



# St. Catherine of Siena Catholic School 2025-2026 PRESCHOOL ENROLLMENT INFORMATION

The mission of St. Catherine of Siena Catholic School is to Learn, Love and  
Live in God's Presence.

## Requirements

- Preschool Enrollment Form (Incomplete enrollment forms will be returned)
- Birth Certificate (Visit [www.kdheks.gov/vital](http://www.kdheks.gov/vital) for information on obtaining birth certificate)
- Baptismal Certificate (if not baptized at St. Catherine of Siena)
- \*Kansas Certificate of Immunization (KCI)
- \*Health Physical (within a year of school starting date)
- IEP Documentation (if applicable)
- \$50.00 Non-Refundable Deposit Fee
- Permission to Publish

Immunization and Health Physical forms are part of the enrollment process, but are not required at the time of enrollment. Students can NOT begin classes until this information is received, per state regulations.

- \* Immunizations - Form: Kansas Certificate of Immunization (KCI). A copy of the Immunization Record from the Doctor's office can also be submitted.
  - \* Health Physical - Form: Child Health Assessment. A copy of the Health Physical Form used by the Doctor's Office can also be submitted.
- ⇒ These forms can also be found on the St. Catherine of Siena Catholic School website.

## PRESCHOOL CLASSES

**3 Year Old Preschool** - Must be three years of age on or before August 31, 2025

Tuesday/Thursday AM:	7:50 am - 10:50 am
Tuesday/Thursday PM:	12:10 pm - 3:10 pm

**4 Year Old Preschool** - Must be four years of age on or before August 31, 2025

Monday/Wednesday/Friday AM:	7:50 am - 10:50 am
Tuesday/Wednesday/Thursday PM:	12:10 pm - 3:10 pm
Monday through Friday AM:	7:50 am - 10:50 am
Monday through Friday All Day:	7:50 am - 3:10 pm

⇒ Student must be toilet trained prior to attending preschool.

⇒ **ENROLLMENT IN PRESCHOOL DOES NOT GUARANTEE ACCEPTANCE INTO ST. CATHERINE OF SIENA KINDERGARTEN**

**Please keep this page for your records. Attached are the enrollment forms.**



# St. Catherine of Siena Catholic School 2025-2026

## PRESCHOOL ENROLLMENT FORM

The mission of St. Catherine of Siena Catholic School is to Learn, Love and  
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### Requirements

Date of Application: \_\_\_\_\_

- Student must be 3 on or before August 31, 2025
- Student must be 4 on or before August 31, 2025
- Student must be toilet trained prior to attending preschool
- For an application to be complete, it must be accompanied by a \$50 non-refundable application fee and a copy of the student's birth certificate

☐ Please select one (cost includes supplies & snacks):

- ☐ 3 year old Tues/Thurs AM (\$100.00 per month)
- ☐ 3 year old Tues/Thurs PM (\$100.00 per month)
- ☐ 4 year old Mon/Wed/Fri AM (\$150 per month)
- ☐ 4 year old Tues/Wed/Thurs PM (\$150 per month)
- ☐ 4 year old Mon - Fri AM (\$245 per month)
- ☐ 4 year old Mon - Fri All Day (\$510 per month) \*Lunch fees not included

Preschooler's Name (please print) \_\_\_\_\_  
(First) (MI) (Last)

Date of Birth: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Oldest in Family: Yes / No Oldest at SCOS: Yes / No

### Additional Student Information

#### Ethnicity:

- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Asian
- ☐ White
- ☐ Black/African American

#### Hispanic or Latino:

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino

#### Primary Language in Home

Does your child have an IEP? YES / NO (If yes, please attach a copy of the IEP to this enrollment form)

### Permission to Publish

In an attempt to share information concerning the outstanding accomplishments of our students, we will showcase student projects, write articles, and provide pictures for publication in various media, including our parish website and The Catholic Advance. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke this permission at any time. Please check below:

\_\_\_ I grant permission to the Catholic Diocese of Wichita to use the picture or projects of my child in positive media presentations.

\_\_\_ I DO NOT grant permission to the Catholic Diocese of Wichita to use the picture or projects of my child in positive media presentations.

### School Directory - Permission to Publish

Check **one or all**, if you agree

\_\_\_ I grant permission for St. Catherine of Siena to publish our Primary phone number \_\_\_\_\_ (phone number)

\_\_\_ I grant permission for St. Catherine of Siena to publish our Primary email address \_\_\_\_\_



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**Parents' Marital Status:** ☐ Married ☐ Separated ☐ Divorced ☐ Widow/er ☐ Remarried ☐ Single  
**Child Lives With:** ☐ Both Parents ☐ Mom & Stepfather ☐ Dad & Stepmother ☐ Mom Only ☐ Dad Only  
Other \_\_\_\_\_

*It is your responsibility to provide us with any pertinent legal information regarding your child.*

### FATHER'S INFORMATION

Circle one: Father/Step-Father/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Religion \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

VIRTUS trained YES / NO

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

Parish Registered \_\_\_\_\_

### MOTHER'S INFORMATION

Circle one: Mother/Step-Mother/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Religion \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

VIRTUS trained YES / NO

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

Parish Registered \_\_\_\_\_

### STEP-FATHER INFORMATION

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

### STEP-MOTHER INFORMATION

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_



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Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Last) (First) (Middle)

### **Emergency Contact (other than student's parents) #1**

Full Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Allowed to pick up child from school, any situation YES / NO

### **Emergency Contact (other than student's parents) #2**

Full Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Allowed to pick up child from school, any situation YES / NO

### **Emergency Contact (other than student's parents) #3**

Full Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Allowed to pick up child from school, any situation YES / NO

### **Thank you for enrolling your student in St. Catherine of Siena Catholic School Preschool Classes.**

- Per our mission statement, we at St. Catherine of Siena Catholic School "Learn, Love, & Live in God's Presence" each and every day. We are committed to the spiritual, social, intellectual, and physical growth of each child in a caring and nurturing, Christ-centered environment.
- Enrollment will be on a "first come, first served" basis and we must have at minimum the following information to reserve a space: 1) Preschool Enrollment Forms, 2) Birth Certificate, 3) IEP documentation, if applicable, & 4) \$50.00 fee. The other information can be submitted at a later time.
- **ENROLLMENT IN ST. CATHERINE OF SIENA PRESCHOOL DOES NOT GUARANTEE ACCEPTANCE INTO ST. CATHERINE OF SIENA KINDERGARTEN**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### **For Office Use Only:**

- ☐ Preschool Enrollment Forms
- ☐ Certificate of Live Birth
- ☐ Deposit Fee, \$50
- ☐ IEP/ILP documentation, if applicable