

ST. FRANCIS XAVIER SCHOOL

219 19<sup>th</sup> St. NW, Buffalo, MN 55313

School Year: \_\_\_\_\_

Phone: 763-684-0075      Fax: 763-684-4771

**PRESCHOOL REGISTRATION FORM**

Child's Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Religion/Parish \_\_\_\_\_

Baptism \_\_\_\_\_ Date \_\_\_\_\_  
Church City State

Residence School District \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

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 \_\_\_\_\_

**Preschool Session Requested: \_\_\_\_\_**

Sessions	Schedule	Registration	Tuition	Snack Fee/Lunch
<b>Explorers</b> <b>2 Day Preschool/Half Day</b> **Child must be 3 years old by September 1	Tuesday and Thursday 8:30am–11:30am	\$50	\$225/month	\$35/annual
<b>Pathfinders</b> <b>3 Day Preschool/Half Day</b> **Child must be 4 years old by September 1	Monday/Wednesday/ - - - 8:30am–11:30am	\$50	\$250/month	\$35/annual
<b>Trailblazers</b> <b>3 Day Preschool/All Day</b> **Child must be 4 years old by September 1	Monday/Wednesday/ - - - 8:30am–2:30pm	\$50	\$425/month	\$55/annual
<b>Voyagers</b> <b>5 Day Preschool/All Day</b> **Child must be 4 years old by September 1	Monday-Friday 8:30am–2:30pm	\$50	\$600/month	\$55/annual

**\*\*School hot lunch is available to full-day students for an additional cost.**

**(Please complete reverse side.)**

### **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.**

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

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

**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 American      \_\_\_\_\_ 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

