

534 Front Street, Chicopee, MA 01013  
Tel: (413) 592-5135 / Fax: (413) 598-0187  
ststanis@saintstansschool.org

Website: saintstansschool.org  
IG: @saintstanschicopee  
FB: @ststanislauschicopee



## Preschool Registration Information and Checklist 2022-2023

**Thank you for considering St. Stanislaus School for your child's education. Please use the list below to help complete your application. All completed forms and documentation must be submitted before your child can be accepted.**

### Documentation to Complete & Turn In:

- Family Registration Fee
- Application
- Baptismal Certificate
- Birth Certificate
- Immunization Paperwork
- Copy of Recent Physical Exam



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

## PRESCHOOL APPLICATION

*Preschool class offerings are dependent on sufficient enrollment. Your child must be 3 by September 1, 2022 for the Early Lambs Program or 4 by September 1, 2022 for the Little Lambs Program. All students MUST be toilet trained to enter preschool.*

Enrollment for Academic Year: <b>2022-2023</b>				Preschool: <input type="checkbox"/> 3 Year Old <input type="checkbox"/> 4 Year Old	
<input type="checkbox"/> <b>5 Full Days:</b> Monday – Friday <input type="checkbox"/> <b>3 Full Days:</b> Monday, Wednesday, Friday <input type="checkbox"/> <b>2 Full Days:</b> Tuesday & Thursday					
STUDENT INFORMATION					
Last Name:		First Name:		Middle Name:	
				Birth Date:    /    /	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth:	Child's Primary Language:		Is your child of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's Race: (Please Select One) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> 2 or more races
Address (P.O. Box if applicable):			City:		State:    Zip Code:
Primary Phone # (REQUIRED):		Primary Email (REQUIRED):			Student Lives With:
This number will be used for snow days and other mass communications.		This email will be used for memos, notices, and all other mass communications.			<input type="checkbox"/> Both Parents, Same Household <input type="checkbox"/> Both Parents, Separate Households <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:		Maiden Name:	Email Address:
					Primary Phone #:
Address (or P.O. Box):			City:		State:    Zip Code:
Occupation:	Place of Employment:		City:	State:	Work Phone #:
Religion:		Parish:			City:    State:
PARENT 2					
Last Name:		First Name:		Maiden Name:	Email Address:
					Primary Phone #:
Address (or P.O. Box):			City:		State:    Zip Code:
Occupation:	Place of Employment:		City:	State:	Work Phone #:
Religion:		Parish:			City:    State:
LEGAL GUARDIAN OR CUSTODIAL PARENT (If applicable, please provide a copy of the custodial order)					
Last Name:		First Name:		Maiden Name:	Relationship to Student:
Please provide address if different than Student:					
Address (or P.O. Box):			City:		State:    Zip Code:
Primary Phone #:				Email:	

**FAMILY INFORMATION CONTINUED****NAME OF STUDENT'S STEPPARENT (If applicable)**

Last Name: First Name: Maiden Name:

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)****EMERGENCY CONTACT 1**

Last Name: First Name: Relationship to Child:

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

Primary Phone #: Secondary Phone #:

**EMERGENCY CONTACT 2**

Last Name: First Name: Relationship to Child:

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

Primary Phone #: Secondary Phone #:

**EMERGENCY CONTACT 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**

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

**STUDENT MEDICAL INFORMATION CONTINUED**

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:

**TUITION AGREEMENT**

Individual Responsible for Payment of Tuition and Fees:

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 Individual Responsible for Payment of Tuition and Fees

\_\_\_\_\_  
Date

**TECHNOLOGY AGREEMENT**

Due to the evolving nature of education, we are now requiring that each family provides internet access and a functioning device for each student. All parents and legal guardians must agree to provide their student(s) with the required technology to complete assignments and/or attend remote learning.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
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, 2022-2023

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, 2022-2023

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**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 of St. Stanislaus School:**

**ST. STAN'S ALUMNI 1**

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

**ST. STAN'S ALUMNI 2**

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

**Please list immediate family members who are Catholic School alumni/ae of the Diocese of Springfield:**

**ALUMNI 1**

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

**ALUMNI 2**

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

**Applications are not considered completed until all of the following are submitted:**

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

*St. Stanislaus School is a Roman Catholic, Franciscan, co-educational Pre-K through 8<sup>th</sup> 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.*

