

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

PRESCHOOL REGISTRATION FORM 2023-24

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 _____ Sycamore Directory Information: Share Mailing Address: Yes No
 Share Home Phone: Yes No
 Share Email Address: Yes No

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

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 yearbook/class composites, school website, social media pages, Wright County Journal Press, marketing materials and/or any other publication so designated by STFX.

_____ I do not want my child's name or picture to appear in the following:

- _____ Yearbook/Class Composite
- _____ School Website
- _____ Social Media Pages
- _____ Wright County Journal Press Publications
- _____ Marketing Materials
- _____ All of the above

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 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

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

Check # _____ Cash _____ Amount _____ Date _____