



### **REQUIRED INFORMATION FOR OPT KINDERGARTEN ENROLLMENT**

- New Student Registration forms (attached)
- Birth Certificate
- Up-to-Date Immunization Records
- Registration Fee

**St. Augustin Catholic School**  
**OPTIONAL K REGISTRATION 2019/2020**

1. Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
                     First            Middle            Last                                      Mo/Day/Yr  
 Child's nickname, if any \_\_\_\_\_
2. Family name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     Last                                      Mother                                      Father
3. Address \_\_\_\_\_ / \_\_\_\_\_  
                     Street                                      City                                      Zip
4. Telephone numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                     Home            Work – Mom            Work – Dad  
                                     \_\_\_\_\_ / \_\_\_\_\_  
                                     Cell Mom                                      Cell Dad
5. Email address \_\_\_\_\_ / \_\_\_\_\_  
                                     Main                                      Other

**CLASS TIMES**

**Optional K** (Five-Year-Olds) Mon. thru Fri. afternoons 12:30 – 3:00 p.m.

**(Must be 5 by Dec. 1, 2019)**

**Birth certificate must accompany registration forms**

\*\*Admittance to a program level is subject to teacher approval and the school admission policy as stated in the St. Augustin handbook.

	<b>REGISTRATION FEE</b>	<b>ANNUAL TUITION</b>
<b>Optional K</b>	\$125.00	\$2,250 \$250.00 PER MONTH (Sept. – May)

**Payment options – Please check one:**

- \_\_\_\_\_ In full at the beginning of the year
- \_\_\_\_\_ Two installments by check. (September & January)
- \_\_\_\_\_ Nine monthly installments through our FACTS tuition program.

***Registration fees are nonrefundable unless the family moves out of town***

1. BACKGROUND INFORMATION:

Child's name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_

Ethnic Origin: <b>(Must circle one)</b>				
White	Asian	Black	Hispanic	Multiracial
Native American/Alaskan		Hawaiian/Pacific Islander		

Catholic \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Church \_\_\_\_\_

Parents or Guardians:

A. \_\_\_\_\_  
Name Address Home # Cell #

Email address: \_\_\_\_\_

\_\_\_\_\_ Place of Employment Work Phone

B. \_\_\_\_\_  
Name Address Home # Cell #

Email address: \_\_\_\_\_

\_\_\_\_\_ Place of Employment Work Phone

**EMERGENCY NAMES & NUMBERS: (neighbor, grandparent, babysitter)**

These people must also be listed on the (Pick-UP Permission Form.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Home # Work # Cell #

\_\_\_\_\_/\_\_\_\_\_  
Address Relationship

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Home # Work # Cell #

\_\_\_\_\_/\_\_\_\_\_  
Address Relationship

2. EMOTIONAL DEVELOPMENT:

What are your child's fears? \_\_\_\_\_

\_\_\_\_\_

What nervous habits does he/she have? \_\_\_\_\_

\_\_\_\_\_

When does he/she show them? \_\_\_\_\_

\_\_\_\_\_

Are there any speech, hearing, or attention span issues that would help us in your child's education? \_\_\_\_\_

\_\_\_\_\_

3. PHYSICAL DEVELOPMENT:

List any health concerns or allergies your child has. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any physical limitations that your child has? (Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. URINATION/BOWEL MOVEMENT:

\_\_\_\_\_

**YOUR CHILD MUST BE POTTY TRAINED TO ATTEND  
PRESCHOOL/OPTIONAL KINDERGARTEN CLASS.  
TRAINING UNDERWEAR AND PULL-UPS ARE NOT ACCEPTABLE**

ST. AUGUSTIN CATHOLIC SCHOOL  
OPTIONAL KINDERGARTEN  
4320 Grand Avenue  
Des Moines, IA 50312

**EMERGENCY MEDICAL AUTHORIZATION**

I, \_\_\_\_\_ (mother/father/guardian) of  
\_\_\_\_\_ age \_\_\_\_\_ do hereby give my permission  
and/or consent to St. Augustin Preschool/Optional Kindergarten to secure and  
authorize such emergency medical care and/or treatment as my child (above  
named) might require while under the supervision of St. Augustin Catholic  
School. I also agree to pay all the costs and fees contingent on any emergency  
medical care and/or treatment for my child as secured or authorized under this  
consent.

Note: Every effort will be made to notify parents immediately in case of an  
emergency. In the event of emergency, it would be necessary to have  
the following information:

Name of physician to contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of hospital: \_\_\_\_\_

I agree to this authorization for the period between August 2019/June 2020.

(signed) \_\_\_\_\_  
(date) \_\_\_\_\_

ST. AUGUSTIN CATHOLIC SCHOOL  
OPTIONAL KINDERGARTEN  
4320 Grand Avenue  
Des Moines, IA 50312  
279-5947

**Remember: Some of these people must be listed as emergency people  
as well.**

**PICK-UP PERMISSION FORM**

I hereby give permission for my child to leave St. Augustin Catholic School with the following persons named below. It is the responsibility of the parents to notify the school, in writing, of any changes.

NAME

RELATIONSHIP

\_\_\_\_\_ (Mother)

\_\_\_\_\_ (Father)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

If there is a separation, divorce, or other custody problem of which we should be aware, please explain. \_\_\_\_\_

\_\_\_\_\_