

PRESCHOOL

FIVE _____

THREE _____

TWO _____

FOR OFFICE USE ONLY



DATE _____

REG FEE _____

FACTS _____

PAY IN FULL _____

FOR OFFICE USE ONLY

CHEVERUS CATHOLIC SCHOOL — REGISTRATION FORM

How did you hear about Cheverus? (friend, internet, etc.) _____

NAME _____
LAST FIRST MIDDLE GENDER

ADDRESS _____
STREET CITY ZIP CODE HOME PHONE

EMAIL1 _____ EMAIL2 _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

LANGUAGE _____ RACE _____ ETHNICITY _____

RELIGION _____ CHURCH ATTENDING _____ CITY _____

DATE OF BAPTISM _____ CHURCH _____ CITY _____

DATE 1ST COMMUNION _____ CHURCH _____ CITY _____

FATHER'S FIRST AND LAST NAME _____

FATHER'S RESIDENCE _____ CELL PHONE _____

FATHER'S OCCUPATION _____ WORK PHONE _____

FATHER'S EMPLOYER _____

FATHER'S RELIGION _____ PLACE OF BIRTH _____

MOTHER'S FIRST AND LAST NAME _____ MAIDEN NAME _____

MOTHER'S RESIDENCE _____ CELL PHONE _____

MOTHER'S OCCUPATION _____ WORK PHONE _____

MOTHER'S EMPLOYER _____

MOTHER'S RELIGION _____ PLACE OF BIRTH _____

DATE OF ADMISSION _____ GRADE ENTERING _____

SIBLINGS ATTENDING CHEVERUS/GRADES _____

****CHILDREN ENTERING PRESCHOOL MUST BE 3 YEARS OLD BY OCTOBER 31 OF THE SCHOOL YEAR****
****CHILDREN ENTERING KINDERGARTEN MUST BE 5 YEARS OLD BY OCTOBER 31 OF THE SCHOOL YEAR****

- 1.) Has your child ever had a Core Evaluation? Yes _____ No _____
2.) Has a Core Evaluation ever been recommended for your child? Yes _____ No _____
3.) Have you ever requested a Core Evaluation for your child? Yes _____ No _____

If your child has been tested, a copy of the education plan is required prior to acceptance.

CHEVERUS CATHOLIC SCHOOL REGISTRATATION REQUIREMENTS

- _____ Completed Registration Form
- _____ Birth Certificate
- _____ Baptismal Certificate (*if applicable*)
- _____ Completed Information for School Health Record Form
- _____ Copy of physical examination form including immunization record with a documented lead test (*completed between 1/9–9/9 of the current year*)
- _____ Copy of most recent report card (*kindergarten through grade 8*)
- _____ Completed Tuition Payment Preference Form
- _____ Completed Fundraising Form (*kindergarten through grade 8*)
- _____ Developmental Information Form (PRESCHOOL ONLY)
- _____ \$275.00 Registration Fee per family (NON-REFUNDABLE)
- _____ Signed Release of Records form to be sent to prior school (*if applicable*)

Transferring from (school): _____

No child will be considered registered until all materials are received.

Kindergarten Screening Information

Screening of children entering Kindergarten consists of a short interview and a short test indicating the child's readiness for school.

Immunization Requirements

THE STATE LAW CHAPTER 76, SECTION 15, INDICATES THAT NO CHILD SHOULD BE ADMITTED TO SCHOOL UNLESS HE OR SHE HAS BEEN IMMUNIZED AGAINST DIPHTHERIA, TETANUS, PERTUSSIS, MEASLES, MUMPS, RUBELLA, POLIO, HEPATITIS B AND VARICELA. Parents must present dates of immunization. Parents should bring documentation from their child's pediatrician. Immunization inoculations may be obtained prior to registration from private physicians or by appointment from the Board of Health Clinic.

Religious Requirements for Non-Catholic Students (*please sign if non-Catholic*)

Since Cheverus is a Catholic School, religion is a major academic subject. Non-Catholic students are required to fulfill the following requirements:

- Participate and successfully complete the Religion course with a passing grade for each grade level as scheduled in the curriculum.
- Attend and participate in all religious programs and other related experiences. This includes all school liturgies, the Christmas Pageant and any other related programs.

Parent or Guardian Signature

Date

INFORMATION FOR SCHOOL HEALTH RECORD

LAST NAME FIRST NAME

SEX DATE OF BIRTH

EMERGENCY CONTACTS – Persons who should be contacted in case of illness at school.

