

Office Use Only
 Check # _____
 Date Rcv'd _____

Parish _____
 School _____
 Other _____

**St. Columbkille Sacred Heart Preschool
 2010 - 2011 Registration Form**

Child's Last Name: _____ First Name: _____ (M or F)
 Preferred Name (we will use this spelling when teaching your child to write his/her name): _____
 Child's Date of Birth: _____ (on or before September 1, 2006)
 Mother's Name: _____ Father's Name: _____
 Child lives with: ___ both parents ___ mother ___ father ___ guardian
 Child's Address: _____ City _____ Zip _____
 Phone _____ E-Mail _____ (print clearly)

Eligibility

Sacred Heart Preschool welcomes all children regardless of race, color, national or ethnic origin who will be four years old and completely toilet trained **by September 1, 2010**. Our program is best suited to 4 and 5 year old children who plan to enroll in kindergarten the following year.

Preschool Session Offerings

We are offering several options for families to consider. **To help ensure enrollment, it is important that you number all sessions you would consider for your child.** If a session is left blank, we will assume your child cannot attend that session. At the conclusion of the registration period, if your preferred (numbered) sessions have been filled, or will not be offered, your registration and the \$100 registration fee will be returned.

Session Times

Sacred Heart Preschool is licensed as a traditional preschool. We are unable to provide daycare services or before or after school care. Please be sure it is possible for your family to adhere to arrival and dismissal times prior to enrolling. Session times vary. **Please note arrival and dismissal times carefully.**

Session Preferences (Please indicate **all** sessions your child **can** attend with the numbers **1-5**).

# Choices	Session	Doors Open-Arrival	Dismissal	Tuition (yearly or monthly)	Reg. Fee
	MWF Morning	8:00 – 8:15	10:45	\$ 1050/ year or \$105/mo	\$100
	T-TH Morning	8:00 – 8:15	10:45	\$ 850/year or \$ 85/mo	\$100
*	*MWF Afternoon	12:15 – 12:30	3:00	\$ 1050/year or \$105/mo	\$100
*	*T-TH Afternoon	12:15 – 12:30	3:00	\$ 850/year or \$ 85/mo	\$100
*	*M-T-W-TH Afternoon	12:30 – 12:40	3:00	\$1250/year or \$125/mo	\$100

*** PLEASE NOTE:** Final session offerings will be determined by actual demand and space availability. Families will be notified of their child's enrollment status/session no later than February 12.

Registrations are processed using the enrollment criteria listed below.

Enrollment Criteria (listed in order of consideration, please check all that apply).

1. Child was enrolled in the current preschool session _____
2. Family is currently registered as parishioners of St. Columbkille Parish _____
3. Child has siblings currently enrolled in St. Columbkille Elementary School _____
4. Length of time family has been registered members of St. Columbkille Parish _____ years
 (The parish office will provide actual parish registration dates to the preschool.)
5. Parent is an employee of St. Columbkille Parish _____
6. Non-parishioners may enroll in remaining spots on a first-come, first-serve basis _____

Registration Process

Early registration for parishioners begins Wednesday, February 3. Registration forms and the **non-refundable** \$100 registration fee must be received in the preschool office no later than **noon** on Monday, February 8, 2010 to be considered in this initial enrollment period. Registrations and fees can be delivered to the preschool drop box on 5th & Monroe St., or mailed to: Sacred Heart Preschool 200 E. Sixth St. Papillion, NE 68046 Attn: Julie Crnkovich. Open registration in remaining spaces will take place on a first-come, first-served basis. **Additional information can be found on the preschool link on the parish website www.saintcolumbkille.org.** We can be reached by phone at 991-3405 or by e-mail at jcrnkovich@saintcolumbkille.org. Please don't hesitate to contact us with any questions. We are always happy to visit with you!

St. Columbkille Sacred Heart Preschool Information Form

Information used only if your child's registration is finalized

Preschool Directory Permission

____ **YES**, if my child is enrolled in Sacred Heart Preschool, I give permission to have our contact information included with our child's class list. I understand that the purpose of the contact information is to aid communication between preschool families in planning parish, preschool or social activities. I further understand that this list is for the use of the St. Columbkille community only and is not to be used for business or sales type calls or for publication on the internet. I wish to include **only** the information I have filled in below:

Child's Name _____ Phone _____

Parent(s) Name(s) _____

Address _____ City _____ Zip _____

E-Mail Address _____ (print clearly)

Check here ____ if you have an interest in carpooling with other families.

____ **NO**, I do not wish to have our family's contact information included in the preschool directory/class list (Please leave above portion **blank** if you do not wish your information to be included).

Media Release Permission

On occasion, students may be photographed or (rarely) recorded for newspaper, television, internet or radio coverage (bulletin, *Papillion Times*, parish website, etc.). In order for your child to participate, permission must be on record in the preschool office. You may, at any time, notify the office in writing to rescind the permission. Please indicate below if you wish for your child to participate.

____ **YES**, I wish for my child to participate

____ **NO**, I do not wish for my child to participate

Tuition Payment Policy

- A **non-refundable** \$100 registration fee is due with your child's registration
- Full tuition payments by check will be accepted through May 15, 2010
- All other tuition payments will begin the 10 month payment plan starting July '10 and ending April '11
- Families are asked to use the parish EFT payment option (an authorization form will be mailed to your home once your child's registration is finalized), or sign a payment agreement
- Payments are due on the 1st of the month (or your scheduled EFT date) and delinquent after the 15th of the month. A \$10 late fee will be added to late payments.
- All tuition must be current at the semester as a prerequisite for attending the next semester, or for enrollment in other parish programs.

____ **YES**, I understand the tuition payment policy

Medical and/or Educational Needs

Please list any medical or educational needs we should be aware of (i.e. allergies, asthma, speech and language services, etc.) _____

If my child is enrolled in St. Columbkille Sacred Heart Preschool, I agree to abide by all parish and preschool policies, rules and procedures. If my family is registered as parishioners of St. Columbkille Parish, I agree to participate in the annual stewardship process and service hour commitment.

Signature of Parent or Guardian

Date

www.saintcolumbkille.org