

Ss. Constantine & Helen Preschool



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Preschool Registration Form – 2022/2023 Academic Year

PART I: Student Information

Student's Name:				
Last		First	Middle	
Nickname:	Gender:	Date of Birth:	Age:	
Father/Guardian		Mother/Guardian Nam		
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 wit	:h:			
Siblings:				
Name:	Age:	Name:	Age:	
	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:

	Pre-K 2	Pre-K 3	Pre-K 4
	(Two by Sept. 1)	(Three by Sept. 1)	(Four by Sept. 1)
Check one			

2. Program: Please select a half or full day program and the number of days per week you wish to enroll your child.

	HALF Day - Morning	HALF Day – Afternoon	FULL Day
	(9:00 – 11:30)	(12:30 – 3:00)	(9:00 – 3:00)
2 Days/week	\$185/month	\$185/month	\$335/ month
3 Days	\$255	\$255	\$495
4 Days	\$330	\$330	\$650
5 Days	\$410	\$410	\$795

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

 Monday	Tuesday	Wednesday	Thursday	Friday

4. Applicable Discounts (Check all that	t apply. Maximum discount per child is 10%):
5% Discount	Military/First Responder/Police Officer/Fireman (Required: Copy of identification)
5% Discount	Sibling
5% Discount	Stewards of Ss. Constantine & Helen Church in Good Standing (Required: Letter from parish priest)
Has your child attended school before? Yes If yes, where?	
No	
	g., visual, speech, language, hearing, emotional, behavioral, etc.)
No	n
Does your child have an IFSP/IEP or is he/sh	e receiving related services?
	n 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.

	Before Care	After Care	Lunch Bunch
	7:00 AM – 9:00 AM	3:00 PM – 6:00 PM	11:30 AM – 12:30 PM
	All Enrolled students	Full day students only	Half day students only
	\$11 per diem	\$11 per hour	\$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: Uniform Order

Students are required to wear SSCH Preschool uniform shirts. Please indicate the number of shirts you would like to purchase of each size, color, and sleeve length. Uniform payment is made through our online billing app, HiMama (see Part V).

	Short Sleeve (\$16)		Long Sleeve (\$18)	
	Blue	White	Blue	White
Extra Small (Size 4)				
Small (Size 6-8 Youth)				

PART V: Signature and Registration Payment

I understand that a registration fee <u>and</u> one month's tuition (including Lunch Bunch and Before/After Care) are due at the time of 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 for new students at SSCH Preschool is \$135. The fee is \$85 for returning students and siblings. The registration fee is **non-refundable**.

Payment is made through our online billing app, HiMama. Once this registration form is received, an invitation to join HiMama will be sent via email, along with an invoice for the registration fee and one month's tuition. Parents input their billing information and pay through this app. Note that a 2.9% credit card fee will be added should you choose to pay by card. There are no fees for bank transfers.

Payment Schedule: Please select paym	nent schedule below.
Monthly Yearly in o	ne payment up front (A prepayment discount of 5% will be applied)
Parent Name: (please print)	
Parent Signature:	Date:
How did you hear about Ss. Constanting	e & Helen School?
Office Use Only	
Date Received:	
Registration Fee:	Tuition Payment: