



**OUR LADY STAR OF THE SEA REGIONAL SCHOOL
PRE-KINDERGARTEN
2009-2010 SCHOOL YEAR**

One per student of each of the following is included and is required to be completed, signed and returned:

1. Development Information form
2. Registration, Tuition & Fees form
3. Emergency Information form
4. SMART tuition management enrollment form (available from the school office)
5. Transportation (Bus) Application (can be completed for Middle Township residents age 4 and older)

All new students must also provide the following documents:

1. Copy of Birth Certificate
2. Immunization Records
3. Copy of Baptismal Certificate (if applicable)



**OUR LADY STAR OF THE SEA REGIONAL SCHOOL
LITTLE STARS HAVEN PRE-SCHOOL
DEVELOPMENTAL INFORMATION
2009-2010 SCHOOL YEAR**

Section A.

Child's Name _____
Last First Middle Initial
Date of Birth _____ Age as of September 30th _____
Date of Baptism _____ Social Security # _____
Religion _____ Parish _____

Section B.

1. Does your child have any allergies (food, medicine, animals, etc.)? Yes No

If yes, please list allergies. _____

2. Does child take any medication regularly? Yes No

If yes, please list medication. _____

3. Does your child have any of the following conditions? (Check all that apply.)

frequent colds sore throats earaches fevers
 stomachaches vision problems hearing problems asthma

Additional descriptions, if necessary _____

4. Indicate the items below that describe your child. (Check all that apply.)

Happy Aggressive Good-natured Even-tempered
 Dependent Attentive Shy Fearful
 Quiet Moody Clumsy Stubborn
 Sympathetic Impulsive Sleepy Sneezy

Additional descriptions, if necessary _____

5. Has your child ever suffered from any serious illnesses or accidents? Yes No

If yes, please give details. _____

6. Any medical, physical or emotional needs about which school should be aware? Yes No

If yes, please give details. _____

7. What are your child's favorite activities? _____

8. Does your child play well Alone In groups Both

9. Has your child had Group play experience Caregiver other than family member
 Pre-School experience Attendance at a daycare facility

If yes, please give details. _____

10. Do you think your child accepts correction easily? Yes No

11. What is the method of behavior control used in your home? _____

12. Does your child nap? Yes No When? _____

13. Is your child toilet-trained? Yes No

Describe assistance needed and words used: _____

14. Please list siblings and their ages:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. Does your child have any special fears or concerns? Yes No

Please give details: _____

16. Are there any foods or drinks that your child should not have? Yes No

Please list all such foods and drinks: _____

17. Do you have any concerns about any aspect of your child's development? Yes No

Please list all such concerns: _____

18. Any languages other than English spoken in your home? Yes _____ No

19. What do you hope will be included in your child's pre-school program at Our Lady Star of the Sea School?

 Parent/Guardian Signature Printed Name Date

 Parent/Guardian Signature Printed Name Date

Section E. Tuition Rates and Enrollment Selection

	<u>Five Full Days</u> 3 & 4-year olds 8:00 am to 2:50 pm	<u>Five Half Days</u> 3 & 4-year olds 8:00 am to Noon
<input type="checkbox"/> Option A	\$3450 per year Due September 1, 2009	\$3450 per year Due September 1, 2009
<input type="checkbox"/> Option B	\$385 per month 9 months (September-May)	\$325 per month 9 months (September – May)
	<u>Three Full Days</u> 3 & 4-year olds 8:00 am to 2:50 pm	<u>Three Half Days</u> 3 & 4-year olds 8:00 am to Noon
<input type="checkbox"/> Option A	\$2900 per year Due September 1, 2009	\$2500 per year Due September 1, 2009
<input type="checkbox"/> Option B	\$325 per month 9 months (September-May)	\$280 per month 9 months (September-May)

- **Automatic deduction of payments from bank account is the required method of payment if paying monthly. There are three choices of due dates for automatic withdrawal: 10th, 20th and 30th of the month. See SMART TUITION form.**

Parent/Guardian Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date

For School use only. Please do not write below this line.

This Agreement has been reviewed and accepted. Student(s) listed on Page 1 is/are accepted for enrollment in Our Lady Star of the Sea Pre-School for the 2009/2010 school year.

School Official	B. Joan Dollinger Printed Name	Date
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**OUR LADY STAR OF THE SEA REGIONAL SCHOOL
EMERGENCY INFORMATION
2009-2010 SCHOOL YEAR**

Section A. Student Information

Student's Name _____ Grade _____ 2009-2010
Student's Name _____ Grade _____ 2009-2010
Student's Name _____ Grade _____ 2009-2010
Student's Name _____ Grade _____ 2009-2010

Section B. Parents' Information

Father/Guardian's Name _____
Father's Address _____
City, State & Zip _____
Home Phone () _____ Cell Phone _____
Work Phone () _____ Email _____
Father's Employer's Name _____
Father's Employer's Address _____
Did father attend Star of the Sea or St. Raymond's school? _____ Graduation Year _____

Mother / Guardian's Name _____
Mother's Address _____
City, State & Zip _____
Home Phone () _____ Cell Phone _____
Work Phone () _____ Email _____
Mother's Employer's Name _____
Mother's Employer's Address _____
Did mother attend Star of the Sea or St. Raymond's school? _____ Graduation Year _____

Section C. Emergency Contact Information

Please choose up to two phone numbers to be used for pre-recorded emergency information (home phone and a parent's cell numbers are suggested):

1. _____ 2. _____

If no home phone number, at what number can a parent/guardian be reached? () _____

If a parent/guardian cannot be reached, who should be called in an emergency?

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

Name of Family Doctor _____ Dr.'s Phone # () _____

If not a life threatening situation and a choice is available, which hospital do you prefer?

Name and City of Hospital _____

The final decision for action taken will be the judgment of the school authorities. If any of the above information changes throughout the school year, contact the office in writing as soon as possible.