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:

PRESCHOOL REGISTRATION FORM 2020-21

Child's Legal Name				Preferred Name			
First	Middle	Last					
Address		City	State	Zip			
Home Phone		Primary Em	ail				
Birthdate	Male Fe	male Religion/Par	ish				
Baptism			Date)			
Church	C	ity	State				
Child's Residence School District _	Educa	ate Directory Informati	on: Share Mailing Address Share Home Phone Share Email Address	Yes Yes Yes	No No No		
Father's Name		Mother's Na	ıme				
Address		Address					
City	_ State Zip	City	State	Zip			
Occupation		Occupation					
Cell Phone ()		Cell Phone	()				
Work Phone ()		Work Phone	e ()				
E-mail Address		E-mail Addr	ess				
Religion		Religion					
Parish/Church		Parish/Chur	ch				

Preschool Session Requested:

Children must be 3 years old by September 1, 2020 for 2 Day Classes. Children must be 4 years old by September 1, 2020 for 3 and 5 Day Classes.

Sessions	Sessions Schedule		Tuition	Snack Fee/Lunch	
Explorers AM/Explorers PM	Tuesday and Thursday	\$50	\$130/month	\$30/annual	
2 Day Preschool	9:00am-11:30am & 12:30pm-3:00pm				
Pathfinders AM/Pathfinders PM	Monday/Wednesday/Friday	\$50	\$175/month	\$30/annual	
3 Day Preschool/Half Day	9:00am-11:30am & 12:30pm-3:00pm				
Trailblazers	Monday/Wednesday/Friday	\$50	\$350/month	\$50/annual	
3 Day Preschool/All Day	9:00am-3:00pm			Lunch \$3.50/day	
Navigators AM/Navigators PM	Monday-Friday	\$50	\$325/month	\$30/annual	
5 Day Preschool/ Half Day	9:00am-11:30am & 12:30pm-3:00pm				
Voyagers	Monday-Friday	\$50	\$500/month	\$50/annual	
5 Day Preschool/All Day	9:00am-3:00pm			Lunch \$3.50/day	

Permissions

	owing are <u>one time</u> permission must notify school office in w				St. Francis Xavier Sc	hool.
	My child's name and picture ma Vright County Journal Press an					·•
I	do not want my child's name o	r picture to a	appear in <u>any</u> publica	tion.		
<u>"Min</u> ı	nesota Department of H	lealth Po	I have received tassium lodide	(KI): What it i	s and what it do	es".
My child	MAY MAY NOT	Minnes	-	ealth, in the event	d dose as directed by to of a nuclear incident a	
My child	has a known iodine allergy.	Yes	No			
The follo	ncis Xavier School admit	ethnic back	ground of your child is	s requested for sta		
	g this information is purely optic cis Xavier School.	onai and nas		tance to		
Please o	check all that apply for your o	child:	<u>Ethnicity</u>			
BI Mi	frican/African American ack/African American iddle Eastern nknown		American Indian/Alask Hispanic Native Hawaiian/Pacif	_	Asian Hispanic Latino White	
			<u>Race</u>			
	check all that apply for your c .merican Indian/Alaskan Native .n	child:	Asian	_	Black/African	
	acific Islander/Native Hawaiian Other		Hispanic	_	White	
The und	dersigned requests admission p		ove named child and of St. Francis Xavier		to the tuition, policie	s, and
Parent/G	Suardian Signature			 Date Sig	ned	
ſ	OFFICE U	SE ONLY:	\$50 Non-Refundable	Registration Fee		
	Check #	Cash	Amount	Date		