

Dear St. Mary Preschool families,

Welcome to the 2024-2025 school year at St. Mary Preschool! This program began with the 2013-14 school year and by the grace of God, along with support from our St. Mary Church we are continuing to build this wonderful preschool program year after year. We now have 5 classes and different options to fit your family's needs. We have been able to provide a loving, faith filled, and high-quality early childhood education experience for many children.

Thank you for choosing St. Mary Preschool for your child. It is an honor and privilege to be one of your child's first teachers with what I hope, is a long educational path at this wonderful school.

For the 2024-2025 school year, we will be offering Half Day and Full Day options for both our 3 day and 5-day classes. Half day sessions are offered in the morning (8:00 AM – 11 AM) as well in the afternoon (12:00 PM – 3:00 PM) for both the 3 day and the 5-day classes. There is an option to extend any afternoon session from 3:00 – 4:30 pm for an additional fee. Full day classes (both 3 and 5 day) run from 8:00 AM – 4:30 PM.

Enclosed you will find the materials that are required to get your child registered for our preschool program. Please complete the required forms and submit them with a non-refundable \$75 registration fee per child. Your child's "spot" will only be considered "RESERVED" when the registration fee and tuition agreement forms are turned in.

I look forward to an exciting and educational journey with you and your child. Please do not hesitate to contact me with any questions you may have about our program.

Blessings,

Rachel McAnespie
A. Director, St. Mary Preschool
rmcanesp@cdeducation.org

Registration Requirements for St. Mary Preschool

1. Completed tuition agreement
2. \$75 Registration Fee-due at the time of registration
 - a. The tuition agreement and registration fee will save your spot for the school year.
3. Child's medical statement signed by your child's physician, PA, or advanced practice nurse (This is due within the first 30 days of school)
4. Your child's immunization record (**Must be on file before the first day of school**)
5. Child enrollment form
6. Emergency Medical form
7. Copy of custody papers if applicable
8. Families applying for the Grant- your child will not be permitted to start school until we have all the paperwork turned in (Grant Application will be available in March)
 - a. St. Mary Preschool Grant Application
 - b. JFS Grant Application
 - c. Copy of child's birth certificate
 - d. Proof of income for anyone living in the household.
 - i. Copy of 2023 W2
 - ii. Last 2 paystubs

CHILD ENROLLMENT FORM

Childs Name: _____ DOB: _____

Preferred Name (if different from above) _____

Gender: _____

Address: _____ City: _____

Zip Code _____

Mothers Name: _____

Address if different than above: _____ Cell #: _____

Employer: _____ Work #: _____

Email: _____

Fathers Name: _____

Address if different than above: _____ Cell # _____

Employer: _____ Work # _____

Email: _____

Please list at least 2 people to be contacted in the event of an emergency ***if the parent cannot be contacted:***

1. Name: _____ Cell #: _____

Address: _____ Home #: _____

Relationship to the Child: _____ Work #: _____

2. Name: _____ Cell #: _____

Address: _____ Home #: _____

Relationship to the Child: _____ Work #: _____

****Please complete the other side of the form****

Annual Class Roster

Each year we prepare a roster for each group of children in our program. This roster will not be given to any persons other than parents of children enrolled in his/her class.

I authorize the following to be listed on the parent roster:

Parents Name: _____ Yes _____ No
Address: _____ Yes _____ No
Home Number: _____ Yes _____ No
Cell Number: _____ Yes _____ No
Email: _____ Yes _____ No

Child Background:

Ethnicity: Hispanic/Non-Hispanic (circle)

Race: White, Black, Hispanic, Asian, American Indian/Native American, Alaskan Native, Native Hawaiian, Pacific Islander, Multiracial, Not Specified (circle)

Chronic Physical Problems: _____

History of Hospitalization: _____

Diseases the Child has had: _____

Allergies and Treatment: _____

Medications, Food Supplements, Modified Diet or Fluoride Supplements: _____

List of people to whom this child **CAN BE** released to:

List of people **NOT PERMITTED** to pick up this child:

Restraint papers or Divorce Decree: YES or NO

Office Use Only:

Date Received: _____

Cash/Check: _____

Amount: _____

**St. Mary Preschool Program
2024-2025 Tuition Agreement**

(\$75 NON-REFUNDABLE Registration Fee Per Child is Required at Time of Registration)

NAME OF CHILD TO BE ENROLLED IN ST. MARY PRESCHOOL

D.O. B: _____

Gender: Male/Female Ethnicity: Hispanic/Non-Hispanic Race: _____

In what public school district do you reside? _____

Fathers Name: _____ Mothers Name: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Student resides with (circle): Mother/Father/Both/Other

Person responsible for tuition: _____

_____ We are a Parishioner of St. Mary – Lancaster

_____ We are a Parishioner of another Parish _____

_____ We are a non-participating Catholic or a member of another denomination

CHECK THE CLASS (es) THAT YOU WANT TO ENROLL YOUR CHILD IN:

