



St. Mary Catholic School  
210 Gurler Road  
DeKalb, IL 60115

*Above  
&  
Beyond*

Spiritually • Academically • Socially

## 3 YEAR OLD 2018-2019 PRESCHOOL REGISTRATION

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

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Age on September 1, 2018: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home School District: \_\_\_\_\_

Ethnicity:  Non-Hispanic/Latino  Hispanic/Latino

Race of Child:  White/Caucasian  Black/African American  Asian

Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native  Two or More Races

(Please Note: St. Mary School is required to collect this information and report it to the State of Illinois each November.)

Child's Religion: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

Child Lives with:  Both Parents  Mother  Father  Relatives  Guardian

Stepmother  Stepfather  Other \_\_\_\_\_

If Divorced, Who Has Legal Custody: \_\_\_\_\_

Do You Have Joint Custody:  YES  NO

If No, Certified Copy of Custody Agreement Must be Attached to This Form

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### Special Needs

Does This Child Have Special Needs/Problems of Which the School Should be Aware?  YES  NO

If Yes, Please Describe Any Special Circumstances That Relate to the Child's Home/School Situation on a Separate Piece of Paper and Attach To This Form.

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How did you hear about our preschool? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (If Different From Child's): \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Married     Divorced     Separated     Deceased     Remarried     Single

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (If Different From Child's): \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Married     Divorced     Separated     Deceased     Remarried     Single

If Applicable, Please Check One and Complete the Following Information:

Stepfather     Stepmother     Guardian     Other: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (If Different From Child's): \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment, and/or dismiss the student in keeping with applicable School and/or Diocesan policies.*

**FOR OFFICE USE ONLY**

Registration Packet Emailed to Parent/Guardian on \_\_\_\_\_

Registration Fee of \$75.00    Paid by Check # \_\_\_\_\_ /  Cash    Date Received \_\_\_\_\_

Birth Certificate Received \_\_\_\_\_ School Physical Received \_\_\_\_\_



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## PRESCHOOL TUITION COMMITMENT SHEET 2018-2019

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I am enrolling my child(ren) in (PLEASE INITIAL ON THE LINE BELOW):

\_\_\_\_\_ Preschool meets from 7:50 am – 10:50 am on Tuesdays, Wednesdays, and Thursdays.

\_\_\_\_\_ Preschool meets from 11:20 am – 2:20 pm on Tuesdays, Wednesdays, and Thursdays.

**Tuition Rate for 3-day, 3 Year Old Preschool is \$1485 to be paid in monthly installments of \$165.00 per month.**

\*Your child must be 3 by September 1<sup>st</sup>, 2018, and must be toilet-trained.

**Payments are due by the first of the month.** If payments are not made in a timely manner, continued enrollment will be denied.

\_\_\_\_\_ I am also enrolling a student in PK – 8<sup>th</sup> grade, please add my  
Preschool tuition to SMART

**I have read this commitment sheet carefully and understand my obligation.**

**Signature of person responsible for payment of Preschool tuition.**

Signature \_\_\_\_\_ Date \_\_\_\_\_