

**ST. CHRISTOPHER SCHOOL NEW REGISTRATION
2019 – 2020 SCHOOL YEAR**

Kindergarten Registration Information

Registration for all **new students in kindergarten** 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 _____

Student Name: _____

Kindergarten student questionnaire:

Please answer the following questions about your child, check all that apply.

_____ My child had behavior issues at school.

If yes, please list the issues. _____

_____ My child has been asked to leave school for behavior problems.

If yes, please list the behavior.

_____ My child has educational needs you should know about.

If yes, please list the issues. _____

_____ My child has other issues you should know about.

If yes, please explain _____

Please list the last three schools your child attended with a contact name and phone number.

School Name & contact name _____ Ph# _____

School Name & contact name _____ Ph# _____

School Name & contact name _____ Ph# _____

Parent/Guardian Signature: _____ Date: _____

Failure to disclose any behavior problems may result in immediate dismissal from St. Christopher School.

***St. Christopher
Catholic School***

**ARCHDIOCESE OF CINCINNATI
REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS**

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

Student's Name _____

DOB: _____ Grade _____

I hereby authorize: _____
(Name of school last attended)

(Address of school last attended, City/State/Zip)

(Phone number)

To release to: **St. Christopher School
405 East National Road
Vandalia, Ohio 45377**

By signing this request for transfer, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by P.L. 93-380 and any amendments thereto).

(Signature of parent/guardian)

(Date)

(Principal)