



LITTLE LAMBS PRESCHOOL 2020 – 2021

TUITION

2 Days a Week – Tuesday & Thursday - \$2,000.00 a year

3 Days a Week – Monday, Wednesday & Friday - \$2,875.00 a year

5 Days a Week – Monday – Friday - \$4,250.00 a year

- Tuition is paid in ten monthly payments July through April.
- Families will receive a book with 10 tuition payments, July 2020 – April 2021 payments.
- These payments are to be paid directly to the school by the 15th of the month.
- Late payments (after the 15th of the month) will be assessed a \$10.00 late fee.

FEES

- Non-Refundable Family Registration Fee
 - Discounted Registration Fee \$100.00 through February 15, 2020.
 - After February 15th Regular Registration Fee \$125.00 applies.
- Supply Fees due by September 30th - \$25.00
- There is a \$25.00 fee for checks returned for insufficient funds.

WITHDRAWAL POLICY

- Families must notify the school in writing if a student is withdrawn from the program.
- Registered students withdrawn from the program must pay tuition for the portion of the program attended.
- **No tuition refunds will be given after September 30th.**
- The school will not forward records for students who withdraw with outstanding tuition or fees.

EXTENDED CARE

- Registered students are eligible to use our Extended Care Program both before and after school.
- Rates and times are available see enclosed Extended Care information.



**534 FRONT ST. CHICOPEE, MA – 413-592-5135 – SAINTSTANSSCHOOL.ORG
PRESCHOOL APPLICATION**

Enrollment for Academic Year: 2020-2021			Preschool: <input type="checkbox"/> 3 Year Old <input type="checkbox"/> 4 Year Old		
STUDENT INFORMATION					
Last Name: _____ Name: _____		First Name: _____ Middle _____	Name you wish your child to be called: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: _____ / /	Place of Birth: _____	Child's Primary Language: _____	Child's Race (Responses not required, but encouraged) <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> Asian <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> 2 or more races		
Address (P.O. Box if applicable): _____		City: _____	State: _____	Zip Code: _____	
Primary Phone #: _____		Primary Email (REQUIRED): _____		Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other: _____	
Parishioner Status <input type="checkbox"/> Parishioner <input type="checkbox"/> Non-Parishioner	Parish: _____	Religion: _____	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parish: _____ Date: _____	
Prior School or Child Care (If Applicable): _____					

FAMILY INFORMATION						
PARENT 1						
Last Name		First Name		Middle	Email Address	Primary Phone #
Please provide address if different than Student:						
Address (or P.O. Box)			City	State	Zip Code	
Occupation	Place of Employment		City	State	Phone#	
Religion		Parish			City	State
PARENT 2						
Last Name		First Name		Middle	Email Address	Primary Phone #
Please provide address if different than Student:						
Address (or P.O. Box)			City	State	Zip Code	
Occupation	Place of Employment		City	State	Phone#	
Religion		Parish			City	State
LEGAL GUARDIAN OR CUSTODIAL PARENT (If applicable, please provide a copy of the custodial order)						
Last Name		First Name		Middle	Relationship to Student	
Please provide address if different than Student:						
Address (or P.O. Box)			City	State	Zip Code	
Primary Phone #			Email			



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NAME OF STUDENT'S STEPPARENT (If applicable)			
Last Name	First Name	Middle	
Primary Phone #		Email	

SIBLING INFORMATION (If more space is needed, please list on a separate sheet of paper and attach to this form).				
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade

EMERGENCY CONTACTS (OTHER THAN PARENTS OR GUARDIANS)				
1.				
Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		
2.				
Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		
3.				
Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		

STUDENT MEDICAL INFORMATION				
Physician's Name:		Practice:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Dentist's Name:		Practice:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Medical Insurance Policyholder:		Insurance Company:		Policy Number:
Primary Phone Number:		Secondary Phone Number:		



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PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL AND IMMUNIZATION RECORD. STUDENTS CANNOT START SCHOOL WITHOUT THIS INFORMATION.

Does your child have any food allergies? [] Yes [] No If Yes, please list:

Does your child have any other allergic reactions? [] Yes [] No If Yes, please list:

Does your child take medication on a daily basis? [] Yes [] No If Yes, please list:

Does your child take medication that needs to be administered during school hours? [] Yes [] No If Yes, please list:

Does your child require special education services? [] Yes [] No If Yes, please provide Education Evaluation report or IEP if applicable.

