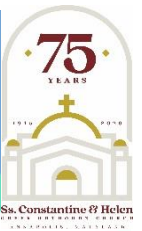




Ss. Constantine & Helen Preschool



2747 Riva Road, Annapolis, MD 21401
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Preschool Registration Form – 2023/2024 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:

	Pre-K 2 (Two by Sept. 1)	Pre-K 3 (Three by Sept. 1)	Pre-K 4 (Four by Sept. 1)
Check one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (9:00 – 12:00)	FULL Day (9:00 – 3:00)
2 Days/week (M/F or T/TH)	_____ \$215/month	_____ \$370/ month
3 Days/week (T, W, TH))	_____ \$280	_____ \$540
4 Days/week (M-TH)	_____ \$353	_____ \$695
5 Days/week (M-F)	_____ \$435	_____ \$835

3. **Applicable Discounts** (Check all that 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

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.

	Before Care 8:00 AM – 9:00 AM All Enrolled students \$11 per diem	After Care 3:00 PM – 4:00 PM Full day students only \$11 per hour	Lunch Bunch 12:00 PM – 12:30 PM Half day students only \$11 per diem
2 Days/week	_____ \$88/month	_____ \$88/month	_____ \$88/month
3 Days	_____ \$132	_____ \$132	_____ \$132
4 Days	_____ \$176	_____ \$176	_____ \$176
5 Days	_____ \$220	_____ \$220	_____ \$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 and 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 payment schedule below.

_____ Monthly
_____ Yearly in one payment up front (A prepayment discount of 5% will be applied)

Parent Name: *(please print)* _____

Parent Signature: _____ **Date:** _____

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

Office Use Only

Date Received: _____

Registration Fee: _____ Tuition Payment: _____