

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

Website: saintstansschool.org  
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FB: @ststanislauschicopee



## **Preschool Registration Information and Checklist**

### **2024-2025**

**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

*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.*



FOR OFFICE USE ONLY:  
REG. FEE PAID \_\_\_\_\_ CASH \_\_\_\_\_

CHECK # \_\_\_\_\_

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, 2024 for the Early Lambs Program or 4 by September 1, 2024 for the Little Lambs Program. All students MUST be toilet trained to enter preschool.*

Enrollment for Academic Year: **2024-2025**

Preschool: ☐ 3 Year Old ☐ 4 Year Old

☐ **5 Full Days:** Monday – Friday

☐ **3 Full Days:** Monday, Wednesday, Friday

### 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 (Hispanic) <input type="checkbox"/> 2 or more races (Non-Hispanic)	
Address (P.O. Box if applicable):		City:	State:	Zip Code:
Primary Phone # (REQUIRED):	Primary Email (REQUIRED):		Student Lives With: <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: _____	
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.		
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:

## 2024-2025 PRESCHOOL APPLICATION CONTINUED

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:

☐ Male☐ Female

Age:

School:

Grade:

Name:

☐ Male☐ Female

Age:

School:

Grade:

Name:

☐ Male☐ 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, 2024-2025

☐ 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, 2024-2025

\_\_\_\_\_  
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:**

- ☐ Non-Refundable Registration Fee   
 ☐ Baptismal Certificate (if Catholic)   
 ☐ Copy of Most Recent Physical Exam  
☐ Birth Certificate or Passport   
 ☐ Immunization Records

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## LITTLE LAMBS PRESCHOOL FINANCIAL INFORMATION 2024-2025

### TUITION

**3 Days a Week** – Monday, Wednesday & Friday - \$4,000.00 a year

**5 Days a Week** – Monday – Friday - \$5,600.00 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.

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## TUITION AGREEMENT 2024-2025

<b>Parent 1:</b>	First	Last	Address	City	Zip
			Yes / No		
	Religion	Parish	City	Parish School?	
<b>Parent 2:</b>	First	Last	Address	City	Zip
			Yes / No		
	Religion	Parish	City	Parish School?	
<b>Person Responsible for Tuition:</b>	First	Last	Address	City	Zip
	Phone	Relationship to Student(s)			
			Yes / No		
	Religion	Parish	City	Parish School?	

Student Information				
<b>Student 1:</b>	First & Last Name	Grade	Lives With	Religion
<b>Student 2:</b>	First & Last Name	Grade	Lives With	Religion
<b>Student 3:</b>	First & Last Name	Grade	Lives With	Religion

Payment Information	
Please Choose Your Payment Plan:	<input type="checkbox"/> Paid In Full <input type="checkbox"/> 10 Monthly Payments <input type="checkbox"/> 2 semi-annual payments
Will you be applying for Financial Aid? (FACTS Application must be filed for consideration)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you an Active military member?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Yearly Fees
<b>Family Registration Fee:</b> Registration Fee \$150.00 applies. <b>Workbook &amp; Materials Fee:</b> \$100 per child paid by September 30. <b>Service Commitment Hours:</b> Each family is required to provide 10 volunteer service hours per year or the monetary equivalent of \$25 per service hour will be added to your tuition

As the parent(s) or legal guardian(s) of our child(ren), students at St. Stanislaus School, I (we) agree to pay the annual tuition cost for our child(ren) as noted above. Payment is understood and agreed to be paid, either in full prior to July 15, 2024 with a 2% discount, or in ten (10) equal monthly installments beginning July 15, 2024 and ending with the final payment due no later than April 15, 2025.

I (We) understand that there is a \$15.00 per month late charge if tuition is not paid by the 15<sup>th</sup> of the month. Further, I (we) understand that there is a \$30.00 fee charged for every check returned by the bank for insufficient funds.

I (We) acknowledge that if I (we) fail to follow the installment schedule as stated in the St. Stanislaus School Handbook, the school may refuse attendance of my child(ren).

I (We) understand that there is an annual \$100.00 per child Workbooks and Materials Fee. I (We) understand that payment of this fee must be made between July 2024 and September 30, 2024.

I (We) realize that if the entire tuition balance is not paid in full by the end of the current school year, the account will be sent to a collection agency and legal action will be taken. I (We) will be responsible for any fees or costs incurred in this process.

I (We) agree to all policies and regulations as so defined in the St. Stanislaus School Handbook.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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## 2024-2025 EXTENDED CARE PROGRAM INFORMATION

### Before School Program

The Before School Program shall operate on school days between 7:15-8:10am. Students will remain in the designated area until it is time to join their class. 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**

### After School Program

The After School Program shall operate on school days between 2:40-5:00pm. 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.**

## GENERAL INFORMATION

### STAFFING:

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 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.**

Continued on back



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## 2024-2025 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 _____

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## Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school's website and locate the FACTS link, or go to <https://online.factsmgt.com>.

### FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

### Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://factsmgt.com/Security-Compliance).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at [Online.FACTSmgt.com](https://Online.FACTSmgt.com) or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**  
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

### FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at [Online.FACTSmgt.com](https://Online.FACTSmgt.com). Customer Care Representatives are also available to assist you 24/7.**





## Registration 2024-2025

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### Welcome Families

Welcome to St. Stanislaus School, a Roman Catholic, Franciscan Pre-K through 8<sup>th</sup> grade elementary school, which prides itself on educating students in mind, body, and spirit. Our mission statement calls on us to create an academically challenging environment nurtured by a faith-filled community. Our teachers and staff are dedicated to the educational, spiritual, and emotional development of each child.

The Administration, School Board, and Parish are committed to continuing the legacy of success established at St. Stanislaus School, by building upon the many years of Catholic, Franciscan, and educational traditions that so many before us created; traditions that have led to over 125 years of academic excellence. Please come experience how an education at St. Stanislaus School can make a difference in your child's life.

*"Our students are not only academically strong, but more importantly, kind to one another.*

*They learn and practice dignity and grace while living their faith."*

*Prospective families*, please come join the tradition where we believe in teaching as Jesus did, through word and deed. A positive atmosphere, based on respect and caring for each member of our school family, is encouraged in a climate of joyful service to one another and to our parish and community.

*Current families*, thank you for entrusting your child(ren) here at St. Stanislaus School. As we look forward to the future, we rededicate ourselves to the ideals of Catholic education in the loving and nurturing environment, where students are encouraged to reach their full potential.

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#### ***The St. Stanislaus Community***

focuses on empowering all students by building upon each child's strengths.

***We offer:*** service opportunities, social experiences, faith development, and academic challenges that push each student to excel.

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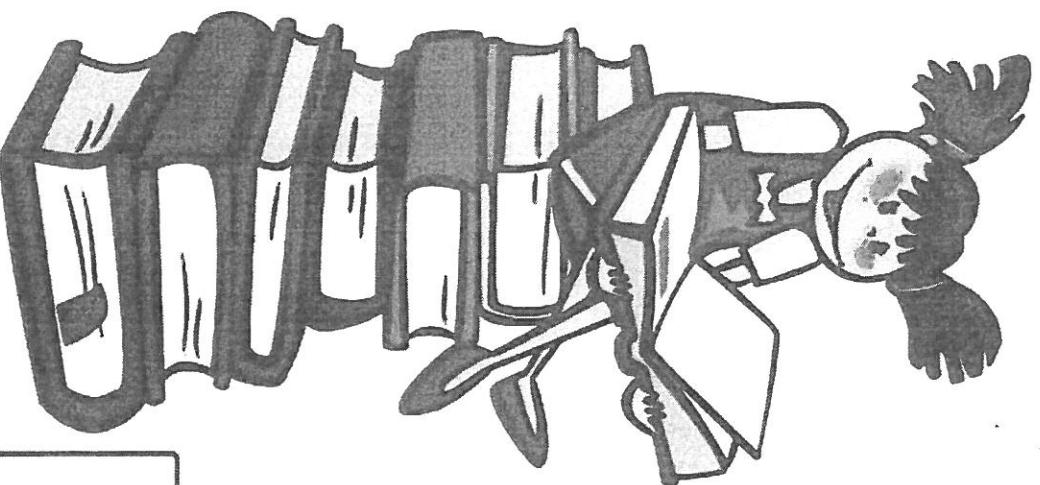
#### ***Our Programs are enriched by:***

- |                                      |                             |
|--------------------------------------|-----------------------------|
| * Science Lab                        | * Free Breakfast & Lunch    |
| * Touchscreens                       | * EEC Voucher Certified     |
| * iPads                              | * Expansive Gym Facility    |
| * Chromebooks                        | * Outdoor Playground        |
| * Extended Care Program              | * Athletics Programs        |
| * Choir with Mr. Dan Kane            | * Extra Curricular Clubs    |
| * STEM Robotics Club                 | * Title I Programs          |
| * Sacramental Programs               | * Remedial Reading          |
| * Community Outreach Programs        | * Social Emotional Learning |
| * Special Education Support Services |                             |



# Current and potential preschool parents!

Did you know that as an E.E.C.  
certified facility, eligible families  
may receive assistance with  
preschool tuition and/or extended  
care costs?!



Eligible families interested in applying for financial assistance  
can call Mass 2-1-1 or contact

Referral Counselor Martha Orton: [morton@sevenhills.org](mailto:morton@sevenhills.org)

<https://www.sevenhills.org/programs/child-care-resources>

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FB: [ststanislauschc](https://www.facebook.com/ststanislauschc)

