

Birth Certificate _____
Baptism Certificate _____
Immunizations _____

SAINT ANNE'S SCHOOL Pre-K REGISTRATION FORM

Mon. – Fri. 8:30 a.m. – 2:30 p.m. _____
Mon. – Fri. 8:30 a.m. – 1 p.m. _____
Mon. – Fri. 8:30 a.m. – 11 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)

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 1st 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 1st 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		WHOOPIING 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