

# SAINT THOMAS MORE PRESCHOOL & EXT DAY

1065 Summit Avenue – St. Paul, MN 55105 – Phone: 651-224-9316, Fax: 651-224-0097

[www.morecommunity.org](http://www.morecommunity.org) \* [summer@morecommunity.org](mailto:summer@morecommunity.org)



SAINT THOMAS MORE  
CATHOLIC SCHOOL

## SUMMER 2014 APPLICATION

\_\_\_\_\_ New Student \_\_\_\_\_ Returning Student

### STUDENT INFORMATION

1. Student's Full Legal Name: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

First Name Child Will Use in Classroom: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

GRADE ENTERING NEXT SCHOOL YEAR: PS 1 2 3 4 5 6 7 School Attended last year: \_\_\_\_\_

2. Student's Full Legal Name: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

First Name Child Will Use in Classroom: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

GRADE ENTERING NEXT SCHOOL YEAR: PS 1 2 3 4 5 6 7 School Attended last year: \_\_\_\_\_

*Returning Students please update info if it as changed. Otherwise skip to the t-shirt selection box.*

Child's Primary Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email for correspondence (required): \_\_\_\_\_

Child's primary language: \_\_\_\_\_

\_\_\_\_\_ My child requires the following special care plan or has an IEP: \_\_\_ Allergies \_\_\_ Asthma/RAD \_\_\_ Diabetes \_\_\_ Seizure  
 \_\_\_ other, please list: \_\_\_\_\_ *A special care plan will be provided and must be completed prior to your child's first day of the program*

\_\_\_\_\_ My child has an IEP. Please describe: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION-

#1 Parent/Guardian Name: \_\_\_\_\_ Custodial parent \_\_\_ Yes \_\_\_ No \_\_\_ Joint \_\_\_ N/A

Occupation: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ cell \_\_\_ hm \_\_\_ wk

Secondary phone: \_\_\_\_\_ cell \_\_\_ hm \_\_\_ wk

Email address for tuition management set up (required): \_\_\_\_\_

#2 Parent/Guardian Name: \_\_\_\_\_ Custodial parent \_\_\_ Yes \_\_\_ No \_\_\_ Joint \_\_\_ N/A

Occupation: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ cell \_\_\_ hm \_\_\_ wk

Secondary phone: \_\_\_\_\_ cell \_\_\_ hm \_\_\_ wk

### SECONDARY RESIDENCE and PARENT/GUARDIAN INFORMATION-

Name: \_\_\_\_\_ Custodial parent \_\_\_ Yes \_\_\_ No \_\_\_ Joint \_\_\_ N/A

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ cell \_\_\_ hm \_\_\_ wk

Would you like duplicate information mailed to this residence? \_\_\_ Y \_\_\_ N Email: \_\_\_\_\_

Person that is primarily responsible for tuition payments:	Percentage:	Signature & date:
Person that is secondarily responsible for tuition payments:	Percentage:	Signature & date:

### STUDENT T-SHIRTS- You may purchase and order extra T-Shirts. 1 is provided. *Shirts must be worn on all excursions*

\_\_\_\_\_ Y XS \_\_\_ Y. Sm \_\_\_\_\_ Y. Medium \_\_\_ Y Lg \_\_\_\_\_ A Sm \_\_\_ A Med \_\_\_ A Lg \_\_\_ A XL

Student Name \_\_\_\_\_ Size \_\_\_\_\_ Student Name \_\_\_\_\_ Size \_\_\_\_\_

**Your signature below indicates your consent to the following:**

1) Compliance with the policies addressed in our Parent Policy Manual; our manual is given to parent(s). If you need an additional copy, please contact the office.

2.) Consent for my child to leave the school for recreation and educational purposes, with the understanding that my child will be accompanied by the staff and under proper supervision. Consent is given to take my child on supervised walking excursions.

\_\_\_\_\_ No, I do not give my consent for this.

3) Consent to have photographs and/or videos of my child for use by Saint Thomas More with the understanding that any photo/video would be used solely to publicize school programs or to illustrate educational activities. St Thomas More may use the picture for as long as we own the image.

\_\_\_\_\_ No, I do not give my consent for this.

