PRESCHOOL REGISTRATION FORM 2024-25

Child's Legal Name					Preferred Na	ame	
F	First	Middle		Last			
Address			City		State	Zip	
Home Phone				Primary Email			
Birthdate		Male	Female	_Religion/Parish			
Baptism						Date	
Church			City		State		
Residence School Distric	t						
Father's Name				_ Mother's Name			
Address				Address			
City	State	Zip		City	S	State	_ Zip
Occupation				Occupation			
Cell Phone ()				Cell Phone ()		
Work Phone ()				Work Phone ()		
E-mail Address				E-mail Address			
Religion				Religion			
Parish/Church				Parish/Church			

Preschool Session Requested:

Sessions	Schedule	Registration Fee	Tuition	Snack Fee/Lunch
Explorers	Tuesday and Thursday	\$50	\$150/month	\$30/annual
2 Day Preschool/Half Day **Child must be 3 years old by September 1	9:00am–11:30am			
Pathfinders	Monday/Wednesday/Friday	\$50	\$185/month	\$30/annual
3 Day Preschool/Half Day **Child must be 4 years old by September 1	9:00am–11:30am			
Trailblazers	Monday/Wednesday/Friday	\$50	\$350/month	\$50/annual
3 Day Preschool/All Day **Child must be 4 years old by September 1	9:00am-3:00pm			Lunch \$4.50/day
Voyagers	Monday-Friday	\$50	\$500/month	\$50/annual
5 Day Preschool/All Day **Child must be 4 years old by September 1	9:00am-3:00pm			Lunch \$4.50/day

Permission:

I have received the "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 Islande	rWhite
Unknown		
Please check all that apply for your child:	Race	
American Indian/Alaskan Native Americar	n Asian	Black/African American
Pacific Islander/Native Hawaiian	Hispanic	White

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

___ Other

Date Signed

OFFICE USE ONLY: \$50 Non-Refundable Registration Fee						
Check #	Cash	Amount	Date			