



## Preschool Registration 2026-2027

Dear Parents and Guardians,

Welcome to St. John Vianney Preschool!

We are so pleased that you have chosen to enroll your child(ren) at St. John Vianney Preschool. We have a history of over sixty years, providing a quality academic education in a faith-based, nurturing environment. What makes us different from public education is that we – parents, teachers, and students – choose to be here. Together we choose to provide the best possible spiritual, educational, and developmental experience for our children. Together we choose to ensure that the opportunity of a Catholic school education is a parental option in the future. Together we plan to continue the St. John Vianney School tradition for our children and our children’s children.

We hope that the following information is helpful for you. If you have any questions, please feel free to contact us by phone (732.388.1662) or by email at [ntannucilli@sjvs.net](mailto:ntannucilli@sjvs.net) or [jessicahicks@sjvs.net](mailto:jessicahicks@sjvs.net).

We look forward to working together.

In God’s love,

*Nancy K. Tannucilli*

Ms. Nancy Tannucilli  
Principal

*Jessica Hicks*

Ms. Jessica Hicks  
Assistant Principal

### Session Requested for 2026-2027 School Year

Half day 8:00-11:00 am	Full Day 8:00-3:00 pm	Extended Day 8:00-6:00 pm
N/A	2 days (T/TH) Annual tuition - \$4,600 \$460 (10 payments)	2 days (T/TH) Annual tuition - \$5,600 \$560 (10 payments) (includes early dismissal)
3 days (M/W/F) Annual tuition - \$4,400 \$440 (10 monthly payments)	3 days (M/W/F) Annual tuition - \$6,220 \$622.00 (10 monthly payments)	3 days (M/W/F) Annual tuition - \$8,250 \$825.00 (10 monthly payments) (includes early dismissal)
5 days Annual tuition - \$6,200 \$620 (10 monthly payments)	5 days Annual tuition - \$8,620 \$862.00 (10 monthly payments)	5 days Annual tuition - \$13,500 \$1350 (10 monthly payments) (includes early dismissal)

Tuition is computed on an annual basis and can be paid in full or through automatic checking account withdrawal in ten monthly installments. If you decide to pay in full, payment must be received by July 1, 2026. Tuition payments are non-refundable and will be collected using the FACTS Tuition system. Please create an account at your earliest convenience so that you may make arrangements for payment. Tuition may be paid in three ways:

1. You may pay in full by deduction from an eligible account or by credit card on or before July 1, 2026.
2. You may have monthly payments drawn from a qualifying bank account using a bank routing number and account number.
3. You may use a credit card to make monthly payments.

**REGISTRATION FEE: This is due on March 15, 2026 and is non-refundable.**

The registration fee for the first child is \$450. For two children (including siblings in the Main Building), the fee is \$650. For three or more children, the fee is \$700.

Tuition payments at St. John Vianney cover only a portion of our school's operational expenses. We, therefore, engage in fundraising activities. Every child is a direct beneficiary of these activities. By registering your child in our school, you agree to participate in our discount card fundraiser (five [5] cards at a cost of \$100 in total).

**Students must be 3 or 4 years of age by October 31, 2026 to register.**

**REQUIRED RECORDS:** birth certificate, baptismal certificate (if Catholic), immunization records, and legal custody papers (where applicable).

**We reserve the right to cancel a class which does not meet minimum enrollment.** We will offer you the opportunity to switch to another class if there is availability. Continued enrollment in our program is dependent upon your child conforming to our behavioral policies and timely payment of tuition. **No tuition allowances, refunds, or makeup days are given for absences due to any reason, including illness, weather, or vacations.**

***Please Note:* It is necessary for your child to be completely toilet trained in order to attend St. John Vianney Preschool.**

One of our primary goals at St. John Vianney is to concentrate our efforts on improving the business side of our school. By taking advantage of the security and convenience of payment processing and information technology offered by FACTS, we remain committed to this goal. You will realize these benefits by using FACTS for your tuition payment plan:

1. **Payment Dates:** You may choose either the **5th** or **20th** of each month as your payment date. Automatic payments can be made from a checking or savings account or from a variety of credit cards, if applicable.
2. **Convenience & Security:** Along with multiple payment plan options, your payments are processed securely through a bank-to-bank transaction.
3. **Consumer Account:** You may check your personal account or make payments online from the convenience of your home or office anytime.

Thank you for your continued loyalty and support for St. John Vianney. We depend on your support in our efforts to provide the highest quality of education for your children. Your continued support and cooperation is appreciated, as we remain committed to our mission.

