Month_____ Day_____ Year_____

City/State of Birth_____, _____
Public School District of Residence_____ (Must Complete - Required by State)
Public School Building_____ (Must Complete - Required by State)
Religion_____   Child's Race_____ (Must Complete - Required by State)
Baptism: Full Date ____/____/____ Church_____ City/State_____
Reconciliation: Full Date ____/____/____ Church _____ City/State_____
1st Communion Full Date ____/____/____   Church_____ City/State_____
Confirmation   Full Date ____/____/____ Church_____ City/State_____

2019-2020 Tuition Information Form

Please Print with Black or Blue Ink

Date _____

Family Name_____

Is your family registered at St. Christopher Parish? Yes _____ No _____

If so, are you an active member of St. Christopher Parish? Yes _____ No _____

Date Registered_____

If not a member of St. Christopher Parish and are a member somewhere else, where are you a member? _____

We would like to pay 2019-2020 tuition:

_____ 12 Monthly Payments – Beginning June 1, 2019 and ending May 1, 2020

_____ 9 Monthly Payments – Beginning September 1, 2019 and ending May 1, 2020

_____ 1 Annual Payment – Due September 1, 2019

Note: Tuition needs to be paid in full by the end of the school year in order to receive the end of year report card, for records to be forwarded to next school, or to be able to register for the next school year.

Signature_____ Date_____

_____

In-House Student Registration Checklist

Student Name _____   Registration Date _____

Do you have the following before handing in Registration ?

Returning Information Form   _____

Registration Forms   _____

Tuition Payment Form   _____

Registration Fees   _____

Updated Custody Papers   _____
  (if applicable)

For Office Use:

Enter registration date in Option C   _____

Update/Verify Information   _____

Add tuition in Option C   _____

Enter in all classes   _____