

SAINT FRANCIS XAVIER SCHOOL REGISTRATION FORM

5 Saint Peter Street, Winooski, VT 05404-1316
sfxschool@sfxwinooski.org www.sfxwinooski.org

(802) 655-2600 FAX (802) 655-3096

There is a \$100.00 Non-Refundable Registration Fee per Student that is discounted to \$50 per student if paid on or before March 2, 2009.

Families that are new to the school are also asked to pay one eleventh of the annual tuition as a Non-Refundable deposit which will be applied to your child's tuition.

STUDENT PERSONAL INFORMATION

2009-2010

Student Name: _____
(First name) (Middle name) (Last name) **Grade Entering**

Student Mailing Address: _____

Residential Address: (if different)

Student Home Telephone: _____

Sex: M F (circle one) Race: _____

Date of Birth: _____ Place of Birth: _____
(Month day, year) (city, state, country)

Last School Attended: _____

Address of Last School: _____

Religion: _____ Current Parish: _____

Baptism Date: _____

Church: _____ City/State: _____

First Communion Date: _____

Church: _____ City/State: _____

PARENT/GUARDIAN/SIBLING INFORMATION

2009-2010

Parent/Guardian 1 Name: _____ Maiden Name: _____

Home Phone: _____ E-mail: _____

Home Address: _____

Employer: _____ Occupation _____

Work Address: _____

Work Phone (include extension if applicable): _____

Cell Phone: _____ Email: _____

___ Check here if you do not want contact information in the school directory.

Saint Francis Xavier Alumnus?: No ___ Yes ___ Year Graduated _____

Parent/Guardian 2 Name: _____ Maiden Name: _____

Home Phone: _____ E-mail: _____

Home Address: _____

Employer: _____ Occupation _____

Work Address: _____

Work Phone (include extension if applicable): _____

Cell Phone: _____ Email: _____

___ Check here if you do not want contact information in the school directory.

Saint Francis Xavier Alumnus?: No ___ Yes ___ Year Graduated _____

Other Sibling Name: _____ Age: _____

Other Sibling Name: _____ Age: _____

Other Sibling Name: _____ Age: _____

Other Sibling Name: _____ Age: _____

Student Name: _____ Grade: _____

Home Phone Number: _____

Home Address: _____

Primary Contact: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

Cell Phone: _____

Pager: _____

Secondary Contact: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

Cell Phone: _____

Pager: _____

Tertiary Contact: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

Cell Phone: _____

Pager: _____

Quaternary Contact: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

Cell Phone: _____

Pager: _____

ALL PERSONS OTHER THAN THE PARENT/GUARDIAN PICKING UP CHILDREN MUST PROVIDE A PICTURE ID TO THE TEACHER RESPONSIBLE.**IF ANY OF THIS INFORMATION SHOULD CHANGE, PLEASE CONTACT THE MAIN OFFICE TO COMPLETE A NEW FORM.**

**COMMUNITY SERVICE FORM****2009-2010**

Name: _____ Home Phone: _____

Home Address: _____

Work Address: _____

Work Phone (include extension if applicable) : _____

E-mail: _____ Cell Phone: _____

I would be interested in being involved in the following: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Parent Ambassadors | <input type="checkbox"/> Home and School | <input type="checkbox"/> Saint Francis Stampede |
| <input type="checkbox"/> KidsVT School and Camp Fair | <input type="checkbox"/> Buildings & Grounds | |
| <input type="checkbox"/> Computer Network Assistance | <input type="checkbox"/> Homeroom Parents | <input type="checkbox"/> Marketing Team |
| <input type="checkbox"/> Field Trip Driver/Chaperone | <input type="checkbox"/> School Cleaning | |
| <input type="checkbox"/> Lunch Room/Playground Help | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Calcutta Dinner |

Suggestions:

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Student Name: _____ Grade: _____ Date of Birth: _____