534 Front Street, Chicopee, MA 01013  
Tel: (413) 592-5135 / Fax: (413) 598-0187  
ststanis@saintstansschool.org

Website: saintstansschool.org  
IG: @saintstanschicopee  
FB: @ststanislauschicopee



## LITTLE LAMBS PRESCHOOL FINANCIAL INFORMATION 2022-2023

### TUITION

- 2 Days a Week** – Tuesday & Thursday - \$2,550.00 a year
- 3 Days a Week** – Monday, Wednesday & Friday - \$3,565.00 a year
- 5 Days a Week** – Monday – Friday - \$5,090.00 a year

- Tuition is paid through FACTS Management (please see enclosed sheet).
- These payments are to be paid by the 15th of the month.
- Late payments (after the 15th of the month) will be assessed a \$15.00 late fee.

### FEES

- Non-Refundable Family Registration Fee of \$150.00 paid to the school with the application
- Supply Fee due by September 15<sup>th</sup> - \$50.00
- There is a \$30.00 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 who withdraw between the first day of school and December 15<sup>th</sup> are responsible for half of the full tuition amount. Registered students who withdraw after December 15<sup>th</sup> are responsible for the full tuition amount.
- **No tuition refunds will be given after September 30<sup>th</sup>.**

### EXTENDED CARE

- Registered students are eligible to use our Extended Care Program before and after school (please see enclosed sheet for rates, times, and additional information).
- Please note that payments to the Extended Care Program must be made separately from tuition. Balances must be paid in a timely manner and kept below \$50.00.

### TECHNOLOGY

Due to the evolving nature of education, we are now requiring that each family provides internet access and a functioning device for each student. All parents and legal guardians must agree to provide their student(s) with the required technology to complete assignments and/or attend remote learning.

534 Front Street, Chicopee, MA 01013  
Tel: (413) 592-5135 / Fax: (413) 598-0187  
ststanis@saintstansschool.org

Website: saintstansschool.org  
IG: @saintstanschicopee  
FB: @ststanislauschicopee



## 2022-2023 EXTENDED CARE PROGRAM INFORMATION

### Before School Program

*The purpose of the Before School Program is to provide a safe environment with adequate adult supervision for students whose parents may need to bring them to school before the start of the school day. The program is under the direct supervision of the administration in cooperation with the Program Coordinator. The program is supervised by certified teachers at all times. The time and cost of the Before School Program is determined each year depending upon the starting time of the school day.*

The Before School Program shall operate on school days between 7:15-8:20am. Students will remain in the designated area until it is time to join their class. Students will wear masks at all times, practice social distancing, and adhere to all CDC/Department of Health guidelines for COVID-19. Mask breaks will be taken often when all social distancing guidelines are followed. Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

**Fees & Costs:** Costs are determined each year by the administration. Payments are to be made on a weekly basis, unless prior arrangements have been made with the school principal. An accumulating balance will result in your child/ren being unable to use the program until the balance is paid. Checks must be made out to St. Stan's Extended Care Program.

*Students coming for before school extra-help will be charged accordingly if they arrive before 7:45am.*

Check-In Between 7:15am-7:29am: **\$8.00 per family/\$6.00 per child**

Check-In Between 7:30am-7:59am: **\$5.00 per family/\$4.00 per child**

Check-In After 8:00am: **\$3.00 per family/\$2.00 for per child**

**Daily Activity:** Monitored activities, structured individual play, and study time

### After School Program

*The After School Program is designed to meet the needs of those parents who are unable to pick up their child/ren at the regular dismissal time or children who participate in after school review, extracurricular activities and clubs. We provide a safe environment with adequate adult supervision, including the school administrators, a program coordinator, certified teachers and teacher assistants. The program is structured to provide a homework area as well as a recreational area for students. Those students who report to the program immediately after dismissal receive a snack. The time of the After School Program is determined each year depending upon the dismissal time of the school day. The fees for the program are used to pay for supervision, snacks, and supplies.*

The After School Program shall operate on school days between 2:40-5:00pm. Students will wear masks at all times, practice social distancing, and adhere to all CDC/Department of Health guidelines for COVID-19. Mask breaks will be taken often when all social distancing guidelines are followed. Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

**Fees & Costs:** Costs are determined each year by the administration. Payments are to be made on a weekly basis, unless prior arrangements have been made with the school principal. An accumulating balance will result in your child/ren being unable to use the program until the balance is paid. Checks must be made out to St. Stan's Extended Care Program.

