

January 29, 2017

Dear Parents/ Guardians:

On behalf of the Assumption Community, I want to thank you for choosing Assumption School for your child's education. Assumption School is proud of providing a Catholic Education which values tradition, yet embraces the energy of innovation. Enclosed is a registration packet along with important instructions regarding forms, fees and school physicals.

A child must be 3 by August 1st to enter Pre Kindergarten 3. A child must be 4 by August 1st to enter Pre Kindergarten 4. Please complete all forms in this packet. It is imperative that you include the following information:

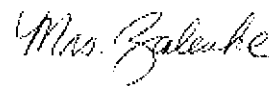
- Child's Legal name
- Copy of your child's baptismal certificate (if not baptized at either Assumption or St. Barnabas parish)
- Health Immunizations (School physical due by 1st day of classes for Pre-K Students)
- Copy of student's Birth Certificate
- Public School district and school in which you reside

There is a registration fee of \$125.00 per student, which must be included with the registration packet. See the enclosed Tuition Payment Options sheet for more details. If you are in need of financial assistance, please contact the school office.

All students entering Pre Kindergarten **must** receive a school physical prior to the first day of school. Please make your appointments soon. Often parents waiting until mid summer are unable to get an appointment before the first day of school.

Thank you for choosing a Catholic Education for your child and especially for choosing Assumption School.

God Bless,



Mrs. Laurie Zaleuke
Principal

APPLICATION FOR ADMISSION

Assumption Catholic School

School Name: Assumption Catholic School Date: _____
School Year: 2017-2018 Applying for Grade: PRE-KINDERGARTEN

Applicant Information

Family Name: _____

Student Name: _____

Sex: Male Female
Date of Birth: _____
Last First MI (Jr, III)
mm/dd/yyyy

Place of Birth: _____
City State County

Home Address: _____
Street Address Suite #

_____ *City State Zip Code*

Email Address: _____
Please provide an email address where all official school communication may be sent

Sibling(s) : _____
Name School Attending Grade

_____ *Name School Attending Grade*

Religion: _____ Baptized: YES NO
Church Name: _____

Local Public School System: _____

Local Public School Child Would Attend: _____

Pre-K Two

_____ Mon-Fri 7:45-3:00pm Full Day 2nd Option _____

I need aftercare (available for Full Day Only) _____ YES _____ NO

Pre-K Three

_____ Tues and Thurs 7:45-10:45am _____ Tues and Thurs 7:45-3:00pm Full Day

_____ Mon-Fri 7:45-3:00pm Full Day

I need aftercare (available for Full Day Only) _____ YES _____ NO

Pre-K Four

_____ Mon, Wed and Fri 7:45-10:45am _____ Mon, Wed and Fri 7:45-3:00pm Full Day

_____ Mon-Fri 7:45-3:00pm Full Day

I Need aftercare (Available for Full Day Only) _____ YES _____ NO

The following information is optional but helpful when completing census data for grants and the National Catholic Education Association (NCEA) Data Bank. This information is not used in any way to determine admission.

Ethnicity of Student: Please check one of the following

- Native American Asian Black Hispanic Native Hawaiian/Pacific Islander
 White Multiracial Unknown Other

Family Information

Mother

Father

Full Name _____

Maiden Name _____

Country of Birth _____

Home Address _____

Home Phone () _____

Cell Phone () _____

Preferred Email _____

Occupation _____

Employer _____

Work Phone () _____ EXT () _____ EXT

Religion _____

Parish/Church _____

Parents' Marital Status: *(Please check all that apply)*

- Single Married Separated* Divorced*
 Mother Deceased Mother Remarried Father Deceased Father Remarried

Person responsible for Tuition/Fee Payments: _____

*NOTE: Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicants must sign this form.

- Student lives with Mother and Father Mother Only Father Only
 Legal Guardian

*** Legal Guardian (Please complete information below):***

Full Name: _____

Country of Birth: _____

Home Address: _____

Home Phone () _____ Cell Phone () _____

Preferred Email _____

Occupation _____

Employer _____

Work Phone () _____ EXT _____

Religion _____ Parish/Church _____

Emergency Contact Information

Please list the names of two adults who should be contacted in the event of any emergency if parents listed above cannot be reached.

Contact #1: _____
Last First MI (Jr, III)

Relation to Student: _____ Email Address: _____

Home Address _____
Street Address Suite #

City State Zip Code

Home Phone () _____ Other Phone () _____

Contact #2: _____
Last First MI (Jr, III)

Relation to Student: _____ Email Address: _____

Home Address _____
Street Address Suite #

City State Zip Code

Home Phone () _____ Other Phone () _____

ASSUMPTION

PRE-KINDERGARTEN PROGRAM

2017-2018



JESUS LOVES THE LITTLE CHILDREN

6 week – 3 years

5 Full Days a week Mon., Tues., Weds., Thurs., Fri. Cost per year \$8,100

Pre-K Three

2 Full Days a week on Tuesday and Thursday Cost per year \$2,200
5 Full Days a week Mon., Tues., Weds., Thurs., Fri. Cost per year \$4,527

Pre-K Four

3 Full Days a week on Monday, Wednesday and Friday Cost per year \$2,925
5 Full Days a week Mon., Tues., Weds., Thurs., Fri. Cost per year \$4,527

*Registration Fee: \$125.00 per child (non refundable)

** Preschool isn't eligible for a family discount**

TUITION PAYMENT PREFERENCE FORM

PARENT/GUARDIAN'S NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

STUDENT(S) NAME _____ GRADE(S) _____

Please choose one of the following options. Tuition for the 2017-2018 school year will be paid by:

_____ St. Barnabas Parishioner/Tuition paid to St. Barnabas

_____ Out of Parish Rate – please indicate your method of payment

_____ Single payment due July 15, 2017

_____ FACTS monthly payment program(10 payments July 2017 – April 2018)

_____ Parishioner - Option 1 - Single Payment due July 15, 2017 (2.5% discount and no \$40.00 FACTS Fee)

If you would like to pay by credit card, you may do so through FACTS. Sign up at <http://fastdir.com/assumption>.

You will be assessed a 2.5% fee by FACTS for this option.

No discount after due date.

_____ Parishioner - Option 2 - FACTS monthly payment plan - ten payments beginning in July 2017.

Payments can be made on either the 5th or 20th of the month. FACTS fee of \$40.00 is added to total tuition. If you were on the FACTS program the previous school year, it is an automatically renewable contract. Your signature on the bottom of this form indicates that you accept the terms & conditions of your original FACTS agreement and authorizes FACTS to set up automatic payments as show on *Payment Options*.

NEW FAMILIES will sign up for an actively managed plan from the school's website. You will have the opportunity to schedule budgeted monthly payments. Please sign up at <http://fastdir.com/assumption> to start the process, select "Click here to manage tuition payments". You have the option to pay with a checking account, savings account or credit card. **Your child/ren are not considered registered until you have set up the payments on line.**

I agree to make tuition payments for the 2017-2018 school year according to the option selected above.

Parent's Signature

Date

Return to: Assumption School
203 W. Third St.
O'Fallon, MO 63366



One Call Now is a system which alerts are sent simultaneously to all families at Assumption. Each family is asked to provide only ONE phone number.

Family Name: _____

Preferred number to contact: _____

**** Please only fill out if we need to make a change to the one we have on file****