Embracing God's love, one child at a time.

Sts. Joachim and Ann
Catholic School

2021-2022

Junior Kindergarten

Application

Packet

Embracing God's love, one child at a time.
Sts. Joachim and Ann Catholic School
4110 McClay Road St. Charles, MO 63304 (636) 441-4835

Checklist Junior Kindergarten Registration

The following are necessary for all new Junior Kindergarten applicants at Sts. Joachim and Ann Catholic School. Please note that your application is not complete until all are completed and the administration reviews your application.

_____ Application Form

_____ Junior Kindergarten Developmental Readiness Form

_____ Tuition Payment Preference Form

_____ Birth Certificate

_____ Baptismal Certificate (if baptized)

_____ Physical Form & Current Immunization Records

_____ $100 registration fee payment

_____ In cases in which the parents of the student are divorced, provided most recent verified copy of custody arrangements/education plan of divorce decree

Office use only:

Check #: _____

Amount: _____

Sts. Joachim and Ann Junior Kindergarten Application

Must be accompanied by items listed on checklist for application to be complete.

Thank you for your interest in Sts. Joachim and Ann's Junior Kindergarten program for 4-year olds (children must be 4 yrs. old by August 1, 2021). School hours are from 7:45 a.m. to 2:45 p.m. We do offer extended care. Priority for admission will be: (1) Sts. Joachim & Ann Full Time School Family (currently in full-time school); (2) Sts. Joachim & Ann Parishioner; and (3) Open Enrollment. If you have any questions, or you would like to schedule a tour of the school, please call the school office at 636.441.4835.

PLEASE PRINT

Today's Date: _____

Name of Student_____
Last First Middle

What name does your child go by? _____ Circle: Male or Female

Address_____
Street City Zip Code

Date of Birth_____ Place of Birth_____
City State

In what public school district do you live?
Francis Howell _____ Fort Zumwalt _____ St. Charles _____ Other _____

What public school building would this child attend if not attending a Catholic school:_____

Religion: _____ Baptismal Date _____
Month / Day / Year

Church _____

Address _____
Street City State Zip Code

Program Choice: 4 yr. old Junior Kindergarten ☐ M-F 7:45AM-2:45PM $4750 annually

4 yr. old Junior Kindergarten ☐ T, W, TH 7:45AM-2:45PM $4050 annually

Family Information

PLEASE PRINT

Family Name: _____

Address_____
Street City Zip Code

Primary Contact Phone Number _____

Father's Name_____
Last First Middle

Father's Address _____
Street City Zip Code

Father's E-Mail: _____ Father's Cell: _____

Father's Religion: _____

Father's Marital Status: Married____ Divorced____ Single____ Remarried_____ Separated____ Widowed____

Father's Occupation_____ Father's Employer_____

Father's Business Phone_____

Mother's Name_____
Last Name (Maiden Name) First Middle

Mother's Address _____
Street City Zip Code

Mother's E-Mail: _____ Mother's Cell: _____

Mother's Religion: _____

Mother's Marital Status: Married____ Divorced____ Single____ Remarried_____ Separated____ Widowed____

Mother's Occupation_____ Mother's Employer_____

Mother's Business Phone_____

Do we have permission to publish your address, phone number and email for families to see? Yes _____ No _____

Are you a registered parishioner at Sts. Joachim and Ann Parish? Yes _____ No _____

If no, what church do you attend? _____

Emergency Contact and Medical Information

In case of illness or accident:

Which parent should be called first? _____ What phone number? _____

Additional Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Physicians Name: _____ Phone: _____

Preferred Hospital: _____

Health History: Does your child have any of the following?

Asthma_____ Vision problems_____ Hearing problems_____ Diabetes_____

Heart condition_____ History of seizures_____ Other_____

Allergies or any other health problems? (Please specify)_____

_____

Special foods or eating instructions_____

_____

Medication taken regularly_____

_____

Agreements:

I understand there is no multi-child discount or parish subsidy for the Junior Kindergarten program.
I understand I must pay for a scheduled day, even if my child is unable to attend.
When my child is ill, I understand and agree that my child may not attend until he/she is no longer contagious.
I understand that my child must be potty trained and have independent toilet skills.
I agree that addendums can be made in the best interest of our program and will follow them.

Father/Guardian Signature:_____ Date:_____

Mother/Guardian Signature:_____ Date:_____

JUNIOR KINDERGARTEN DEVELOPMENTAL READINESS FORM

Thank you for your support of Catholic education and interest in the junior kindergarten program. We share your interest in helping your child to achieve their goals and experience success throughout their educational experience starting with building a strong foundation. In order for us to work cooperatively to establish the best possible learning environment, we ask that you take a few moments to complete this form.

In order to meet your child's educational needs more completely, we need to know what type of previous screening process your child has had administered, either through your school district, Parents as Teachers, or any other outside agency.

PLEASE NOTE: Privacy laws do not permit grade schools to forward records from other agencies. If there are records that we need in order to meet the needs of your child, contact the agency where the testing was done and request that we receive the data.

Student Name:_____

[ ] No, my child has never been a part of any screening or testing process

[ ] Yes, my child has received a screening or test

Through _____ on _____

My child was diagnosed with:

[ ] Autism Spectrum Disorder

[ ] Speech Impairment

[ ] Sensory Processing Disorder

[} Young Child with a Developmental Delay

[ ] Hearing/Visual Impairment

[ ] Oral Motor Impairment

[ ] Physical Impairment

[ ] Other

[ ] My child does receive services from the public school district in the area(s) of:

_____

(Please attach a copy of the most recent report and ISP/IEP to this sheet.)

