

**SAINT ANSELM EARLY CHILDHOOD EDUCATION PROGRAM
2017/2018 SCHOOL YEAR
REGISTRATION FORM FOR HALF DAY PRESCHOOL (8:20 a.m. – 11:30 a.m.)**

Please complete this form by **printing** or typing the information requested. A **non-refundable registration fee of \$50 and a refundable supply fee of \$25 are both due at the time of registration and must accompany this form.** Checks should be made payable to: **Saint Anselm School, 12969 Chillicothe Road, Chesterland, Ohio 44026.**

Child's Name _____ **Birth Date** _____

Father's Name _____ **Mother's Name** _____

Mailing Address _____

_____ **City** _____ **Zip Code** _____

Phone Numbers: _____ **Home** _____ **Alternate Phone No. Cell/Work** _____

Parent/Guardian Signature _____

My child is _____ **a current student of the program**
 _____ **parishioner**
 _____ **non-parishioner**

Please choose one of the following:

_____ **THREE YEAR OLD PROGRAM Mon & Tuesday 8:20 – 11:30 Tuition: \$990 per year**
Child must be three years old by September 30th and fully potty-trained
Child with September birthday starts after child's birthdate

_____ **THREE YEAR OLD PROGRAM Mon, Tues, Wed 8:20 – 11:30 Tuition: \$1,485 per year**
Child must be three years old by September 30th and fully potty-trained
Child with September birthday starts after child's birthday

_____ **FOUR YEAR OLD PROGRAM Wed, Thurs & Fri 8:20 – 11:30 Tuition: \$1,485 per year**
Child must be four years old by September 30th and fully potty-trained

_____ **FOUR YEAR OLD PROGRAM Mon, Tue, Thurs, Fri 8:20 – 11:30 Tuition: \$1,980 per year**
Child must be four years old by September 30th and fully potty-trained

_____ **FOUR YEAR OLD PROGRAM Pre-K – Program Mon – Fri 8:20 – 11:30 Tuition: \$2,475 per year**
Child must be four years old by September 30th and fully potty-trained

**ALL OF THE FOUR YEAR OLD PROGRAMS ARE DESIGNED TO
PREPARE THE CHILDREN FOR KINDERGARTEN.**

New Student Information Form Required
Child's baptism certificate
Original or certified copy of child's birth certificate
Immunization records
Certified divorce decree and custodial agreement (if applicable)

January, 2017

Saint Anselm Early Childhood Education

13010 Chillicothe Road
Chesterland, Ohio 44026
440-729-7806
www.stanselmschool.org

Tuition Payment Choice for 2017 – 2018 School Year

Family: _____ Number of children: _____

Tuition: _____ Class Entering _____

Please choose one of the following payment plans:

_____ Plan 1 Payment in full (due July 15, 2017).

_____ Plan 2 Payment by semester (two equal payments due
July 15, 2017 and January 15, 2018)

_____ Plan 3 10 monthly automatic payments through FACTS
(July 20, 2017 ending April 20, 2018) *

*If you are registering for the first time and are new to FACTS, please register on line by going to **stanselmschool.org** and following the links. If you are currently registered for FACTS you need only sign this form and return it with your payment selection.

Questions regarding payment plans or how to register for FACTS, please call the business office and talk to Kathy Popelka at 440-729-5119.

Any change in method of payment must be requested in writing and sent into the School Office. Changes cannot be made without written requests.

January, 2017

3 Year _____
 4 Year _____
 Pre K _____

OFFICE OF CATHOLIC EDUCATION - DIOCESE OF CLEVELAND - PERMANENT RECORD CARD

Saint Anselm School
 Chesterland, OH 44026



STUDENT #	CLASS OF (Year)
0286	
STUDENT INFORMATION	
Last Name	First Name
Middle Name	Sex
Birthdate	Birthplace (City, St., Country)
Date Entered	

Click the box to the left of the current residence.

Residence Address	City	County	Zip	Home Phone	Student Parish / City

Date student entered school.

Ethnicity (Optional)	<input type="radio"/> Amer Indian/Alaskan Native	<input type="radio"/> Black/African Amer	<input type="radio"/> Native Hawaiian/Other Pacific Islands	<input type="radio"/> Multiracial
	<input type="radio"/> Asian	<input type="radio"/> Hispanic	<input type="radio"/> White	
SACRAMENTS				
Baptism Date	Verified by	SCHOOL ENTERED FROM	<input type="radio"/> Parochial	<input type="radio"/> Other
Reconciliation Date	Church	School from		
Communion Date	Rite	School from City		
Confirmation Date	City, St., Zip	School from State		
Grade Entering				
<input type="radio"/> PK <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8				

Check the box(es) to the left of who student resides with.

STUDENT LIVES WITH				
<input type="checkbox"/> Natural Mother (NM)	Last Name	First Name	Maiden Name	Birthplace
<input type="checkbox"/> Natural Father (NF)				
<input type="checkbox"/> Custodial M (CM)				
<input type="checkbox"/> Custodial F (CF)				
<input type="checkbox"/> Other				

PARENTS/CUSTODIAL PARENTS		Married / Separated / Divorced / Remarried / Widowed / Single / Deceased		Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College	
Natural Mother (NM)	Religion	Parent Status	Education	Employer	Work Phone
Natural Father (NF)					
Custodial M (CM)					
Custodial F (CF)					
Other					

LEGAL GUARDIAN					
Name	1.	OTHER CHILDREN IN THE FAMILY (LIST NAME & BIRTH DATES)			
Address	2.		4.		
City, St., Zip	3.		5.		
			6.		

LANGUAGE SPOKEN AT HOME	
<input type="checkbox"/> English	<input type="checkbox"/> Other (list)

Email: _____ ed 2007