



### **REQUIRED INFORMATION FOR PRE-KINDERGARTEN ENROLLMENT**

- New Student Registration forms - attached
- Birth Certificate
- Up-to-Date Immunization Records (Due by August 1<sup>st</sup>)
- Complete the Des Moines Public School online Pre-Kindergarten Registration:  
<https://preschool.dmschools.org/about/how-to-apply-for-preschool/>  
(Registration is open after March 2020)

### **REQUIRED INFORMATION FOR TRANSITIONAL KINDERGARTEN ENROLLMENT**

- New Student Registration forms - attached
- Birth Certificate
- Up-to-Date Immunization Records (Due by August 1<sup>st</sup>)
- Registration Fee

**St. Augustin Catholic School**  
**Pre-Kindergarten and Transitional Kindergarten Registration – 2020/2021**

**I am registering for \_\_\_\_\_ Pre-Kindergarten \_\_\_\_\_ Transitional Kindergarten**

1. Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
                            First            Middle            Last                            Mo/Day/Yr  
Child's nickname, if any \_\_\_\_\_
  2. Mother's Name \_\_\_\_\_  
                            First                            Middle                            Last
  3. Address \_\_\_\_\_  
                            Street                            City                            Zip
  4. Telephone numbers \_\_\_\_\_  
  Mom Home            Mom Work            Mom Cell
  5. Email address Mom \_\_\_\_\_
  6. Father's Name \_\_\_\_\_  
                            First                            Middle                            Last
  7. Address \_\_\_\_\_  
                            Street                            City                            Zip
  8. Telephone numbers \_\_\_\_\_  
  Dad Home            Dad Work            Dad Cell
  9. Email address Dad \_\_\_\_\_
- Does the student live with - Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_

***CLASS TIMES***

**PRE KINDERGARTEN – Four Year Olds**

- \_\_\_\_\_AM Class – Monday thru Friday - 8:15 – 11:15
- \_\_\_\_\_PM Class – Monday thru Friday - 12:15 – 3:15
- \_\_\_\_\_AM Pre Kindergarten with PM Transitional Kindergarten -8:15 – 3:15

**AM must be filled before we start a PM Program**

**(Must be 4 by Sept. 15, 2020 & completely toilet trained)**

**ANNUAL TUITION - Universal Pre Kindergarten Four-Year Olds is FREE due to IA State Grant money**

Birth certificate must accompany registration forms

**TRANSITIONAL KINDERGARTEN – Five Year Olds**

- \_\_\_\_\_AM Class - Monday thru Friday – 8:15 – 11:15
- \_\_\_\_\_All Day - Monday thru Friday – 8:15 – 3:15 (pm will focus on developmental, social, emotional & religion)

**(Must be 5 by December 1, 2020)**

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.

**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? \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL DEVELOPMENT:**

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**URINATION/BOWEL MOVEMENT:**

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

Is your child potty trained: \_\_\_\_\_ Yes \_\_\_\_\_ No

ST. AUGUSTIN CATHOLIC SCHOOL  
PRE-KINDERGARTEN / TRANSITIONAL 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 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 2020/June 2021.

Signature \_\_\_\_\_

Date \_\_\_\_\_

ST. AUGUSTIN CATHOLIC SCHOOL  
PRE-KINDERGARTEN / TRANSITIONAL KINDERGARTEN  
4320 Grand Avenue  
Des Moines, IA 50312

**EMERGENCY CONTACT AND 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. The people on this list will also be used as emergency contacts if the parents are unable to be reached.

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>
_____	_____	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. \_\_\_\_\_  
\_\_\_\_\_