Student's Doctor: _____ Phone #: _____

Student's Dentist: _____ Phone : _____

1. Has your child had a routine physical examination in the last year? Yes ___ No ___

2. Has your child been to a dentist in the last year? Yes ___ No ___

3. Is there anything about your child's health you believe we should know? Yes ___ No ___

If yes, please explain _____

4. Has your child had any recent illnesses? Yes ___ No ___

If yes, please explain _____

5. Does your child have any allergies? (i.e. food, bee venom, medications) Yes ___ No ___

Are medications or treatments needed? Yes ___ No ___

If yes please explain and list medications _____

6. Does your child have asthma? Yes ___ No ___

Does your child require medications for asthma? Yes ___ No ___

If yes, list medications _____

Does your child have any physical restrictions due to asthma? Yes ___ No ___

If yes, please explain _____

7. Does your child have any dietary restrictions? Yes ___ No ___

If yes, please explain _____

8. Does your child have any physical restrictions? Yes ___ No ___

If yes, please explain _____

9. Does your child have any classroom considerations? (i.e. glasses, contacts, hearing devices)

Yes ___ No ___

If yes, please explain _____

10. Does your child take medication on a regular basis? Yes ___ No ___ If yes, please list

Medication _____ Dosage _____

Time of day _____ Reason _____

ALL PRESCRIPTION MEDICATIONS REQUIRE WRITTEN ORDERS FROM A PHYSICIAN AND WRITTEN PERMISSION FROM A PARENT WITH THE MEDICATION IN THE ORIGINAL PHARMACY CONTAINER. (WHEN ORDERING PRESCRIPTIONS ASK THE PHARMACIST TO PACKAGE THE MEDICATION IN 2 CONTAINERS – ONE FOR HOME AND ONE FOR SCHOOL) PERMISSION FORMS CAN BE OBTAINED IN THE SCHOOL HEALTH OFFICE.

ALL OVER THE COUNTER MEDICATIONS REQUIRE WRITTEN PERMISSION FROM A PARENT UNLESS LISTED BELOW. A PERMISSION FORM CAN BE OBTAINED IN THE SCHOOL HEALTH OFFICE. IF NOT LISTED BELOW PLEASE SUPPLY THE MEDICATION IN THE ORIGINAL CONTAINER WITH THE CHILD'S NAME.

I GIVE PERMISSION FOR MY CHILD TO TAKE OR USE THE FOLLOWING OVER THE COUNTER MEDICATIONS. THE MEDICATION WILL BE GIVEN AT THE DISCRETION OF THE SCHOOL NURSE OR THOSE DESIGNATED TO GIVE MEDICATIONS.
THE MEDICATION WILL BE GIVEN ACCORDING TO THE PACKAGE DIRECTIONS.

Yes ___ No ___ Acetaminophen (Tylenol)
Yes ___ No ___ Ibuprofen (Advil)
Yes ___ No ___ J & J First Aid Cream (for cuts or abrasions)
Yes ___ No ___ A&D Ointment (for cuts or abrasions)
Yes ___ No ___ Hydrocortisone Cream (for rashes)
Yes ___ No ___ Benadryl (for allergic reactions)
Yes ___ No ___ Cough drops (for cough or sore throat)
Yes ___ No ___ Tums

IN A MEDICAL EMERGENCY I/WE HEREBY AUTHORIZE THE SCHOOL TO SEEK MEDICAL ASSISTANCE AND GIVE PERMISSION TO CONTACT THE ABOVE NAMED PHYSICIAN FOR MY/OUR CHILD IF I/WE CANNOT BE REACHED.

PARENT/GUARDIAN SIGNATURE

DATE

IMPORTANT: PLEASE UPDATE THE SCHOOL IMMEDIATELY IF ANY INFORMATION CHANGES.

THANK YOU

*Please fill out one form for each child you wish to register at Saint Francis Xavier School.
Physicians may return the form directly to Saint Francis Xavier School.*

Saint Francis Xavier School
5 Saint Peter Street
Winooski, VT 05404-1316
(802) 655-2600

Name of Child: _____ Date of Birth: _____

Address: _____ Date of Exam: _____

Height: _____ Weight: _____

Blood Pressure: _____

Please evaluate the items below, using the following code:

V= satisfactory X = needs attention

General Appearance, posture, gait: _____

Nutrition ___ Teeth ___ Speech ___ Heart ___

Skin ___ Lungs ___ Bone ___ Abdomen ___

Joints ___ Muscle ___ Genitalis ___

Nose ___ Mouth ___ Pharynx ___

Eyes *externals* ___ Ears *external and canals* ___
optic fundi ___ *tympanic membrane* ___
acuity ___ *hearing acuity* ___

Allergies _____

Comments: _____

Physician Signature

Date

Student Name: _____

Grade: _____

Person Responsible for Tuition:

__Mother __Father __Other (Please fill out section below)

Billing Name: _____

Address: _____

Phone: _____ Relationship to Student _____

E-mail Address: _____

Parent/Guardian Signature

Date

If your child is Catholic in a parish other than Saint Francis Xavier, you must obtain a signature from your pastor confirming that you are registered with that parish in order to be eligible for the "Other Catholic Parish" tuition rate.