More information about **FACTS Tuition** can be found on their website: <https://factsmgmt.com/>, as well as, the **FACTS Tuition** link on our website: <https://school.sjvianney.com>



# 2026-2027 Pre-School Tuition and Registration Agreement

Student Name: \_\_\_\_\_ Grade (2026-27): \_\_\_\_\_

**Please circle the requested days:**

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**Tuition for the 2026–2027 School Year will include Total Tuition and Registration Fee. Please check the tuition payment preference for payment:**

\_\_\_\_\_ Option 1 – **Single Payment through FACTS** due July 20, 2026. Families who choose the option to pay in full will be charged a \$15 fee.

\_\_\_\_\_ Option 2 – **10 Monthly Payment Plan through FACTS**. Payment budgeted over ten (10) months beginning in August 2026 through May 2027. Payments can be made on the 5th or the 20th of the month with a \$45 annual set up fee.

\_\_\_\_\_ Option 3 – **12 Monthly Payment Plan through FACTS**. Payment budgeted over 12 months beginning in June 2026 through May 2027. Payments can be made on the 5th or the 20th of the month with a \$45 annual set up fee.

**Registration Fees** are non-refundable and will be paid through FACTS on March 15, 2026.

**By signing below, I hereby acknowledge and accept responsibility for payment of the tuition for the 2026-2027 school year. I also acknowledge that I am registering my child at Saint John Vianney School for the 2026-2027 school year. I agree to commit to participating in the annual SJV Discount Card Fundraiser (\$100).**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**



St. John Vianney School  
Pre-School Registration form - 2026-2027

All sections and information must be completed for registration to be finalized.

Please note: It is necessary for your child to be toilet trained to attend.  
*The Registration Form will not be accepted without your child's Birth Certificate.*

**STUDENT INFORMATION**

<b>Student's Legal Name:</b>		<b>Grade Entering:</b>	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Grade for 2026-27</i>
<b>Student's Address:</b>			
<i>Number &amp; Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Main Phone Number:</b> _____			
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
<b>Date of Birth:</b> ____ / ____ / ____			
<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F			
<b>Student's Religion:</b> _____			
<b>Previous School Attended:</b> _____			
<b>Race (circle one):*</b>			
African American   Asian   White   Native American   Hawaiian/Pacific Islander   Multi-Racial			
<b>Ethnicity: Is this student Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Primary Language Spoken at Home:</b> _____ <b>Please list other languages spoken</b> _____			
<b>Baptized: Yes / No</b>			

**MOTHER/GUARDIAN INFORMATION**

<b>Name:</b>			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
<b>Religion:</b> _____			
<b>Address (if different from student):</b>			
<i>Number &amp; Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Employer:</b> _____			
<b>Occupation:</b> _____			
<b>Primary Phone Number:</b> _____		<b>Secondary Phone Number:</b> _____	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
<b>Email Address:</b> _____			

**FATHER / GUARDIAN INFORMATION**

<b>Name:</b>			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
<b>Religion:</b> _____			
<b>Address (if different from student):</b>			
<i>Number &amp; Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Employer:</b> _____			
<b>Occupation:</b> _____			
<b>Primary Phone Number:</b> _____		<b>Secondary Phone Number</b> _____	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
<b>Email Address:</b> _____			



St. John Vianney School  
Registration form - 2026-2027

All sections and information must be completed for registration to be finalized.

**Custodial Information**

**Home Status (circle one):** Married | Separated | Divorced | Widowed | Never Married  
Re-married: Yes | No  
Student resides with (circle one): Both Parents | Mother | Father | Mother & Step Father | Father & Step Mother  
| Guardian(s)  
\*Custodial Rights (circle one): Joint/Shared | Mother | Father | Guardian(s)  
\* Must include a copy of signed court documents

**Children/Siblings**

**Enrolled at SJV**  
Name: \_\_\_\_\_ grade \_\_\_\_\_  
Name: \_\_\_\_\_ grade \_\_\_\_\_  
Name: \_\_\_\_\_ grade \_\_\_\_\_  
**Other Children not listed above**  
Name: \_\_\_\_\_ grade \_\_\_\_\_  
Name: \_\_\_\_\_ grade \_\_\_\_\_  
Name: \_\_\_\_\_ grade \_\_\_\_\_

**Religion Information**

**Check one:**  
 Our Family is Roman Catholic and registered at St. John Vianney.  
 Our Family is Roman Catholic, but registered at a different parish:  
Name of Parish \_\_\_\_\_  
Parish location/city \_\_\_\_\_  
 Our Family is **not** Catholic

**Emergency Contacts:** *(other than parent/guardian)*

**Emergency contact #1:** \_\_\_\_\_  
First Name Last Name Relationship to Child  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work  
**Emergency contact #2:** \_\_\_\_\_  
First Name Last Name Relationship to Child  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

# SJV Pre-School Questionnaire

**CHILD'S NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_

Parents/Guardians,

The teacher who knows each child as an individual, his/her family, his/her home experience, personal history, interests, friends, concerns, and fears is better equipped to guide that child's growth. Your thoughtful completion of this information sheet will enable the teacher to become acquainted with your child and thus to work more effectively with him/her. You need to respond only to those parts that are appropriate. Your responses will, at all times, be considered confidential.

