



**2019-2020**

**Junior Kindergarten**

**Application**

**Packet**

## Checklist Junior Kindergarten Registration

The following are necessary for all new Junior Kindergarten applicants at Sts. Joachim and Ann Catholic School. Please note that your application is not complete until all are completed and the administration reviews your application.

\_\_\_\_\_ Application Form

\_\_\_\_\_ Junior Kindergarten Developmental Readiness Form

\_\_\_\_\_ Tuition Payment Preference Form

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Baptismal Certificate (if baptized)

\_\_\_\_\_ Current Immunization Records

\_\_\_\_\_ \$100 registration fee payment

\_\_\_\_\_ In cases in which the parents of the student are divorced, provided most recent verified copy of custody arrangements/education plan of divorce decree



## Sts. Joachim and Ann Junior Kindergarten Application

Must be accompanied by items listed on checklist for application to be complete.

Thank you for your interest in Sts. Joachim and Ann's Junior Kindergarten program for 4-year olds (children must be 4 yrs. old by August 1, 2019). School hours are from 7:45 a.m. to 2:45 p.m. We do offer extended care. Priority for admission will be: (1) Sts. Joachim & Ann Full Time School Family (currently in full-time school); (2) Sts. Joachim & Ann Parishioner; and (3) Open Enrollment. If you have any questions, or you would like to schedule a tour of the school, please call the school office at 636.441.4835.

### 2019-2020 School Year

Students must be potty trained and have independent toilet skills

**Student Information:**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Male / Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Names/Ages of Siblings \_\_\_\_\_

Are you a registered parishioner of Sts. Joachim and Ann Parish? Yes or No

If not a parishioner of Sts. Joachim & Ann, please list your parish: \_\_\_\_\_

Has your child been baptized? \_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_

Program Choice: 4 yr. old Junior Kindergarten  M - F 7:45AM-2:45PM \$4350 annually

4 yr. old Junior Kindergarten  T, W, TH 7:45AM-2:45PM \$3650 annually

Full, Half, 10-month, or 11-month payment options.

Payment options through the FACTS Tuition Management Company

Extended day options available at an additional cost: Before Care 6:30-7:25AM; After Care 2:45-6:00PM

**Parent or Guardian Information:**

Father's Full Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

(Complete form on reverse side)

Child resides with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

If other, please specify who: \_\_\_\_\_

If divorced, name of parent who has legal custody: \_\_\_\_\_

**Note: The most recent copy of the portion of the divorce decree, which verifies custody arrangements must be provided to the school office.**

All parent/guardian correspondence should be addressed as follows:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**The following persons may pick up my child from Junior Kindergarten:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Health History:** Does your child have any of the following?

Asthma \_\_\_\_\_ Vision problems \_\_\_\_\_ Hearing problems \_\_\_\_\_ Diabetes \_\_\_\_\_

Heart condition \_\_\_\_\_ History of seizures \_\_\_\_\_ Other \_\_\_\_\_

Allergies or any other health problems? (Please specify) \_\_\_\_\_

Special foods or eating instructions \_\_\_\_\_

Medication taken regularly \_\_\_\_\_

**Agreements:**

- A. I understand there is no multi-child discount or parish subsidy for the Junior Kindergarten program.
- B. I understand I must pay for a scheduled day, even if my child is unable to attend.
- C. When my child is ill, I understand and agree that my child may not attend until he/she is no longer contagious.
- D. I understand that my child must be potty trained and have independent toilet skills.
- E. I agree that addendums can be made in the best interest of our program and will follow them.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JUNIOR KINDERGARTEN DEVELOPMENTAL READINESS FORM

Thank you for your support of Catholic education and interest in the junior kindergarten program. We share your interest in helping your child to achieve their goals and experience success throughout their educational experience starting with building a strong foundation. In order for us to work cooperatively to establish the best possible learning environment, we ask that you take a few moments to complete this form.

In order to meet your child's educational needs more completely, we need to know what type of previous screening process your child has had administered, either through your school district, Parents as Teachers, or any other outside agency.

**PLEASE NOTE: Privacy laws do not permit grade schools to forward records from other agencies. If there are records that we need in order to meet the needs of your child, contact the agency where the testing was done and request that we receive the data.**

**Student Name:** \_\_\_\_\_

**No, my child has never been a part of any screening or testing process**

**Yes, my child has received a screening or test**

**Through** \_\_\_\_\_ **on** \_\_\_\_\_

My child was diagnosed with:

- |   |  |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder               | <input type="checkbox"/> Hearing/Visual Impairment |
| <input type="checkbox"/> Speech Impairment                      | <input type="checkbox"/> Oral Motor Impairment     |
| <input type="checkbox"/> Sensory Processing Disorder            | <input type="checkbox"/> Physical Impairment       |
| <input type="checkbox"/> Young Child with a Developmental Delay | <input type="checkbox"/> Other                     |

My child does receive services from the public school district in the area(s) of:

---

**(Please attach a copy of the most recent report and ISP/IEP to this sheet.)**

My child receives service from other professionals and/or agencies (this may include: counseling, play therapy, behavioral therapy)

---

**(Please continue on reverse side)**

We would also like to work together to build a program that best meets your child where they are at in their developmental learning process. The following information will help us to map out the best course of action in differentiating our daily lessons.

