

Birth Certificate \_\_\_\_\_  
Baptism Certificate \_\_\_\_\_  
Immunizations \_\_\_\_\_

## SAINT ANNE'S SCHOOL NURSERY REGISTRATION FORM

CHECK ONE:     2 Day Morning (T/Th – 8:45 a.m. – 11:15 a.m.)  
                   3 Day Morning (M/W/F – 8:45 a.m. – 11:15 a.m.)

Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell/Mother \_\_\_\_\_ Cell/Father \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Baptism & Church \_\_\_\_\_

Religion \_\_\_\_\_ Child Resides with (circle): Both Parents    Mother    Father    Guardian

Parishioner of St. Anne's Yes  No  If no, name of parish \_\_\_\_\_

Your School District \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

If other children in St. Anne's School, please list: \_\_\_\_\_

### EMERGENCY CONTACTS, IF PARENTS CANNOT BE REACHED:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home No: \_\_\_\_\_

Cell No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## Saint Anne's Early Childhood Program Registration Guide 2021/2022 School Year

### NURSERY

We are currently offering the choice of two nursery school classes for the 2021/2022 school year. A teacher and an aide will be assigned to each class session.

The sessions are:

2 day morning class T/Th – 8:45 a.m. – 11:15 a.m.

3 day morning class M/W/F – 8:45 a.m. – 11:15 a.m.

### PRE-KINDERGARTEN

It is anticipated that we will have three Pre=Kindergarten classes in the 2021/2022 school year. A teacher and an aide will be assigned to each of the following classes:

The Sessions are:

Mon. – Fri. 8:30 – 2:30 p.m.

Mon. – Fri. 8:30 – 1 p.m.

Mon. – Fri. 8:30 – 11 a.m.

Parents enrolling students for the Nursery/Pre-K School Program should be aware that the following guidelines will be used during the registration process. Parental choice for a desired session will follow the order listed below in the event a specific session is oversubscribed:

- A. Saint Anne's parishioners who have other children enrolled in Saint Anne's School (K-8).
- B. Saint Anne's parishioners with another child currently enrolled in the early childhood program; Saint Anne's school families (non-parishioners) with other children enrolled in the K-8 program.
- C. Saint Anne's parishioners with no children currently enrolled in any Saint Anne's School program; non-parishioners with a student currently enrolled in a Saint Anne's early childhood program.
- D. Non-parishioners wishing to enroll in the nursery school program.

School families should return registration forms no later than October 19, 2020. Families must be current with their tuition payments in order to participate in the above process. The process will work as follows: You may be one of the first individuals to hand in your application, however, individuals who are in a grouping higher than yours (A is the highest group) will get to choose their session first. In the event that a specific program option is oversubscribed, a lottery system using the above criteria will be employed.

Students registering at Saint Anne's for the first time must have the following documentation for registration:

1. Birth Certificate – must be 3 yrs. by 12/1/21 (nursery), 4 yrs. old by 12/1/21 (pre-K).
2. Baptismal Certificate.
3. Record of immunizations on a physician's letterhead.
4. A non-refundable \$200 deposit that will be applied to your school registration form.

**SAINT ANNE'S SCHOOL**

**DATA COLLECTION FORM**

DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

MAILING LABEL \_\_\_\_\_

(IE, Mr. & Mrs. John Smith)

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**IN ORDER FOR SAINT ANNE'S TO COMPLY WITH NEW YORK STATE'S STATISTICAL REPORTING REQUIREMENTS, PLEASE COMPLETE THE FOLLOWING INFORMATION FOR YOUR CHILD:**

**Ethnicity:** *Is your child Hispanic or Latino?* \_\_\_\_ Yes \_\_\_\_ No

**Race:** *What is your child's race?*

*American Indian or Alaskan Native* \_\_\_\_ *Asian* \_\_\_\_

*Native Hawaiian/Other Pacific Islander* \_\_\_\_

*Black or African American* \_\_\_\_

*Hispanic or Latino* \_\_\_\_ *Multiracial* \_\_\_\_

*White* \_\_\_\_

**SAINT ANNE'S SCHOOL**  
**2021 – 2022 TUITION INFORMATION FORM**

Please submit form along with a \$200 deposit by March 6, 2021. If you have already given a \$200 deposit for Nursery, Pre-K or Kindergarten for the 2021-2022 school year an additional deposit is not required.

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

\_\_\_\_\_ Our family will be returning to Saint Anne's School for the 2021/2022 school year.  
Name of Home Parish \_\_\_\_\_

\_\_\_\_\_ Our family will be starting Saint Anne's School for the 2021/2022 school year.  
Name of Home Parish \_\_\_\_\_

\_\_\_\_\_ No, my child(ren) will not be returning to St. Anne's in September.