**PHYSICAL DEVELOPMENT:**

General Health: \_\_\_\_\_ Subject to frequent colds or illness? \_\_\_\_\_

Childhood diseases: \_\_\_\_\_ Allergies: \_\_\_\_\_

Serious illness, accident, surgery or hospitalization: \_\_\_\_\_

Is your child on medication of any kind? \_\_\_\_\_

Special instructions or information for teacher regarding physical condition or health: \_\_\_\_\_

Age child walked: \_\_\_\_\_ Age child talked: \_\_\_\_\_ Premature birth: \_\_\_\_\_ Vocabulary: \_\_\_\_\_ Enunciation: \_\_\_\_\_

Which hand does he/she favor: \_\_\_\_\_ Does he/she need help to go to the bathroom: \_\_\_\_\_

Terms used for: urination \_\_\_\_\_ bowel movement \_\_\_\_\_

What time does he/she usually go to bed? \_\_\_\_\_ Does your child eat a good breakfast? \_\_\_\_ Favorite foods: \_\_\_\_\_

**HOME AND FAMILY:**

Brothers and sisters (names and ages): \_\_\_\_\_

Relationship with brothers and sisters (happy, competitive, needs help in sharing, etc.): \_\_\_\_\_

Does he/she share a room? \_\_\_\_\_ With whom? \_\_\_\_\_ Age: \_\_\_\_\_

What responsibilities does your child have at home? \_\_\_\_\_

Pets (give names): \_\_\_\_\_

Fears (give reason if known): \_\_\_\_\_

Any problems with discipline? \_\_\_\_\_ How does your child react to frustration or disappointment? \_\_\_\_\_

Special circumstances at home (new baby, recent move, father/mother travels frequently, etc.): \_\_\_\_\_

Travel or vacation experiences: \_\_\_\_\_

**SPIRITUAL GROWTH:**

Church affiliation of family: \_\_\_\_\_ Does your child attend church or services? \_\_\_\_\_

**CHILD'S INTERESTS:**

Favorite activities: Outdoors \_\_\_\_\_ Indoors \_\_\_\_\_

Playmates (names and ages): \_\_\_\_\_

Favorite toy: \_\_\_\_\_ Favorite story: \_\_\_\_\_

Does your child watch television: \_\_\_\_\_ Favorite program: \_\_\_\_\_

What other group experiences has he/she had? Were these happy experiences? \_\_\_\_\_

**PARENTS AND CHILD:**

What do you enjoy most about your child?

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

What do you hope your child will gain from school this year? \_\_\_\_\_

Can you tell us something special about your child that can help us become truly acquainted: (positive characteristics, newly acquired skill, something that had made him/her especially happy?) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Release Form

During the school year there may be occasions when you are unable to pick up your child from school. You may indicate below to whom we may release your child if this occurs, listing as many people as needed. If this information changes during the school year, you need to fill out a new release form to be kept on file. This information should coincide with the persons listed on the Student Emergency Form. It is helpful if both grandparents are listed on the same line.

I give permission to St. John Vianney Preschool to release my child to the following persons:

Child's Name	Phone # - Daytime Contact
Approved Person/Persons	Relationship to Child
Approved Person/Persons	Relationship to Child
Parent/Guardian Signature	Date

### Permission Form for Changing Clothes

At times, children have accidents that necessitate their clothing being changed and the children being cleaned. Two staff members will be present when your child's clothing is changed, or he/she is cleaned. Please sign below if you wish to have your child changed and cleaned if they have an accident. If permission is not given, you will be called to change your child who will remain wet or soiled until you arrive.

My child, \_\_\_\_\_, MAY/MAY NOT be changed and cleaned as needed by St. John Vianney Pre-School personnel.

Parent/Guardian Signature	Date
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## STUDENT HEALTH RECORD

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

With whom does child live? \_\_\_\_\_ Who is legal guardian? \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_  
Name Phone

### **IMMUNIZATIONS**

Attach an official copy of immunization records. Date of last physical \_\_\_\_\_  
(All new students must have a physical within six months of entering school.)

