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215 Oak Street, Oak Harbor, OH 43449

(419) 898-1340

St. Boniface Catholic Preschool

**2024-25 REGISTRATION FORM**

**Student Name: Today’s Date:**

**There is a $50 non-refundable fee at the time of registration, along with the first month’s tuition. This paper must be returned with the fee and tuition to be officially enrolled. You will receive information regarding the start of the school year in July.**

**3-year old:**

\_\_\_ 2 days per week program TTh \_\_\_ Half day (8:00 am - 11:00 am) \_\_\_ Full Day (8:00 am - 3:00 pm)

**4-year old:**

\_\_\_ 3 days per week program MWF \_\_\_ Half day (8:00 am - 11:00 am) \_\_\_ Full Day (8:00 am - 3:00 pm)

\_\_\_ 5 days per week program MTWThF \_\_\_ Half day (8:00 am - 11:00 am) \_\_\_ Full Day (8:00 am - 3:00 pm)

All classes are filled on a first come, first served basis.

Will you be utilizing the St. Boniface Early Bird (7:15 am-8:00 am) or Extended Day (3:00 pm- 4:00 pm) option? \_\_\_\_yes \_\_\_\_no

If yes, what days and time would you be most likely to use? Options include any or all days Monday through Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

Child must be fully potty-trained and 3 years old by August 1st.

Last Name: First Name: Middle Initial:

Name child prefers to use in classroom (ex. Samantha/Sam):

Street Address:

Home Phone: Birth Date:

Religion: Parish/Church:

Ethnicity (circle one): Native American Asian Black Native Hawaiian/Pacific Islander White Hispanic Two or more races

Some special interests my child finds enjoyable are:

My child has special concerns/worries about (if any):

Child lives with: \_\_\_\_ Mother \_\_\_\_Father \_\_\_\_ Both \_\_\_\_ Other If divorced, who has legal custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Custody papers must be on file in school office)

**(CONTINUED ON BACK)**

**Mother or Legal Guardian**

Last Name: First Name: Middle Initial:

Street Address:

Home Phone: Cell Phone:

Email:

Employer Name: Employer Phone:

Religion: Parish:

**Father or Legal Guardian**

Last Name: First Name: Middle Initial:

Street Address:

Home Phone: Cell Phone:

Email:

Employer Name: Employer Phone:

Religion: Parish:

**Emergency Contacts (Should Mother/Father/Legal Guardian be unavailable)**

Last Name: First Name: Relationship:

Street Address:

Home Phone: Cell Phone:

Last Name: First Name: Relationship:

Street Address:

Home Phone: Cell Phone:

**Authorized Pick-Up List (The information below is required by state law)**

Last Name: First Name: Relationship:

Last Name: First Name: Relationship:

Last Name: First Name: Relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to administer a potassium iodine tablet to my child in the event of a nuclear disaster (circle one): YES NO

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

Please check the correct box(es) Yes No

|  |  |  |
| --- | --- | --- |
| My child’s name |  |  |
| Parents/Guardians name |  |  |
| Phone Number - Cell |  |  |
| Email Address |  |  |

**FOR OFFICE USE ONLY:**

Registration Fee: Amount: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

First Month’s Tuition: \_\_\_\_\_\_\_\_\_ Check No. \_\_\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***www.sb-oh.org***