



PRE-KINDERGARTEN REGISTRATION

Thank you for considering a Catholic education for your child. Whether you are enrolling your child for the first time or changing schools, we understand that there is stress involved. Our goal is to make this transition as seamless as possible. Please contact the school office at any time if you have any questions. Prospective parents are always welcome and are encouraged to make an appointment to tour the school.

Enrollment Schedule

With small class sizes, space is limited and reserved on a first-come basis. Your child's space is reserved with the returning of your application and the registration fee.

Enrollment for new families begins **Monday, March 5, 2018**.

Age Requirements

2 year olds: Rolling admissions, Students must be at least 2 years of age to enroll.

3 year olds: Students must be 3 by July 1, 2018, and must be toilet trained.

4 year olds: Students must be 4 by July 1, 2018, and must be toilet trained.

Admissions Policies

Students are officially admitted after the returning of all required paperwork and the participation in a Pre-Kindergarten 'Play Date'. Play Dates will be scheduled throughout the summer, please contact Mrs. Richards at krichards@sjswv.org to schedule your child's Play Date.

All admitted students are admitted under a thirty (30) day probationary period.

Saint Joseph School administration reserves the right to deny enrollment of any child due to parental non-compliance of rules and misrepresentation of child or family information (i.e. age, health information)

If you are interested in enrollment in our Kindergarten-Eighth Grade programming, please contact the Advancement Office for the proper Admissions Packet.

Katie Richards
Director of Advancement
(304) 267-6447, ext. 7
krichards@sjswv.org



School Hours

School doors open to students at 7:55am. Students are expected to be in their seats, ready to learn at 8:10am.

Dismissal begins at 2:45pm and ends promptly at 3:05pm.

See the hours for our Extended Day Program below.

Dress

Students in Pre-Kindergarten are not required to wear uniforms. However, we ask that students wear clothes that they are free to move in, get messy in, and can put on and off by themselves.

Specials

Our Pre-Kindergarten students participate in the following classes in addition to the everyday reading & writing readiness, science, social studies, religion, and math classes: Spanish, Physical Education, Music, and Technology. Depending on scheduling, these classes can be once or twice a week.

Lunch

Saint Joseph School participates in the Federal Lunch Program, and about 15% of our students receive free or reduced lunch. Lunch is included in our Pre-Kindergarten tuition, however, families may bring a packed lunch if they choose. Our cafeteria menu is posted on our school internal website monthly, students may choose from a hot lunch or salad option.

Extended Day Program

The Pre-Kindergarten Extended Day Program begins at 7:00am and ends at 5:00pm. There is a fee associated with usage which is billed by the day.

The following must be in place for a new family to enroll at Saint Joseph School:

- Signed Family Admissions Application
- Returned Registration Fee (\$125 per child)
- Birth Certificate
- Immunization Records
- Baptismal Record, if Catholic
- Pre-K Physical, or a copy of your child's latest Well Child Visit
- Other documents (court documents, medical records) as requested
- Completed Pre-Kindergarten 'Play Date'



**PRE-KINDERGARTEN
FINANCIAL INFORMATION**

Academic Year Rates (August-June)		
Tuition Rates	Full Program	Half-Time Program
Two Year Olds	\$7,150	\$5,295
Three & Four Year Olds	\$6,850	\$4,885
Fees		
Registration Fee	\$125	Due with Registration
Materials Fee	\$200	Due prior to first day
Health & Safety Fee	\$100 (per family)	Due prior to first day
Diocesan Insurance Fee	\$30	Due prior to first day

Pre-Kindergarten Tuition includes the following:

- Academic programming, Monday-Friday, 8:10am-2:45pm
- Healthy snacks during morning snack time
- Hot lunch with milk (students may also bring lunch if desired)
- After school child care, Monday-Friday, 2:45pm-4:00pm (additional daily fee after 4:00pm)
- Additional charges will be incurred for:
 - Before care: \$2.00 per hour
 - After care, after 4:00pm: \$4.00 per day
 - Field Trips and Co-curricular activities as offered: vary

**Half-Time program tuition is available for students who attend either five days a week from 8:10am-11:00am or three full days per week.*

***A \$1,000 discount is applied to your family's youngest Pre-Kindergarten student enrolled who has siblings also enrolled at Saint Joseph School.*

Summer 2018 Rates			
Tuition Rates		Fees	
Weekly Rate (due each Monday)	\$170 per week	Registration Fee	\$50 due with registration
Daily Rate	\$40 per day	Before Care	\$10 per week
Full Summer (discounted)	\$1,300 due June 1	Field Trips	If applicable

Pre-Kindergarten Summer Tuition includes the following:

- Summer Programming, Monday-Friday, 8:00am-5:00pm
- Healthy snacks during morning snack time
- Hot lunch choice once a week



GENERAL POLICIES & PROCEDURES

Tuition Assistance:

Tuition assistance is available for families enrolled in our school, regardless of religious affiliation. To be considered, complete the online application at <https://online.factsmgt.com/signin/3FRSR> prior to April 1, 2018. There is a cost of \$12.50 for submitting an application. There is no tuition assistance available for Summer Programming.

The school office will contact new families for financial meetings beginning in June.

A School Application needs to be returned to the school before discussing financial assistance.

Tuition Agreement:

An annual Tuition Agreement form will be mailed to each new family during the month of July. A signed agreement form is required prior to students beginning school.

Tuition Payment Schedules:

Saint Joseph School offers two ways to make tuition payments. Indicate on your Family's Tuition Agreement which method of payment is right for your family.