Is there anything else you would like us to know about your child? [] Yes [] No If Yes, please list:

PRESCHOOL SCHEDULE SELECTION

Preschool class offerings are dependent on sufficient enrollment. Please check the class schedule you wish for your child. Your child must be 3 by September 1, 2020 for the Early Lambs Program or 4 by September 1, 2020 for the Little Lambs Program. All students MUST be toilet trained to enter preschool.

[] 5 Full Days: Monday – Friday [] 3 Full Days: Monday, Wednesday, Friday [] 2 Full Days: Tuesday & Thursday

AGREEMENTS

TUITION AGREEMENT

Individual Responsible for Payment of Tuition and Fees

Name: Relationship: Primary Phone Number: Primary Email Address:

Please provide address if different than student's address

Address (P.O. Box if applicable): City: State: Zip Code:

Are you an active military service member? [] Yes [] No

In registering my child(ren), I agree to meet the FINANCIAL COMMITMENTS required by St. Stanislaus School. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Signature of Person Responsible for Tuition Date

PHOTOGRAPHY AGREEMENT (USE OF IMAGES ON FACEBOOK OR OTHER PUBLICATIONS)

[] I, the undersigned, DO CONSENT or grant full permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current school year, 2020-2021

[] I DO NOT give consent or permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities or posting to social media. This request is valid for the current school year, 2020-2021.

Parent or Legal Guardian Signature Date



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ST. STANISLAUS SCHOOL FAMILY AGREEMENT

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Stanislaus School, we must work together as parents, students, and school personnel. We want your time as a student at St. Stanislaus School to be one with a clear understanding of our expectations of you and for all.

As a member of the St. Stanislaus School community, you agree to:

1. support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Stanislaus School;
2. support the rules and regulations detailed in the Parent/Student Handbook;
3. respect all school personnel and students;
4. understand the importance of being present at school on a daily basis and arriving on time;

With my signature, I agree to follow the terms listed above in the St. Stanislaus School Agreement. I understand that this contract is real and will be enforced. St. Stanislaus School reserves the right to amend this Student Agreement.

 Parent or Legal Guardian Signature

 Date

GENERAL INFORMATION

The following questions will help us understand how families hear about our Catholic Schools and why they choose to provide a high quality, faith-based education for their child(ren).

How did you hear about our school?

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Is there any additional information that can help us in the classroom?

Please list immediate family members who are Catholic School alumni/ae of St. Stanislaus School

1.

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:
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2.

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:
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Please list immediate family members who are Catholic School alumni/ae of the Diocese of Springfield.

1.

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:	School:
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2.

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:	School:
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Applications are not considered completed until all of the following are submitted:

<input type="checkbox"/> Non-Refundable Registration Fee	<input type="checkbox"/> Connect – Ed Communication Form	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Birth Certificate or Passport	<input type="checkbox"/> Baptismal Certificate (if Catholic)	<input type="checkbox"/> Copy of Most Recent Physical Exam

St. Stanislaus School is a Roman Catholic, Franciscan, co-educational Pre-K through 8th grade school. Students are assisted in developing their potential spiritually, physically, and socially within a safe and diverse community. A foundation of academic excellence is created to prepare students to become contributing members of a global society.



**Blackboard Connect-ED
SCHOOL YEAR 2020 – 2021**

The Connect ED service is used to contact families throughout the year. St. Stanislaus School sends out messages to notify families of school closings, special events, fundraisers and in case of emergency closings. Calls regarding weather delays or cancellations will be sent out at 6:15am

Only 1 form per family is required. Thank you for your cooperation.

PARENT NAME(S)			
Student #1 Name		Grade	
Student #2 Name		Grade	
Student #3 Name		Grade	
Student #4 Name		Grade	

CONTACT INFORMATION	
Only Primary Phone # will be called in non-emergency situations. In case of emergency, all phone numbers will be called.	
Primary Phone #	
Emergency Phone #	
Emergency Phone #	
Email 1	
Email 2	

FAMILIES THAT REQUIRE SEPARATE HOUSEHOLDS BE CALLED FOR NON-EMERGENCY SITUATIONS PLEASE FILL OUT THE FORM BELOW:

SECONDARY HOUSEHOLD (IF APPLICABLE)	
PARENT NAME	
Primary Phone #	
Emergency Phone #	
Email 1	

534 Front Street, Chicopee, MA 01013

Tel.(413)592-5135*Fax(413)598-0187* ststanis@saintstansschool.org * saintstansschool.org

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