_____ Clover 3 HALF days (Tuesday, Wednesday, Thursday) _____ AM Session 8:00am-11:00am

_____ PM Session 12:00pm-3:00pm

_____ PM Extended Day 3:00-4:30pm

_____ Clover 3 FULL days (Tuesday, Wednesday, Thursday) _____ 8:00am - 4:30pm

_____ Shamrock 5 HALF days (Monday – Friday) _____ AM Session 8:00am-11:00am

_____ PM Session 12:00pm-3:00pm

_____ PM Extended Day 3:00-4:30pm

_____ Shamrock 5 FULL days (Monday-Friday) _____ 8:00 am – 4:30 pm

I have read the 2024-2025 tuition schedule and I agree to meet my tuition obligation according to the following payment plan.

_____ **A. Tuition paid in FULL by July 1, 2024 to receive a 3% discount.**

Note: All preschool students in a family must be paid together in full to receive the 3% discount.

_____ **B. TEN EQUAL PAYMENTS due by the 15th of the month with the first payment due August 15th 2024 and the final payment by May 15th 2025.**

*** A \$30 charge is assessed for a returned check.**

Parent/Guardian Signature: _____ Date: _____



St. Mary Preschool

Tuition Rates

PRESCHOOL CLOVERS

3 Half Days	8:00 am – 11:00 am	Tuesday – Thursday	\$1,700
3 Full Days	8:00 am – 4:30 am	Tuesday – Thursday	\$3,900

PRESCHOOL SHAMROCKS

5 Half Days	8:00 am -11:00 am OR 12:00 pm-3:00 pm	Monday – Friday	\$2,400
	<i>5 Extended days from 3:00 pm-4:30 pm</i>	<i>Monday – Friday</i>	<i>Additional \$1,200</i>
	<i>3 Extended days from 3:00 pm- 4:30 pm</i>	<i>Tuesday - Thursday</i>	<i>Additional \$1,000</i>
5 Full Days	8:00 am – 4:30 pm	Monday – Friday	\$5,600

Families that have two or more children registered in the St. Mary Preschool will pay the full amount rate for their oldest child, and receive a 2% discount rate off the tuition rate for each additional child registered in the Preschool program.

Preschool Tuition Payments and Policies

All Preschool tuition payments must be made separately from a K-8 tuition payments. There is a \$75.00 non-refundable registration fee due for each child enrolling.

Preschool tuition payments may be made in the following manner:

Full Payment: 3% discount off your tuition. Tuition must be paid in full for all students by July 1st, 2024.

OR

Monthly Payments: 10 equal payments. Payments due the 15th of each month August – May.

**** A \$10.00 late fee will be charged for each late payment.**

PARENT PERMISSION FORM

I DO give permission for photos featuring my child to be used by St. Mary Preschool in print or electronically for advertising or marketing purposes, for any classroom school activities, CLASSTAG, for school fundraising events, activities, or projects and/or on the school website and Facebook Page. I understand that St. Mary Preschool will not identify my child in photos using their address, phone number, or any description of their personal characteristics.

I DO NOT give permission for photos featuring my child to be used by St. Mary Preschool in print or electronically for advertising or marketing purposes, for any classroom or school activities, CLASSTAG. for school fundraising events, activities, or projects, and/or on the school website and Facebook Page.

Signature of Legal Guardian

Date

****Please see the Preschool Director for clarification or questions.**

EMERGENCY MEDICAL AUTHORIZATION

(State of Ohio Revised Code Section 3313.712)

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Medical Specialist _____ Phone (____) _____

Local Hospital _____ Emergency Room Phone (____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of Parent/Guardian _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

Please give any pertinent information regarding the health of this child:

EMERGENCY CARD
 Department of Education
 Diocese of Columbus

School _____
 School Year 20____ - _____

Student's Name _____ Room _____

Address _____
 _____ Zip _____

Phone _____ Birthdate _____

Father/Guardian's Name _____
 _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Place of Employment _____

Mother/Guardian's Name _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Place of Employment _____

In the event this student becomes ill at school but does not need medical attention, name three people, i.e., relative, neighbor, child care provider, to be contacted if you cannot be reached.

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

CHILD MEDICAL STATEMENT

Child's Name: _____ Date of Birth: _____

Height: _____ Weight: _____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations: Please check one:

Complete for age: Yes No

In Process: Yes No

Exempt from Immunizations: Please check one:

Religious conviction: Yes No

Health concern: Yes No

Other: _____

This child has been examined and is in suitable condition to participate in group care.

Signature of examining (check one)

Physician Physician's Assistant Advanced Practice Nurse

Address: _____

Phone: _____ **DATE OF EXAM:** _____

Assessments/Screenings Completed: Please check one

Vision: Yes No Date Completed: _____

Hearing: Yes No Date Completed: _____

Dental: Yes No Date Completed: _____

Lead: Yes No Date Completed: _____

Hemoglobin: Yes No Date Completed: _____

Reason not completed: (Check with applies) _____