### **PERINATAL AND DEVELOPMENTAL HISTORY**

Was this child born full-term? \_\_\_\_\_ early \_\_\_\_\_ late \_\_\_\_\_

Were there any problems associated with the birth? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

How does this child's development compare to other children, such as siblings or playmates?

About the same \_\_\_\_\_ Slower \_\_\_\_\_ Faster \_\_\_\_\_

### **HEALTH CONDITIONS** (PLEASE CHECK ANY THAT APPLY)

\_\_\_\_\_ chicken pox (what year? \_\_\_\_\_) \_\_\_\_\_ frequent stomachaches \_\_\_\_\_ frequent sore throats

\_\_\_\_\_ diabetes \_\_\_\_\_ heart murmur \_\_\_\_\_ hearing problems

\_\_\_\_\_ eye problems (glasses? \_\_\_\_\_) \_\_\_\_\_ strep throat/scarlet fever \_\_\_\_\_ high fevers

\_\_\_\_\_ frequent ear infections \_\_\_\_\_ Lyme disease \_\_\_\_\_ seizures

\_\_\_\_\_ tubes in ears \_\_\_\_\_ Fifth disease \_\_\_\_\_ frequent nosebleeds

\_\_\_\_\_ frequent headaches \_\_\_\_\_ roseola \_\_\_\_\_ speech problems

\_\_\_\_\_ eczema, rashes \_\_\_\_\_ dental problems

\_\_\_\_\_ Any other health problems (Please explain) \_\_\_\_\_

CONTINUED ON OTHER SIDE



**ALLERGIES AND ASTHMA**

List and describe allergies or reactions to:

Medicines/drugs \_\_\_\_\_

Foods \_\_\_\_\_

Bees or other insects \_\_\_\_\_

Does this child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what treatment has been prescribed? \_\_\_\_\_

**INJURIES, ILLNESSES, AND SURGERIES**

Please list any injuries, illnesses, or surgeries which required hospitalization \_\_\_\_\_

**ADDITIONAL INFORMATION**

What medications are given daily? \_\_\_\_\_

What medications are given frequently but not daily? \_\_\_\_\_

Do you have any other concerns or comments about your child's family or home life, behavior, or development that the school should be aware of?

Does your child have any health insurance, including NJ Family Care/Medicare, private or other?

\_\_\_\_\_ Yes, my child has health insurance.

\_\_\_\_\_ No, my child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance.  
(written consent required pursuant to 20 U.S.C. – 1232g(b)(1) and 34 C.F.R. 99.30(b).)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian



St. John Vianney School  
Family Physician Report

Name of pupil \_\_\_\_\_ Male/Female - Date of Birth \_\_\_\_\_

(Circle One)

<u>Immunizations</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>1st Booster</u>	<u>2nd Booster</u>
DPT	_____	_____	_____	_____	_____
Monovalent Polio	_____	_____	_____	_____	_____
Trivalent Polio	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____
German Measles	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Tuberculin (Mantoux)	_____	_____	_____	_____	_____
Pneumococcal	_____	_____	_____	_____	_____
HepA	_____	_____	_____	_____	_____
HepB	_____	_____	_____	_____	_____
H1B	_____	_____	_____	_____	_____
Varivax (Chicken Pox)	_____	_____	_____	_____	_____
Flu Vaccine (mandatory from 6 months - 59 months)	_____	_____	_____	_____	_____
Tdap & Meningitis Conjugate (mandatory upon entering 6th grade)	_____	_____	_____	_____	_____
Previous Diseases	_____				
Surgeries	_____				Date: _____

Physical Examination (all students must have a physical within 6 months of entering school)

Height	_____	Teeth	_____
Weight	_____	Tonsils	_____
Nutrition	_____	Heart	_____
Posture	_____	Lungs	_____
Feet	_____	Hernia	_____
Eyes	_____	Glands	_____
Ears	_____	Genitalia	_____
Nose	_____	Skin	_____
Thyroid	_____	Speech	_____

Date of last physical \_\_\_\_\_

Is this child capable of carrying a full program of work including physical education?

Yes \_\_\_\_\_ No \_\_\_\_\_

Should the school program be modified to meet the needs of this child?

Yes (Specify) \_\_\_\_\_ No \_\_\_\_\_

Is the child taking any medication?

Yes (indicate) \_\_\_\_\_ No \_\_\_\_\_

Please list any known allergies \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_