

# St. Theodore Catholic School

323 East Clark Street  
Albert Lea, MN 56007  
Phone 507-373-9657

## Pre-Kindergarten Enrollment 2020-2021

Child's Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Nickname: \_\_\_\_\_ Circle one: Boy Girl

Address: \_\_\_\_\_  
Street City State Zip Code

Race...Circle for state reporting purposes: Afro-American Asian American Indian Caucasian Hispanic Other \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City County State

Student's Religion \_\_\_\_\_ Church Affiliation \_\_\_\_\_

School Attended Last Year \_\_\_\_\_  
School City State

How did you find out about St. Theodore's? \_\_\_\_\_

\*Days and hours students attend are: Monday-Friday 8:10am-11:15 am

Does this student need Special Services? Yes No

Has this student had Special Need Services previously? Yes No

If yes, please explain. \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address if different: \_\_\_\_\_

Name of Employment: \_\_\_\_\_

Phone of Employment: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Religion \_\_\_\_\_

Registered as an Adult & Active Parishioner at \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address if different: \_\_\_\_\_

Name of Employment: \_\_\_\_\_

Phone of Employment: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Religion \_\_\_\_\_

Registered as a n Adult & Active Parishioner at \_\_\_\_\_

Marital Status of Parents: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single Parent

Does the non-custodial parent have a right to be informed of the student's progress? \_\_\_ Yes \_\_\_ No \_\_\_ Does not apply

Child live with: \_\_\_ Both Parent \_\_\_ Mother \_\_\_ Father \_\_\_ Guardians \_\_\_ Stepparents \_\_\_ Grandparents

Other \_\_\_\_\_ (please specify)

Household information... Please list all children under 18 in your household.

First & Last Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

First & Last Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

First & Last Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

First & Last Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

If student resides in an additional household:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Frequency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Comments \_\_\_\_\_

Sacraments received: Baptism: Month/Year \_\_\_\_\_ Parish/City \_\_\_\_\_

### Regular Source of Medical Care

Doctor \_\_\_\_\_

Name Clinic Clinic Address Clinic Phone

Dentist \_\_\_\_\_

Name Clinic Clinic Address Clinic Phone

**Health/Emergency Information**

If this student has health concerns, please explain. \_\_\_\_\_

If this student takes any medication regularly, please specify. \_\_\_\_\_

**Emergency Contacts/ Persons Authorized To Pick Up Your Child If You Cannot Be Reached:**

**We must have at least two non-parent contacts and at least one MUST live in Albert Lea:**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Emergency Contact/ Pick Up \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Emergency Contact/ Pick Up \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Emergency Contact/ Pick Up \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Emergency Contact/ Pick Up \_\_\_\_\_

\_\_\_\_\_  
Social Worker Name (if applies)

\_\_\_\_\_  
Phone

I, \_\_\_\_\_, hereby acknowledge that I am the custodial parent/guardian of the above-named child and give my permission for St. Theodore's to take whatever emergency measures they deem necessary for the care and protection of my child while under their supervision. As the parent/guardian of the above-named child, I hereby release, indemnify, and hold harmless to the fullest extent allowed by law, St. Theodore School. In case of medical emergency, I understand that my child will be transported to the closet medical facility if deemed necessary by the physician or emergency response team. In the event of an accidental ingestion, I understand that St. Theodore School will contact the Poison Control Center. I hereby authorize St. Theodore to act on behalf in case of an emergency.

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

Date \_\_\_\_\_

**Tuition Agreement**

I realize that by enrolling this student in St. Theodore Catholic School, **I am accepting the responsibility to pay for the designated part of the cost of his/her Catholic education.** I recognize that the payment of tuition is a serious obligation. No family will be turned away because of finances. **I agree to pay promptly and completely.**

Enclosed: \_\_\_\_\_ \$25 Early Bird, Student registration, non-refundable  
(Before March 31<sup>st</sup>, 2020)

\_\_\_\_\_ \$50 Student registration, non-refundable

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**For Office Use Only:** Date Received \_\_\_\_\_

Fees: Early Bird Registration \_\_\_\_\_

New Family Registration \_\_\_\_\_ Returning Family Registration \_\_\_\_\_

Cash Amount: \$ \_\_\_\_\_

Check # \_\_\_\_\_