**Please check your choice of payment plan and complete student information below.**

\_\_\_\_\_ I will be paying tuition in full, by check, no later than May 29, 2021. (\$100 discount per student)

\_\_\_\_\_ I will be paying tuition in full, using FACTS, no later than May 29, 2021.

\_\_\_\_\_ I will be paying tuition on a monthly basis using FACTS – beginning \_\_\_\_\_ May 2021 – February 2022

**STUDENT'S NAME**

**2021/2022 GRADE**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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

**PLEASE NOTE:** Any student who will be requesting special education services must submit a letter of intent with the Garden City School District prior to June 1<sup>st</sup> for the next academic year.

## SPECIAL EDUCATION SERVICES

1. Has your child been evaluated by a school district Committee for Special Education?

Yes \_\_\_\_\_ No \_\_\_\_\_  
When \_\_\_\_\_

2. Did the Committee for Special Education recommend any:

Testing Accommodations Yes \_\_\_\_\_ No \_\_\_\_\_

Special Services such as:

Resource Room Teacher \_\_\_\_\_

Speech Teacher \_\_\_\_\_

Remedial Reading \_\_\_\_\_

Remedial Math \_\_\_\_\_

3. Do you have an IEP (Individualized Education Plan) from any school district for your child?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you anticipate any special support services your child will need to be a successful student?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

5. Does your child have a Section 504 Plan for special accommodations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: Any student who will be requesting special education services must submit a letter of intent with the Garden City School District prior to June 1<sup>st</sup> for the next academic year.**

# HEALTH FORM

# SAINT ANNE'S SCHOOL — GARDEN CITY, NY

STUDENT'S NAME

BIRTHDATE

PLACE OF BIRTH

ADDRESS	PHONE NUMBER	SEX
GRADE		
SCHOOLS PREVIOUSLY ATTENDED		
DOCTOR (NAME AND TELEPHONE)		

ADULTS IN HOUSEHOLD (NAMES)	AGE	OCCUPATION	WORK PHONE	HEALTH PROBLEMS
MOTHER				
FATHER				
GUARDIAN				

CHILDREN IN HOUSEHOLD (NAMES)	AGE	SCHOOL	HEALTH PROBLEMS

## STUDENT HEALTH HISTORY

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? PLEASE CHECK AND EXPLAIN BELOW.

	YEAR	YEAR	YEAR
ALLERGIES (SPECIFY)		FIFTHS DISEASE	WHOOPING COUGH (PERTUSSIS)
ASTHMA		HEART DISEASE	TUBERCULOSIS
EAR CONDITIONS		IMMUNOSUPPRESSION	CONTACT WITH TB
FREQUENT COLDS & SORE THROATS		KIDNEY DISORDER	BIRTH COMPLICATIONS
CONVULSIONS		LYME DISEASE	PREMATURITY
ANEMIA		PNEUMONIA	CONGENITAL DEFECTS
CHICKEN POX		RHEUMATIC FEVER	HOSPITALIZATIONS (SPECIFY)
DIABETES		SEIZURE DISORDER	SERIOUS INJURY (SPECIFY)

EXPLANATION

MEDICATIONS

HAS YOUR CHILD HAD ANY OF THE PROBLEMS IN THE AREAS LISTED BELOW? PLEASE CHECK AND EXPLAIN.

VISION	SPEECH	OTHER (SPECIFY)
HEARING	ORTHOPEDIC	
LEARNING DISABILITY	EMOTIONAL DISTURBANCES	

ARE ANY OF THE ABOVE PRESENT IN YOUR FAMILY? IF SO, PLEASE EXPLAIN.

HAS YOUR CHILD RECEIVED PROFESSIONAL SERVICES FOR THE ABOVE?

PARENT'S CONCERNS ABOUT CHILD. PLEASE CHECK.

RESTLESS, OVERACTIVE	NERVOUS MANNERISMS (TICS, ROCKS, ETC)	WITHDRAWN
IMMATURE	SUCKS THUMB, BITES NAILS	IMPULSIVE
TEMPER TANTRUMS	AGGRESSIVE	CRIES EASILY
DAYDREAMS	DESTRUCTIVE	POOR SELF IMAGE

PLEASE ADD ANY ADDITIONAL PERTINENT INFORMATION/CIRCUMSTANCES, THAT MAY HAVE AFFECTED YOUR CHILD.

SIGNED (PARENT OR GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_