NAME RELATION PHONE

1) _____

2) _____

3) _____

DOCTOR PHONE

DENTIST PHONE

OTHER HOUSEHOLD MEMBERS

NAME RELATION DATE OF BIRTH SCHOOL

ILLNESSES – DISEASES, OPERATIONS DATE

ALLERGIES

MEDICATIONS – List medication name, amount given, time(s) given.

MEDICAL OR EMOTIONAL PROBLEMS

VISION PROBLEMS HEARING PROBLEMS

LAST SCHOOL ATTENDED

NAME ADDRESS PHONE

COMMENTS

MANDATORY: ATTACH PHYSICAL (WITHIN LAST YEAR) AND IMMUNIZATION RECORDS



TUITION PAYMENT PREFERENCE FORM

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Child/Children: _____

Grade Entering: _____

Please check one of the following tuition payment options.

_____ Option 1: FACTS Tuition Management

Tuition is paid monthly beginning in June with 10 automatic payments made through your designated bank account. To authorize the automated monthly payments on either the 5th or the 20th of each month, please complete the online FACTS registration accessible on the school website (www.cheverusschool.com). If you are already enrolled in FACTS at Cheverus, your account will automatically roll over. *Please note: FACTS charges a \$43 annual fee.*

_____ Option 2: PAY IN FULL

A single payment is due on or before July 1 payable to Cheverus Catholic School. This option entitles the responsible party to a \$200.00 discount. *Please note: The discount will be voided if payment is not received by the deadline date.*

I agree to pay Cheverus tuition according to the option checked above.

Parent/Guardian Signature

Date



REQUEST FOR RECORDS

In accordance with the provision of Public Law 93-380 and Massachusetts Law HR 16900, I, as a parent or guardian, hereby authorize the transfer of my child's school records as indicated.

TO: Cheverus Catholic School
30 Irving Street
Malden, MA 02148

FROM: _____

as soon thereafter as this request is received. Thank you.

Dear Principal:

This is to inform you that _____ has entered the Cheverus Catholic as a _____ grade student. Kindly forward the following information at your earliest convenience.

PLEASE CHECK ALL THE FOLLOWING:

_____ TRANSFER CARD	_____ TRANSCRIPT OF GRADES
_____ HEALTH RECORDS	_____ STANDARDIZED TEST SCORES
_____ DATE OF REQUEST	_____ CORE EVALUATIONS OR SPECIAL TESTS

Thank you for your cooperation.

AUTHORIZATION FOR RELEASE OF INFORMATION

Date _____

I hereby give my permission that all school records of _____ be transferred to the above-named school.

Parent or Guardian Signature

Address

Telephone Number

City/Town State Zip Code



PRESCHOOL ONLY

DEVELOPMENTAL INFORMATION

Child's Name _____ Date of Birth _____

Birth WT/LG _____ Premature (Y/N) _____ If yes, how many weeks? _____

AGE YOUR CHILD DID THE FOLLOWING

Breast Fed Until _____ Bottle Fed Until _____ Rolled Over _____ Crawled _____

Sat Alone _____ Stood Alone _____ Walked _____ Fed Self _____

Put 2-3 Words Together _____ Toilet Trained _____

SLEEP HABITS

Bed Time _____ Wake Time _____ Bedwetting _____

Does child become tired during day? _____ Does child nap during day? _____

TOILET HABITS

How does child indicate bathroom needs? _____

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

CHECK BEHAVIORS THAT APPLY TO YOUR CHILD

Nail Biting _____ Thumb Sucking _____ Temper Tantrums _____ Bedtime Problems _____

Special words used to describe needs: _____

Indicate child's fears: _____

How is child comforted? _____

Form of discipline used at home: _____

Favorite toys and activities: _____

Favorite foods and snacks: _____

Please see reverse side.

PLEASE COMMENT ON YOUR CHILD’S DAILY SCHEDULE AND ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT HIM/HER. *(Include information about previous experience with other children or preschool environment.)*

IDENTIFYING INFORMATION
(REQUIRED BY THE OFFICE OF CHILD CARE SERVICES)

SEX_____HEIGHT_____WEIGHT_____

EYE COLOR_____HAIR COLOR_____

ANY OTHER IDENTIFYING MARKS:_____

**May include a photograph of the child.*

PARENT SIGNATURE_____DATE_____

