



Dear Parent/Guardian:

The following information will be necessary to complete the registration for your child at St. Cletus School:

1. A completed registration form (one required per child).
2. A non-refundable registration fee of \$100.00 per family. This fee will be applied to the first tuition installment.
3. The county birth certificate, with seal and registration number. (We will make a copy and return the original to you.)
4. A copy of the baptismal certificate. (This is not required if your child was baptized at St. Cletus.)
5. By state law the physical may not be accepted if given prior to Feb. 1st, therefore medical and dental forms will not be available until after that date.

Should you have any questions, please contact the school office.

Sincerely,

Jolene Hillgoth
Principal

November 30, 2007 mz



St. Cletus School

PRESCHOOL - 8TH REGISTRATION Form 2010-2011

Child's age on September 1, 2010: _____

Preschool:

_____ 5 full days 8am to 3pm

_____ T Th 8 am to 10:45am

_____ T Th 12:15pm to 3pm

_____ MWF 8am to 10:45am

_____ MWF 12:15pm to 3pm

_____ MTWTF 12:15pm to 3pm

Kindergarten:

_____ Morning

_____ Full Day

Grades 1-8:

_____ (specify grade level)

Student Name _____
Last First Middle

Address: _____ City, State & Zip _____

Home Phone: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Mother email: _____ Father email: _____

Birth date: _____ Gender: _____ Female _____ Male

Place of Child's Birth: _____
City State

Religion: Catholic _____ Other (please specify): _____

Baptismal Date: _____ Church: _____ City & State: _____

Reconciliation Date: _____ Church: _____ City & State: _____

1st Communion Date: _____ Church: _____ City & State: _____

Parent/Guardian Family Name (if different than child's): _____

Child lives with: _____ Relationship: _____

Child lives in Public School District # _____ in attendance boundaries of _____ School

(Please turn over and complete reverse side)

TO BE COMPLETED BY THE SCHOOL OFFICE

Enrollment Date: _____

Parishioner: Yes No Date Received _____ Placement: _____

Registration/Book Fee deposit paid: \$ _____ Check # _____ Cash _____

Child's Name: _____

GENERAL INFORMATION - PRESCHOOL - 8

The following information will be valuable knowledge toward guiding the development of your child. We would appreciate your taking a few minutes to answer the questions:

1. If entering preschool/ kindergarten, has your child attended a preschool previously? ____ Yes ____ No
If yes, please list the name of the school and length of attendance: _____

2. Other children living at home:

<u>Sibling Name</u>	<u>Age</u>	<u>Current School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Significant others living at home (grandparents, etc)

3. Does your child speak English? _____ Any other language? _____

4. Does your child have any health concerns of which the school should be made aware?

Does your child wear glasses? _____ If yes, for what reason? _____

Does your child have any type of hearing loss? _____

5. Does your child have a special learning need or receive special services of any type?
_____ Yes _____ No
If yes, explain: _____

6. Why do you want your child to attend St. Cletus School?

7. Is there anything else you would like us to know about your child?

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION/RECORDS

I hereby grant full permission to release the information indicated below for:

Student: _____

Date of Birth: _____

Grade: _____

This request for release of record information is between:

St. Cletus School
700 W. 55th Street
La Grange, IL 60525

and:

School/Facility/Agency: _____

Address: _____

Contact Person: _____

This request for release of student record information includes:

- _____ All Records
- _____ Cumulative Records
- _____ Health Records
- _____ Psychological Records
- _____ Special Education Records
- _____ Telephone/electronic communications

_____ Authorize verbal contact for St. Cletus to speak to _____ School

PLEASE PRINT:

Name of Authorized Parent/Guardian: _____

Address _____

Date: _____ Signature: _____