Yes, my child has had a previous school experience

My child attended \_\_\_\_\_

No, My child has not had any previous school experience

**Please check the following items that your child can do completely on his/her own.**

**SELF HELP SKILLS:**

Getting dressed and undressed (including coats)

Taking care of his/her belongings (cleaning up)

Hygiene care (toileting, washing hands, brushing teeth)

Intricate clothing (snapping, zipping, buttoning)

**ACADEMICS:**

**YES**

**NO**

My child can follow 2-3 step directions

My child can attend to a 10-15 minute story

My child completes most requests without behaviors

My child can write their name

My child can identify some letters in the alphabet

My child can identify some numbers 1-10

**EXPECTATIONS:** My expectations of the program are:

---

---

**GOALS:** My goals for my child this school year are:

---

---

Thank you for taking the time to complete this brief survey. Together we are working towards building a strong foundation for educational success.

**2019-2020 TUITION PAYMENT PREFERENCE FORM**  
**Saints Joachim and Ann Junior Kindergarten**

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT(S) NAME(S): \_\_\_\_\_

Thank you for enrolling your child in Sts. Joachim and Ann's Junior Kindergarten for four-year olds.

Please indicate below if your child will be in the 5-day or 3-day program, and also select your preferred payment method. The tuition rates/payment amounts are listed as well.

\_\_\_\_\_ 5 days per week (M-F) \$4350.00/year    or    \_\_\_\_\_ 3 days per week (T-Th) \$3650.00/year

Please check below the method you will be using to pay your 2019-2020 tuition:

\_\_\_\_\_ **Single payment** by July 31, 2019. (\$4350/5-day or \$3650/3-day) This lump-sum payment of the full tuition amount should be made payable to Sts. Joachim and Ann School, & can be mailed, dropped off at the Parish or School Office, or placed in the Sunday collection in an envelope marked "Jr. Kdg. Tuition".

\_\_\_\_\_ **Semi-annual (2) payments, withdrawn in July and January** (\$2175/5-day or \$1825/3-day) These two payments will be electronically withdrawn from either a checking/savings account, or charged to a credit card (Mastercard, Discover, or American Express) by FACTS Tuition Management Co. There is a \$10 fee per family, per year for this option, which will be automatically charged by FACTS from the account you designate for your tuition payments. A convenience fee of \$2.85 per \$100, will also apply if you select the credit card option. Please complete the "**Payment details**" section below as well.

\_\_\_\_\_ **10 Monthly payments, withdrawn August through May** (\$435 mo./5-day or \$365 mo./3-day) These payments will be electronically withdrawn from either a checking/savings account, or charged to a credit card (Mastercard, Discover, or American Express) by FACTS Tuition Management Co. There is a \$45 fee per family, per year for this option, which will be automatically charged by FACTS from the account you designate for your tuition payments. A convenience fee of \$2.85 per \$100, will also apply if you select the credit card option. Please complete the "**Payment details**" section below as well.

\_\_\_\_\_ **11 Monthly payments, withdrawn July through May** (\$395.45 mo./5-day or \$331.82 mo./3-day) These payments will be electronically withdrawn from either a checking/savings account, or charged to a credit card (Mastercard, Discover, or American Express) by FACTS Tuition Management Co. There is a \$45 fee per family, per year for this option, which will be automatically charged by FACTS from the account you designate for your tuition payments. A convenience fee of \$2.85 per \$100, will also apply if you select the credit card option. Please complete the "**Payment details**" section below as well.

**PAYMENT DETAILS**

**(Please complete this section if you did not select the "Single payment" option)**

\* Will you be using \_\_\_\_\_ **checking** (enclose a voided check), \_\_\_\_\_ **savings** (enclose a deposit slip), or \_\_\_\_\_ **credit card** (Mastercard, Discover, or American Express) I will contact you for your credit card info.

\* Would you like your payments to be on the \_\_\_\_\_ **5<sup>th</sup>** or \_\_\_\_\_ **20<sup>th</sup>** of the month?

\* Do you also have a child(ren) in the Kdg through 8<sup>th</sup> grade program? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

\*If yes, do you wish to have your Jr. Kdg. tuition payment combined with your K – 8 tuition payment? This will eliminate the expense of two annual fees to Facts Tuition Mgmt. Co.

\_\_\_\_\_ **Yes, combine both payments**    \_\_\_\_\_ **No, I wish to have separate payments**

The undersigned authorizes the payment method selected above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Thank you for completing this form. Please call Kathy Mueller in the Parish Office at (636) 441-7503 with any questions.