

ST. ROSE PRESCHOOL

1000 N. Harris St. • Hanford, CA 93230
Phone: (559) 584-5218 • Website: www.strosemccarthy.com

2019-20 APPLICATION FOR ENROLLMENT (complete for each child enrolling)

PLEASE PRINT

STUDENT'S INFORMATION:

DOB: ____/____/____ Gender: M or F Catholic: ☐ Yes ☐ No Parish: _____

STUDENT'S NAME: _____
Last First Middle Initial

Address: _____ (_____) _____
Number Street City/ ST/ Zip Telephone #

Preschool Previously Attended: _____ City/ State: _____ Telephone: _____

Baptismal: Date: ____/____/____ Parish: _____ City: _____ ST: _____

Ethnicity: ☐ Caucasian; ☐ African Am.; ☐ Asian/Pac. Island.; ☐ Hispanic; ☐ Other: _____

FATHER/GUARDIAN'S INFORMATION:

Name: _____

Address if Different from Student's _____ (_____) _____
City/ ST/ Zip Cell Phone Work Phone

Email: _____ DOB: ____/____/____ Social Security Number: _____

Catholic: ☐ Yes ☐ No Parish: _____ Ethnicity: _____

Employer Name & Phone # _____

MOTHER/GUARDIAN'S INFORMATION:

Name: _____

Address if Different from Student's _____ (_____) _____
City/ ST/ Zip Cell Phone Work Phone

Email: _____ DOB: ____/____/____ Social Security Number: _____

Catholic: ☐ Yes ☐ No Parish: _____ Ethnicity: _____

Employer Name & Phone # _____

FAMILY STRUCTURE

Student Resides with: ☐ Both Parents ☐ Guardian ☐ Single Parent–Mother ☐ Single Parent–Father ☐ Blended Family (Includes a Step-Parent) ☐ Grandparent(s) ☐ Other: _____

Other Children in the Family:

	<u>Name(s) – First & Last</u>	<u>Age</u>	<u>School (If Any)</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

OTHER INFORMATION:

Thank you for choosing ST. ROSE PRESCHOOL. Comments: _____

Signature of Parent/ Guardian: _____ Date _____

Signature of Parent/ Guardian: _____ Date _____

St. Rose Preschool

1000 N. Harris Street, Hanford, CA 93230

(559) 584-5218

Thank you for choosing St. Rose Preschool for your child's education. St. Rose-McCarthy School is a non-profit Catholic school. It is a parochial school in the parish of St. Brigid. It was established in 1917 to provide quality Catholic education to the children of Hanford and its surrounding areas. This school depends on the tuition it collects and parent support. Please read and complete the following carefully.

TUITION AGREEMENT

I/We, the undersigned parents/guardians, have received, read, understand, and agree to the tuition and fee schedule, criteria for tuition rates, and related expectations for parental support at St. Rose Preschool.

Initials: _____, _____

I/We will have #_____child(ren) enrolled St. Rose-McCarthy School in grade(s):

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

I/We have paid the non-refundable \$150.00 registration fee per child for enrollment.

I/We have paid the non-refundable \$78.00 class fee per child for enrollment.

I/We understand that St. Rose Preschool's tuition policy requires the following:

- a. Tuition is due on or before the fifth of the month and delinquent after the 10th of the month. Delinquent tuition has a \$25.00 per month late charge. Late fee applies every month tuition is not paid up currently.
- b. Failure to make tuition payments as agreed upon may result in loss of the privilege of attending St. Rose Preschool.
- c. Payments made by check, which is returned for insufficient funds will be charged a \$25.00 fee for each occurrence. After two returned checks, families must pay tuition by cash or money order.
- d. Parents will be held responsible for reasonable attorney fees and collection costs necessary to collect any amount not paid when due.

I/We expressly authorize St. Rose Preschool to release my tuition account and other necessary financial records which are requested by any public and/or private school, local credit bureau, collection agency or any school official, employee, or agent who has a legitimate educational or legal interest in this information.

Initials _____, _____

Tuition Monthly:*Full Day: 8:00 a.m. – 3:00 p.m.*

5 days a week \$525.00

4 days a week \$450.00

3 days a week \$360.00

2 days a week \$265.00

Half Day: 8:00 a.m. – 12:00 p.m.

5 days a week \$425.00

4 days a week \$350.00

3 days a week \$300.00

2 days a week \$225.00

I agree to bring my child on the following days. Please circle days:

Monday

Tuesday

Wednesday

Thursday

Friday

_____ days per week from _____ a.m. to _____ p.m.

3 yr. old (Must be 3 yrs. 5 months by August)

In order to fit the social and emotional needs of your 3-year-old, we will be giving your child a thirty-day classroom observation period, to adjust to their new environment. If the teaching staff feels that your child is not ready to be in a classroom setting, we will be meeting with the parent prior to the 30 days. It will be important that your child be 3 years 5 months by August.

Parent(s) of 3 yr. old Initials _____, _____**Other Responsibilities**

All parents are expected to attend parent meetings and support the school policies outlined in the Parent Handbook.

All policies, terms, and conditions as set forth in the Parent Handbook to the extent they are in accordance with diocesan policy and procedures, are incorporated by reference and made a part of this agreement.

Initials _____, _____

I/We understand and agree to the terms set forth in this agreement, the Parent Handbook, and/or other official school or diocesan publications. I/We also agree to actively support the mission and philosophy of St. Rose Preschool and understand that failure to do so will be cause for removal of my/our child (ren) from St. Rose Preschool.

Date _____

Father/Step Father/Guardian's **Signature**_____
Mother/Step Mother/Guardian's **Signature**_____
PRINT Father/Step Father/Guardian's Name_____
PRINT Mother/Step Mother/Guardian's Name_____
Principal's/Delegate's Signature_____
Date