All families are enrolled in the FACTS Tuition Management program as per Diocesan Policy. New families must sign up online at <https://online.factsmgt.com/signin/3FRSR> prior to August 1.

1. Single payment made directly to the school prior to August 1 (receives a 5% discount).
2. Two payments made August 1 and January 2. There is a \$10.00 annual fee assessed by FACTS.
3. Monthly payments withdrawn between the 5th and the 25th of each month. There is a \$38.00 annual fee assessed by FACTS. Plans may begin in July or August.

Tuition Insurance:

FACTS Tuition Management extends an optional tuition insurance programs to all our families. Peace of Mind Insurance is available for \$17.00 which insures your tuition payments in the event of the death of one of the responsible parties.

Late Payments:

Any payments (for tuition, extended care, registration, etc.) are considered past due if not received within 10 days of the payment due date. A late charge of \$25.00 per month is charged for all past due accounts. A fee of \$35.00, in addition to other fees, will be assessed by FACTS for any returned payments for insufficient funds. In the event that an account is turned over to a collection agency because of non-payment, Saint Joseph School reserves the right to add any and all collection fees, interest, court costs, and/or legal fees to the balance of tuition and fees due.



PRE-KINDERGARTEN ADMISSION APPLICATION

Family Information

Father's Name: _____ Religious Affiliation: _____

Address: _____
First Last Mailing Address City State Zip

Place of Employment: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____ Email: _____

Mother's Name: _____ Religious Affiliation: _____

Address: _____
First Maiden Last Mailing Address City State Zip

Place of Employment: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____ Email: _____

Language(s) Spoken/Read at Home: _____

Is there a court order granting custody, visitation, or otherwise restricting or allowing access to the child(ren)? YES NO

How did you hear about St. Joseph School? _____

Student Information

1st Child's Legal Name: _____ Preferred Name: _____

Birth Date: _____ Place of Birth: _____ Male Female

Child's Religion: Catholic Other: _____ Church Child Attends: _____

Baptismal Date: _____ Church: _____ City/State: _____

List the family members your child lives with—include names and ages of siblings: _____

Academic Year Desired Program: Full Half-Days Other: _____

Desired Summer Program: All Summer Specific Weeks Daily Drop In Other: _____

Does your child have any medical or physical needs? Explain: _____

Does your child have any allergies? _____

Toilet Trained?: Yes No Does your child typically take a daily nap? Yes No

Current Care Situation (i.e. Daycare, at home with mom, etc.): _____

Can your child effectively communicate his or her needs? Yes No

How does your child express anger or react to frustration? _____

How do you discipline your child? _____

How would you describe your child (personality characteristics)? _____

Has your child ever been tested or evaluated for any reason which might affect your child's academic career? Yes No

If yes, please explain: _____

Complete reverse side for additional children.

Parent/Guardian Signature

Date



PRE-KINDERGARTEN
ADMISSION APPLICATION

2nd Child's Legal Name: _____ Preferred Name: _____

Birth Date: _____ Place of Birth: _____ Male Female

Child's Religion: Catholic Other: _____ Church Child Attends: _____

Baptismal Date: _____ Church: _____ City/State: _____

List the family members your child lives with—include names and ages of siblings: _____

Academic Year Desired Program: Full Half-Days Other: _____

Desired Summer Program: All Summer Specific Weeks Daily Drop In Other: _____

Does your child have any medical or physical needs? Explain: _____

Does your child have any allergies? _____

Toilet Trained?: Yes No Does your child typically take a daily nap? Yes No

Current Care Situation (i.e. Daycare, at home with mom, etc.): _____

Can your child effectively communicate his or her needs? Yes No

How does your child express anger or react to frustration? _____

How do you discipline your child? _____

How would you describe your child (personality characteristics)? _____

Has your child ever been tested or evaluated for any reason which might affect your child's academic career? Yes No

If yes, please explain: _____

3rd Child's Legal Name: _____ Preferred Name: _____

Birth Date: _____ Place of Birth: _____ Male Female

Child's Religion: Catholic Other: _____ Church Child Attends: _____

Baptismal Date: _____ Church: _____ City/State: _____

List the family members your child lives with—include names and ages of siblings: _____

Academic Year Desired Program: Full Half-Days Other: _____

Desired Summer Program: All Summer Specific Weeks Daily Drop In Other: _____

Does your child have any medical or physical needs? Explain: _____

Does your child have any allergies? _____

Toilet Trained?: Yes No Does your child typically take a daily nap? Yes No

Current Care Situation (i.e. Daycare, at home with mom, etc.): _____

Can your child effectively communicate his or her needs? Yes No

How does your child express anger or react to frustration? _____

How do you discipline your child? _____

How would you describe your child (personality characteristics)? _____

Has your child ever been tested or evaluated for any reason which might affect your child's academic career? Yes No

If yes, please explain: _____



PRE-KINDERGARTEN STUDENT PHYSICAL

Date Exam Completed: _____

Child's Name: _____

Insurance Company: _____

Policy Number: _____

Physical Exam/Assessment	<u>NORMAL</u>	<u>ABNORMAL</u>	<u>REFER</u>	<u>NOT EVAL</u>
HCT/HGB: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB Risk Assessment:	TB Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lead Risk Assessment:	Low _____	High _____		
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posture, Gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes – External Aspects				
Optic Fundoscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover test – screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears – External Canal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nose, Mouth, Pharynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen (include hernia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bones, Joint, Muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological/Social				
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glands (Lymphatic/Thyroid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Allergies: _____

Current/Prescribed Medications: _____

Follow-Up: _____

Physician Signature: _____ Printed Name: _____

Telephone: _____ Address: _____