[ ] My child receives service from other professionals and/or agencies (this may include: counseling, play therapy, behavioral therapy**)**

_____

_____

(Please continue on reverse side)

We would also like to work together to build a program that best meets your child where they are at in their developmental learning process. The following information will help us to map out the best course of action in differentiating our daily lessons.

[ ] Yes, my child has had a previous school experience

My child attended_____

[ ] No, My child has not had any previous school experience

Please check the following items that your child can do completely on his/her own.

SELF HELP SKILLS:

___ Getting dressed and undressed (including coats)

___ Taking care of his/her belongings (cleaning up)

___ Hygiene care (toileting, washing hands, brushing teeth)

___ Intricate clothing (snapping, zipping, buttoning)

ACADEMICS:	**YES**	**NO**
	[ ]	[ ] My child can follow 2-3 step directions
	[ ]	[ ] My child can attend to a 10-15 minute story
	[ ]	[ ] My child completes most requests without behaviors
	[ ]	[ ] My child can write their name
	[ ]	[ ] My child can identify some letters in the alphabet
	[ ]	[ ] My child can identify some numbers 1-10

EXPECTATIONS: My expectations of the program are:

_____

_____

GOALS: My goals for my child this school year are:

_____

_____

Thank you for taking the time to complete this brief survey. Together we are working towards building a strong foundation for educational success.

PHYSICAL EXAMINATION FORM

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **PreSchool, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student has this form on file at school by the first day of school.

School _____ Grade _____

Student's Name _____ DOB _____ M or F _____

Date of Examination _____

Height _____ Weight _____ BP _____ Pulse_____ BMI _____

General Appearance

Nutrition _____	Nose _____	Abdomen _____	Skin_____	Mouth _____
Back _____	Lungs _____	Genitalia _____	Head _____	Throat _____
Extremities _____	Heart _____	Neck _____	Eyes _____	Neurologic Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses

_____

_____

Can Student Carry a Full Program of School Work? Yes No (circle one)

Should Physical Activity Be Restricted? Yes No

Explain_____

_____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature _____Date_____

Print Physician Name_____

	PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD

Office Stamp

2021-2022 TUITION PAYMENT PREFERENCE FORM

Saints Joachim and Ann Junior Kindergarten

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____CITY _____ STATE _____ ZIP _____

STUDENT(S) NAME(S): _____

Thank you for enrolling your child in Sts. Joachim and Ann's Junior Kindergarten for four-year olds.

Please indicate below if your child will be in the 5-day or 3-day program, and also select your preferred payment method. The tuition rates/payment amounts are listed as well.

_____ 5 days per week (M-F) $4750.00/year or _____ 3 days per week (T-Th) $4050.00/year

Please check below the method you will be using to pay your 2021-2022 tuition:

_____ **Single payment** by August 16, 2021. ($4750/5-day or $4050/3-day) This lump-sum payment of the full tuition amount should be made payable to Sts. Joachim and Ann School, & can be mailed, dropped off at the Parish or School Office, or placed in the Sunday collection in an envelope marked "Jr. Kdg. Tuition".

_____ Semi-annual (2) payments, withdrawn in July and January ($2375/5-day or $2025/3-day) These two payments will be electronically withdrawn from either a checking/savings account, or charged to a credit card (Mastercard, Visa, Discover, or American Express) by FACTS Tuition Management Co. There is a $10 fee per family, per year for this option, which will be automatically charged by FACTS from the account you designate for your tuition payments. A convenience fee of 2.85% will also apply if you select the credit card option. Please complete the **"Payment details"** section below as well.

_____ **10 Monthly payments, withdrawn August through May** ($475 mo./5-day or $405 mo./3-day) These payments will be electronically withdrawn from either a checking/savings account, or charged to a credit card (Mastercard, Visa, Discover, or American Express) by FACTS Tuition Management Co. There is a $45 fee per family, per year for this option, which will be automatically charged by FACTS from the account you designate for your tuition payments. A convenience fee of 2.85% will also apply if you select the credit card option. Please complete the **"Payment details"** section below as well.

_____ **11 Monthly payments, withdrawn July through May** ($431.82 mo./5-day or $368.19 mo./3-day) These payments will be electronically withdrawn from either a checking/savings account, or charged to a credit card (Mastercard, Visa, Discover, or American Express) by FACTS Tuition Management Co. There is a $45 fee per family, per year for this option, which will be automatically charged by FACTS from the account you designate for your tuition payments. A convenience fee of 2.85% will also apply if you select the credit card option. Please complete the **"Payment details"** section below as well.

PAYMENT DETAILS

(Please complete this section if you did not select the "Single payment" option)

* Will you be using **_____checking** (enclose a voided check), **_____ savings** (enclose a deposit slip), or **_____credit card** (Mastercard, Visa, Discover, or American Express) I will contact you for your credit card info.

* Would you like your payments to be on the **_____5th** or **_____20th** of the month?

* Do you also have a child(ren) in the Kdg through 8th grade program? _____**Yes** **_____ No**

*If yes, do you wish to have your Jr. Kdg. tuition payment combined with your K – 8 tuition payment? This will eliminate the expense of two annual fees to Facts Tuition Mgmt. Co. _____**Yes, combine both** **_____No, I wish to have separate payments**

The undersigned authorizes the payment method selected above.

_____ _____ _____ _____

Parent Signature Date Parent Signature Date

Thank you for completing this form. Please call Kathy Mueller in the Parish Office at (636) 441-7503 with any questions.