

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

School Year: _____

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 Fee	Tuition	Snack Fee/Lunch
Explorers 2 Day Preschool/Half Day <small>**Child must be 3 years old by September 1</small>	Tuesday and Thursday 8:30am-11:30am	\$50	\$200/month	\$35/annual
Pathfinders 3 Day Preschool/Half Day <small>**Child must be 4 years old by September 1</small>	Monday/Wednesday/Friday 8:30am-11:30am	\$50	\$235/month	\$35/annual
Trailblazers 3 Day Preschool/All Day <small>**Child must be 4 years old by September 1</small>	Monday/Wednesday/Friday 8:30am-2:30pm	\$50	\$400/month	\$55/annual
Voyagers 5 Day Preschool/All Day <small>**Child must be 4 years old by September 1</small>	Monday-Friday 8:30am-2:30pm	\$50	\$550/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.

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 _____