

# ST. ALBERT THE GREAT

Preschool Registration



A "Great" Place to learn

## OUR MISSION

St. Albert the Great is a Roman Catholic community open to all believers and dedicated to the saving mission of knowing, loving, and serving our Lord Jesus Christ. We strive to follow the will of God by answering the Gospel call to both holiness and action through the sacramental life of the Church and in selfless, compassionate service to those in need.

One of the ministries of St. Albert the Great through our office of Lifelong Formation is our Parish school. We work diligently to see that our school is integrated in every way into the life of the Parish. To that end, when you register your child for our school, it is anticipated that you and your family will become fully involved and active in the life of the Parish.

## BECOMING A PARISHIONER

Parish families are defined as those families who are practicing Catholics and continually contribute time, talent, and treasure in support of the ongoing formation of the community of St. Albert the Great. Stewardship cards are mailed in April and must be renewed annually by returning the card by June 1st. If the card is not received by June 1, the family is automatically put on a non-member tuition rate for the following school year. It is the responsibility of families to return their cards as reminders are NOT sent and there are no exceptions. While this does not affect our preschool tuition, it can affect gradeschool tuition rates.

## ADMISSION TO OUR SCHOOL

An admission committee which includes, but is not restricted to: our Pastor, Principal, Assistant Principal, School Board Chairperson, and Parish Manager, will determine placement in our school.

## COMPLETING YOUR APPLICATION

The following documents and forms will need to be submitted to consider an application complete:

A copy of your student's Baptismal Certificate. If your child has not been baptized, we will need a copy of the mother's and/or father's baptismal certificate.

- Original Birth Certificate (state issued)
- Copy of the Social Security Card (attached to the application)
- Registration fees of \$50 per student (*in the event that your child is not accepted into our school, the fee will be refunded.*)

## TUITION INFORMATION

Tuition Rates for the 2013-2014 school year:

Half-Day Preschool is \$3100

Full Day Preschool is \$4700

Snack Fee is \$150

Tuition payments are paid monthly for ten (10) months beginning August 1, 2013 until May 1, 2014. Tuition payments should be made payable to St. Albert the Great, with the envelope number and last name of the student on the memo line. Do not combine preschool and gradeschool tuition payments as they are separate entities. Please contact Pat Merrick in our Parish Office, 502.425.3940 ext 107 or [pmerrick@stalbert.org](mailto:pmerrick@stalbert.org) for that information. Please use your blue tuition envelope whenever possible. If you fail to receive envelopes, please contact Mrs. Merrick for assistance.

PRESCHOOL REGISTRATION FORM \_\_\_\_\_



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Family Envelope # \_\_\_\_\_

Student ID # \_\_\_\_\_  
(office use only)

Child's Full Name: \_\_\_\_\_

Program:  3 Year Old     4 Year Old     Half Day 7:50-11:15 am     Full Day 7:50 am – 2:40 pm  
(You may choose either 1/2 or full day for both 3 and 4 year old program)

Parent(s)/Guardian Full Name: \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_ Year Registered: \_\_\_\_\_

Current Family Information	Mother	Father
Name, first and last		
Marital Status (married, single, divorced, remarried, separated or deceased)		
Street Address		
City/ST/Zip		
Email Address (Please print clearly)		
Home Phone		
Work Phone		
Cell Phone		
Religion		
Employer		
Occupation		
Birth Country		

Direct correspondence to address above:  Yes     No (if no, please put address below):  
\_\_\_\_\_

Publish in School Directory?  Yes     No    Language spoken at home: \_\_\_\_\_

Custody (if applicable): Single  Yes     No Name: \_\_\_\_\_  
Joint  Yes     No Name(s): \_\_\_\_\_

**PLEASE SUBMIT YOUR \$50 PER STUDENT REGISTRATION FEE WITH YOUR APPLICATION**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Oldest:  Yes  No  
Birth City/State: \_\_\_\_\_ Birth Country: \_\_\_\_\_  
First Language student spoke: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
After school child goes (*if home, write home*):  Carpool  St. Albert Play Café 2:45 – 6:00 pm  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**RELIGIOUS RECORDS**

Student's Religion: \_\_\_\_\_ Child Baptized:  Yes  No  
Baptism Place: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
If you registered at St. Albert after June, 2009, were you previously registered in another Parish?  Yes  No  
If yes, name of Parish: \_\_\_\_\_ Location: \_\_\_\_\_

**HEALTH/EMERGENCY INFORMATION**

First Contact/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Second Contact/Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Health/Physical Limitations: \_\_\_\_\_  
Medicine: \_\_\_\_\_  
Instructions/allergies: \_\_\_\_\_  
Immunization Card attached:  Yes  No (*must be on file with office*)

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If you and the physician of your choice, as indicated on this form, cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes  No      Signature of parent/guardian: \_\_\_\_\_

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes  No      Signature of parent/guardian: \_\_\_\_\_

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**PARISH ACTIVITY**

As a member of any Parish community, you have a responsibility to practice active stewardship. Please list ways you have contributed in the form of time, talent or treasure to St. Albert or your previous Parish.

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Do you have any other connections to St. Albert or other comments you wish to share: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date