Pastor Signature: _____

Parish Name: _____

Student Name: _____

Grade: _____

What we have asked for above is only a part of what we might need to know to successfully meet the needs of your child. Please use the space below to tell us about your son or daughter. Discuss their strengths and talents. Also, list areas that are challenges for them. In short, share with us information you believe will help us to meet the needs of your child.

SAINT FRANCIS XAVIER SCHOOL EXTENSION PROGRAM REGISTRATION FORM

5 Saint Peter Street, Winooski, VT 05404-1316

Email: sfxschool@sfxwinooski.org

Website: <http://www.sfxwinooski.org/>

Telephone: (802) 655-2600

Fax: (802) 655-3096

There is a \$50.00 Non-Refundable Registration Fee for each child who is not a student at Saint Francis Xavier School.

STUDENT PERSONAL INFORMATION

2009-2010

Student Name: _____

(First name)

(Middle name)

(Last name)

Grade

Student Mailing Address: _____

Residential Address (if different):

Student's Home Telephone: _____

Sex: M F (circle one) Race: _____

Date of Birth: _____ Place of Birth: _____

(Month day, year)

(city, state, country)

Days you would like your child to attend the Extension Program:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Persons authorized to pick up your child (must be 18 years of age or older)

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Comments: _____

EXTENSION PROGRAM RATES AND FEES**2009 - 2010**

Childcare and after school fees may be tax deductible. Please check with your tax advisor.

After School Rate: \$16 for Grades 1 - 8

\$19 for Preschool / Kindergarten

\$25 for students not enrolled at Saint Francis Xavier School

Full Day Rate: \$26 for Grades 1 - 8

\$29 for Preschool / Kindergarten

\$35 for students not enrolled at Saint Francis Xavier School

Families who have more than one child in the program are given a 10% reduction in cost, for those days when more than one child is present.

EXTENSION PROGRAM POLICIES**2009 - 2010**

1. If your child is not a student at Saint Francis Xavier School, a yearly registration fee of \$50.00 per child must be submitted before enrolling in the Extension Program. All checks are made payable to Saint Francis Xavier School Extension Program.
2. Families who wish to request additional days may do so. Also, should it become necessary to change the original scheduled days, notice must be given at least two weeks in advance.
3. Families who are not signed up, but would like their child/ren to attend on a specific day, are asked to make arrangements for payment of that day in advance. All Extension Program forms must be completed for a child to attend, and acceptance is given only if sufficient space is available.
4. We recognize that this program is a necessity for many families, therefore we strive to be flexible. At the same time, we must pay our bills. Failure to bring overdue accounts current may result in the child/ren being removed from the program. Unpaid balances from a past school year must be paid in full before the child/ren will be accepted for the current school year.
5. Extension Program employees finish their work day at 5:30 and we ask parents to honor these hours and respect the need of these workers to leave at this time. There will be a \$10.00 late charge for any child not picked up by 5:30 p.m. For every fifteen minutes after 5:30 that a child is not picked up, an additional \$10 fee is added. After three occurrences for the same family, the fee is doubled.
6. It is important that we have current emergency contact information for each child. We cannot admit a student to the Extension Program until we have this information on file. Please report any changes to this information to us as soon as possible.
7. When picking up children, parents/guardians must notify the staff and sign the book indicating with the time they have picked the child up. Only people who have been listed on the enrollment form by the parents/guardians may pick children up, and they may be asked to show identification. All authorized people must be at least 18 years of age.
8. If your child will be absent, please notify the staff by calling the school. If your child will be absent for an extended period of time, please notify the staff in writing at least two weeks in advance. Families are billed for the days they are scheduled, regardless of whether they are present, unless adequate notice is given.

I, _____, have read and agree to the above terms.

 Parent/Guardian Signature

 Date

EXTENSION PROGRAM EXPECTATIONS**2009 - 2010**

If your child needs to meet with a teacher or has another obligation within the school, she/he must first check in with the Extension Program and let the staff know when she/he will return. Upon returning, she/he must check back in with a staff member. Children must not leave the Extension Program without first getting permission from a staff member.

Respect for others and for possessions, property, and the building are integral to our school community, including the Extension Program and other After School programs. Behavior problems, though rare, do sometimes arise. We strive to address these problems by helping the child change their behavior in a positive way. Problems that continue over a period of time, or are significant, will be addressed in a forum that might include, but is not limited to, the director, other staff members, parents/guardians, child, and school administration.

Expectations

I have read through and discussed the expectations with my child.

Parent/Guardian Signature

Date

Student Signature

Date

