



**Catholic Tradition.
Academic Excellence.**

St. Mary of the Falls School
8262 Columbia Road
Olmsted Falls, Ohio 44138
440-235-4580
Fax: 440-235-6833

Dear Preschool Families,

Re-registration for the 2020-2021 school year is upon us. On **Sunday, January 19th, 2020** at **11:30am**, re-registration will begin. This re-registration will be for all current families re-registering students for next year and any new registrations from current families.

In looking at our Preschoolers, there are a few options so please see below. I want to emphasize that there are enough seats in each level, but there may not be enough room in a first-choice time slot. Given this, we are holding a special re-registration session for Preschool students on **Sunday, January 19th, 2020** after the 10am Mass. To be fair to all, we ask that you form a line at the school door near the lobby area (signs will be posted). No numbers will be given, or lines will be formed until the 10am mass has finished. Please do **NOT** leave Mass. Re-Registration will be considered complete with the attached forms, a birth certificate copy, and \$100.00 registration fee (tuition must also be current). You may have someone register your child if you are not able to be at the re-registration if the forms are completed by you (grandparent, etc.). Families may only register their family members. We ask that no one register friends as we are trying to make this as fair as possible so that everyone has an equal opportunity to select their first-choice session.

Thank you for entrusting your little ones to us! We are grateful to have so many wonder families.

Sincerely,

Mrs. Annemarie Rajnicek
Principal

Mrs. Kristine McClelland
Preschool Director

Preschool 3s T/TH- limited to 16- \$1,175

Preschool 3s M/W- limited to 16- \$1,175

Preschool 3s F- (3rd day option)- \$1,575

Preschool 4s M/W/F- Mornings- limited to 18- \$1,575

Preschool 4s M/W/F- Afternoons- limited to 18- \$1,575

PreK M-F- Afternoons- (must be 5 years old or approved by teacher)- limited to 18- \$2,175

Morning sessions 8:30am-11am

Afternoon sessions 12pm-2:30pm

Office of Early Learning and School Readiness
**Preschool
Enrollment Form**

Revised 11/30/18

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Student & Family Information

Child's Name _____	Date of Birth _____
Family/Guardian Name _____	Please select 1, 2 or 3 to set call order of phone number used to reach you: _____
Home Address _____	Cell Phone _____ Call Order _____
City _____ State _____ Zip _____	Home Phone _____ Call Order _____
Employer Name _____	Work Phone _____ Call Order _____
Employer Street Address _____	City _____ State _____ Zip _____

Alternate Family Information:

Family/Guardian Name _____	Cell Phone _____ Call Order _____
Family Street Address _____	Home Phone _____ Call Order _____
City _____ State _____ Zip _____	Work Phone _____ Call Order _____
Employer Name _____	
Employer Street Address _____	City _____ State _____ Zip _____

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name _____	Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home _____ Call Order _____	Home _____ Call Order _____
Cell _____ Call Order _____	Cell _____ Call Order _____
Work _____ Call Order _____	Work _____ Call Order _____

List Medical Contacts, In Case Of Emergency:

Physician _____	Dentist _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Please complete both pages of form

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster: My child's name Yes No

Family name Yes No

Phone numbers Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Cell Home Work

Exempt from immunizations because of religious conviction: Yes No

Child immunization records attached: Yes No

Date

Signature of Authorized Family Member/Guardian