

SAINT RAPHAEL THE ARCHANGEL CATHOLIC ELEMENTARY SCHOOL



PRESCHOOL ADMISSION FORM ~ 2017-2018 ACADEMIC YEAR

STUDENT INFORMATION				
Last Name		First		M.I.
Street Address			Apartment/Unit #	
City/State		Zip	Phone	
Date of Birth (YYYY/MM/DD)			Nickname	
Has your child been baptized? ___Yes ___No If yes, where?				
Does your child have any special needs? ___Yes ___No If "yes" please attach documentation with this application.				
FAMILY INFORMATION				
Father		<i>If same address as student, please check here ___ and then complete remaining information</i>		
Father's Last Name		Father's First Name		M.I.
Street Address			Apartment/Unit #	
City/State		Zip	Date of Birth	
Primary Phone		Check for Text ___	Additional Phone	
Check for Text ___				
Email Address				
Occupation		Place of Employment		
Mother		<i>If same address as student, please check here ___ and then complete remaining information</i>		
Mother's Last Name		Mother's First Name		M.I.
Street Address			Apartment/Unit #	
City/State		Zip	Date of Birth	
Primary Phone		Check for Text ___	Additional Phone	
Check for Text ___				
Email Address				
Occupation		Place of Employment		
Both Parents				
Marital Status (please circle) Married Divorced Single Remarried				
Father's Religion		Mother's Religion		Church
If divorced, name of parent who has legal custody				
Name of parent who has primary physical custody				
Please note that the school is required to have a copy of the court approved Parenting Plan. Submit a copy with this applications.				

PRESCHOOL SCHEDULE *(please check which option applies)*

5 full days ____	5 half days ____	4 full days ____	4 half days ____
3 full days ____	3 half days ____	2 full days ____	2 half days ____

If your child will be attending preschool other than 5 days per week, please check the days that apply

Monday ____	Tuesday ____	Wednesday ____	Thursday ____	Friday ____
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Comments

AFTER CARE *(please check if needed 3:00 – 6:00 pm ____) Aftercare forms will need to be submitted at this time as well.*

Morning arrival is between 7:30 – 8:15 am. Curbside drop-off is available on most days, 7:30 – 7:45 am. The Preschool day begins at 8:45 am with morning prayer and pledge.

MONTHLY PAYMENT SCHEDULE *(please circle amount to be paid)*

# of days	Full Day	Full Day + After Care	Half Day
5	\$690	\$925	\$345
4	\$585	\$785	\$295
3	\$470	\$620	\$235
2	\$330	\$440	\$165
1	\$175	\$230	\$90
Aftercare Drop-In	\$15		

TUITION PAYMENT

Payments are to be made through FACTS and will be automatically deducted each month. You must go online to signup – **FACTS: online.factsmgt.com/signin/42VNL**. There is a \$43.00 signup fee. **We offer a multiple child discount of 10% applied to each preschool child's tuition after the first child.** During the school year preschool children may choose to buy a hot lunch for \$2.00 per day on days when lunch is served to grade school students. Lunches must be pre-ordered prior to each month.

All Forms turned in by March 15 will be given priority based on conditions listed below. After March 15, spots are filled on a first come first served basis.

- Parishioners of St. Raphael the Archangel
- Returning families currently enrolled at St. Raphael the Archangel School or Preschool.
- Full-time or Full Day Students
- Availability of Part-time spots

To be considered for enrollment, this form must be submitted with the non-refundable \$100.00 Registration Fee and enrollment in FACTS. You will be notified by April 4 of your child's enrollment status. If the program fills and we are not able to accommodate your child, you will be notified by letter and the registration fee will be refunded to you.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Please return this application, along with a registration fee of \$100.00, made payable to Saint Raphael School, to:

Saint Raphael the Archangel Catholic Elementary School
Admissions – Preschool
6000 Jamieson Avenue
St. Louis, MO 63109
314-352-9474

For more information about our school, please visit our website at www.straphaelarchangel.org

Date Received: _____

Received by: _____