2:40-3:00pm: **\$4.00 per child per day**

2:40-3:15pm: **\$5.00 per child per day**

2:40-3:30pm: **\$6.00 per child per day**

2:40-3:45pm: **\$7.00 per child per day**

2:40-4:00pm: **\$8.00 per child per day**

2:40-4:15pm: **\$8.50 per child per day**

2:40-4:30pm: **\$9.00 per child per day**

2:40-4:45pm: **\$10.00 per child per day**

2:40-5:00pm: **\$10.50 per child per day**

**There will be a \$10.00 late pick-up fee after 5:00pm.**

**Daily Activity:** Snack (provided at 2:40 p.m.), structured individual play activities, supervised homework, study, and reading area, special videos at times.

## GENERAL INFORMATION

### STAFFING:

Staff members are qualified individuals dedicated to the care and well being of the children. Staff members are certified teachers and assistants and include the program coordinator and administration. All staff members are directly responsible to the administration and are subject to evaluation according to the standards of St. Stanislaus School and the Diocese of Springfield.

### ELIGIBILITY:

Any full-time student at St. Stanislaus School, grades pre-school through eight, is eligible to participate in the program. NON-STUDENTS or siblings will not be accepted.

### REGISTRATION:

A parent who wishes to use the Extended Care Program (regularly or on occasion) must fill out the student information sheet, which provides the staff with the necessary emergency information. For more information or forms, please call the school office at 592-5135. Parents may sign a child up for the program at any time during the school year. If an emergency situation arises and you need your child to be placed in the extended care program after school please call the school office. **Any preschool child not picked up by 2:30pm, or any child grades K-8 not picked up by 2:50pm will automatically be placed in the after school program with the appropriate charge to the parent or guardian.**



534 Front Street, Chicopee, MA 01013  
Tel: (413) 592-5135 / Fax: (413) 598-0187  
ststanis@saintstansschool.org

Website: saintstansschool.org  
IG: @saintstanschicopee  
FB: @ststanislauschicopee



## 2022-2023 EXTENDED CARE PROGRAM REGISTRATION

GENERAL INFORMATION	
Student/Family Name:	Grade(s):
Students' Address:	Home Phone:
Parent/Legal Guardian:	Phone Number (where parent can be reached during the hours of the After School Program):
<b>Please indicate which days your child will be attending:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> As needed	<b>Homework</b> <input type="checkbox"/> My child may choose whether to do homework. <input type="checkbox"/> My child must complete as much of his/her homework as possible. <input type="checkbox"/> My child should not do homework. Please note: Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

AUTHORIZED PICK UP PERSONS		
Name:	Relationship to Student:	Phone #:
Name:	Relationship to Student:	Phone #:

EMERGENCY MEDICAL INFORMATION		
<i>In the event of illness or injury to my child, which in the judgment of the After School Program staff requires emergency treatment, my permission is granted to call the following doctors in order named, after attempts to contact me by telephone have been unsuccessful.</i>		
Doctor:	Address:	Phone:
The hospital emergency room of my choice is:		
My Child is allergic to the following: Medications: Foods: Other:		

EMERGENCY CONTACTS	
<i>Please give the name and phone number of two people who may be contacted in case of emergency or illness when the parent or guardian is not available. These people should live in the vicinity of the school and be able to be contacted during the hours the program is in operation.</i>	
Name:	Phone:
Name:	Phone:

<i>I hereby release St. Stanislaus School from any claim arising out of the doctor's actions. All medical expenses shall be the parent responsibility.</i>
Parent/Guardian Signature _____

*St. Stanislaus School is a Roman Catholic, Franciscan, co-educational Pre-K through 8<sup>th</sup> 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.*