\_\_\_\_\_ I give permission for internal classroom use including classroom postings and communication only.

4) Consent that my student/family will be listed in the Saint Thomas More pre-school directory. I understand the directory will be used for school purposes only and will not be shared with other institutions or businesses.

\_\_\_\_\_ No, I do not give my consent for this.

We would like the following phone number listed in the directory: (      ) \_\_\_\_\_ cell \_\_\_ home \_\_\_ wk

We would like our e-mail address listed in the directory as: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

5) When public health authorities recommend use of insect repellents due to a high-risk of insect-borne disease, only repellents containing DEET are used. Staff apply insect repellent no more than once per day and only with written parental permission.

\_\_\_\_\_ No, I do not give my consent for this.

**SCHOOL AGE CODE OF CONDUCT**

The following are a few rules that all school age participants are expected to follow while participating and representing Saint Thomas More Catholic School in the community this summer. **Please read and sign below:**

\_\_\_\_\_ child #1 \_\_\_\_\_ child #2

- Will treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Will respect the property of others, including all program facilities and property.
- Will follow all appropriate instructions of all personnel aiding in this event.
- Will be on time for all check-ins and departure times.

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/guardian's expense.

**Child#1 Signature:** \_\_\_\_\_

**Child#2 Signature:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**SUMMER Options– Programs are offered full days on a flexible schedule June 9—August 22, 2014. We are open from 7 AM—6 PM . Your child may attend up to 10 hours per day. Tuition does not include activity fees.**

**PRE-SCHOOL (Children 33 mos– not yet entered kindergarten)**

	\$45/ day RATE: My child will attend 40+ days or more.
	\$50/ day RATE: My child will attend 40 days or less this summer.
	\$15 plus cost of trip: My child will attend FIELD EXCURSIONS ONLY (drop off & pick up w/in 20 min).

**SCHOOL AGE (Children who have completed kindergarten and older)**

	\$35/ day RATE: My child will attend 40+ days or more.
	\$40/ day RATE: My child will attend 40 days or less this summer.
	\$15 plus cost of trip: My child will attend FIELD EXCURSIONS ONLY (drop off & pick up w/in 20 min).

**Notes, special info:**

**Tuition Practices and Fees Due**

1. Tuition is paid via FACTS Mgt. All tuition and activity fees will be bill through the online account. Many payment options are available to you via FACTS Mgt. FACTS Mgt accounts need to be finalized within 1-week of receiving the unique log in code. Your child’s registration in the program is not finalized until this account is finalized and working properly.
2. Tuition is due for all pre-selected dates even if your child is absent for one or more days. Additional days may be contracted throughout the summer. “Switching” days is not allowed.
3. Children must be signed in and out by an adult daily. Failure to sign your child in or out may result in an additional charge of \$5 per occurrence.
4. Activity fees are billed upon completion and not used as a source of income. Posted rates are a guide and will fluctuate depending on the total number of children that attend a certain activity.
5. If you have chosen the 40+ day rate above and at the completion of the summer, you do not enroll for 40+ days, the difference will be billed upon completion of the summer.
6. A late fee of \$1 per minute per child will be assessed when a child is left beyond the program’s operating hours. The late pick-up fees do not constitute an agreement to provide after-hours service, nor will the late fee(s) be applied toward tuition. Chronic lateness at closing or arrival (when leaving for a trip) may be grounds for termination of service.
7. If STM has on one or more occasion failed to enforce a right contained in this agreement, it does not constitute a waiver for all time.
8. The funds provided are non-refundable and will be applied toward fees associated with enrollment.
9. The prerequisite for preschool is that my child is 33 months old and potty trained.

*Acknowledgement and consent of the practices listed above.*

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

\_\_\_\_\_  
Date

**Fees due to complete application.**

	Child 1	Child 2
\$20 non-refundable application fee.	\$20	\$20
\$50 activity fee deposit (funds will be applied towards activities or tuition)	\$50	\$50
\$10 additional t-shirt <i>Optional</i> – 1 t-shirt is provided	\$	\$
Total due:	\$	\$
<b>Amount Paid</b>	\$	
Check #: _____ Name: _____		
Date: ____/____/____		

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