

ST. FRANCIS XAVIER SCHOOL
219 19th St. NW, Buffalo, MN 55313
Phone: 763-684-0075 Fax: 763-684-4771

OFFICE USE ONLY: PreK Session _____ Teacher: _____

Session Requested: (Circle One) 2 DAY AM 2 DAY PM 3 DAY AM 3 DAY PM 3 DAY – ALL DAY

PRESCHOOL REGISTRATION FORM

School Year 2017-2018

(Children must be 3 years old by September 1, 2017 for 2 day class, 4 years old by September 1, 2017 for 3 day class)

Non-refundable Registration Fee: \$50

Annual Snack Fee: \$30

Tuition: 2 Days per Week: \$110/month

3 Days per Week: \$140/month

All Day, 3 Days per Week: \$300/month. Hot Lunch: \$2.75 per Day.

Household Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Primary Email _____

Educate Directory Information:	Share Mailing Address	Yes	No
	Share Home Phone	Yes	No
	Share Email Address	Yes	No

Child's Legal Name _____ Preferred Name _____
First Middle Last

Birthdate _____ Male _____ Female _____ Religion/Parish _____

Child's Residence School District _____

Baptism _____
Date Church City State

Father's Name _____ Mother's Name _____
First Last First Last Maiden

Address Same as Above

Address Same as Above

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Occupation _____

Occupation _____

Cell Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Work Phone (_____) _____

E-mail Address _____

E-mail Address _____

Religion _____

Religion _____

Parish/Church _____

Parish/Church _____

Permissions

The following are one time permissions that will follow your child while enrolled at St. Francis Xavier School. Parent must notify school office in writing, should a decision change be requested.

_____ My child's name and picture may appear in class composites, yearbook, school website, Facebook page, Wright County Journal Press and/or any other publication so designated by St. Francis Xavier School.

_____ I do not want my child's name or picture to appear in any publication.

I have received "Minnesota Department of Health Potassium Iodide (KI): What it is and what it does".

My child MAY _____ MAY NOT _____ receive potassium iodide at the recommended dose as directed by the Minnesota Department of Health, in the event of a nuclear incident at the Monticello Nuclear Power Plant.

My child has a known iodine allergy. _____ Yes _____ No

(Students without completed permission forms will not be offered KI in the event of a nuclear incident.)

St. Francis Xavier School admits students of any race, religion, and national or ethnic origin.

The following information regarding the ethnic background of your child is requested for statistical purposes only. Providing this information is purely optional and has no bearing on acceptance to St. Francis Xavier School.

Ethnicity

Please check all that apply for your child:

_____ African/African American _____ American Indian/Alaska Native _____ Asian
_____ Black/African American _____ Hispanic _____ Hispanic Latino _____ Middle Eastern
_____ Native Hawaiian/Pacific Islander _____ White _____ Unknown

Race

Please check all that apply for your child:

_____ American Indian/Alaskan Native _____ Asian _____ Black/African American
_____ Pacific Islander/Native Hawaiian _____ Hispanic _____ White _____ Other

The undersigned requests admission for the above named child and hereby agrees to the tuition, policies, and procedures of St. Francis Xavier School.

Parent/Guardian Signature

Date Signed

OFFICE USE ONLY: \$50 Non-Refundable Registration Fee

Check # _____ Cash _____ Amount _____ Date _____