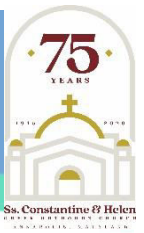




# Ss. Constantine & Helen Preschool



2747 Riva Road, Annapolis, MD 21401  
410-573-2078 • office@sschschool.org • www.sschschool.org

## Preschool Registration Form – 2021/2022 Academic Year

### PART I: Student Information

Student's Name: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Father/Guardian Name:	Mother/Guardian Name:
_____	_____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
E-mail address: _____	E-mail address: _____

Student resides with: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## PART II: Program Selection

Please complete the following information for program selection. **Note:** children MUST BE toilet trained to attend school.

1. **Age Group:** Please select the age group in which you wish to enroll your child:

	<b>Pre-K 2</b> (Two by Sept. 1)	<b>Pre-K 3</b> (Three by Sept. 1)	<b>Pre-K 4/5</b> (Four by Sept. 1)
Check one			

2. **Program:** Please select half or full day program for the number of days per week you wish to enroll your child (check one):

	<b>HALF Day Program</b> (9:00 AM – 11:30 AM)	<b>FULL Day Program</b> (9:00 AM – 3:00 PM)
2 Days/week	_____ \$175/month	_____ \$320/ month
3 Days	_____ \$245	_____ \$475
4 Days	_____ \$315	_____ \$625
5 Days	_____ \$390	_____ \$765

3. **Days of the Week:** Please select the specific days of the week you wish to send your child:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Check all that apply					

4. **Applicable Discounts** (Check all that apply. Maximum discount per child is 10%):

\_\_\_\_\_ 5% Discount      Military/First Responder/Police Officer/Fireman

\_\_\_\_\_ 5% Discount      Sibling

\_\_\_\_\_ 5% Discount      Stewards of Ss. Constantine & Helen Church

Has your child attended school before?

\_\_\_\_\_ Yes      If yes, where? \_\_\_\_\_

\_\_\_\_\_ No

Does your child have any special needs? (E.g., visual, speech, language, hearing, emotional, behavioral, etc.)

\_\_\_\_\_ Yes      If yes, please explain. \_\_\_\_\_

\_\_\_\_\_ No

Does your child have an IFSP/IEP or is he/she receiving related services?

\_\_\_\_\_ Yes      If yes, please explain and provide a copy. \_\_\_\_\_

\_\_\_\_\_ No

## PART III: Before/After Care and Lunch Bunch (if applicable)

Please indicate below which program, if applicable, you would like to enroll your child. (Note: Discounts do not apply to these services.) Families may also use these services on an as-needed basis; please give 24-hour notice.

	<b>Before Care</b> 7:00 AM – 9:00 AM All Enrolled students \$11 per diem	<b>After Care</b> 3:00 PM – 6:00 PM Full day students only \$11 per hour	<b>Lunch Bunch</b> 11:30 AM – 12:30 PM Half day students only \$11 per diem
2 Days/week	_____ \$88/month	_____ TBD	_____ \$88/month
3 Days	_____ \$132	_____ TBD	_____ \$132
4 Days	_____ \$176	_____ TBD	_____ \$176
5 Days	_____ \$220	_____ TBD	_____ \$220

## PART IV: Signature and Registration Payment

I understand that a registration fee and one month's tuition (including Lunch Bunch and Before/After Care) are due with this application in order to secure placement in the program. Both the registration fee and the one month's tuition must be paid for each individual child in the family who will attend the school. The tuition payment will be applied to the student's first month in attendance. The registration fee is **non-refundable**. The fee for new students to SSCH Preschool is \$135. The fee is \$85 for returning students and siblings. Early Birds registering by May 1<sup>st</sup> pay a reduced fee of \$50.

Once this application, the registration fee, and one month's tuition have been received and processed, a tuition contract and all necessary enrollment paperwork required before the start of school in the fall will be provided.

**Parent Name:** (please print) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this Application via e-mail ([office@sschschool.org](mailto:office@sschschool.org)) or mail to:

SSCH Preschool  
2747 Riva Road  
Annapolis, MD 21401

Please make checks payable to **Ss. Constantine and Helen Preschool**.

How did you hear about Ss. Constantine & Helen School? \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Tuition Payment: \_\_\_\_\_