

Saint Anne's Early Childhood Program **Registration Guide 2023/2024 School Year**

NURSERY

We are currently offering the choice of two nursery school classes for the 2022/2023 school year. A teacher and an aide will be assigned to each class session.

The sessions are:

4 Day – Half Day – 8:45 am – 11:15 am (extended day option – 11:15 am – 2 pm)

5 Day – Half Day – 8:45 am – 11:15 am (extended day option – 11:15 am – 2 pm)

PRE-KINDERGARTEN

It is anticipated that we will have three Pre-Kindergarten classes in the 2023/2024 school year. A teacher and an aide will be assigned to each of the following classes:

The Sessions are:

Mon. – Fri. 8:30 – 2:30 p.m.

Mon. – Fri. 8:30 – 1 p.m.

Parents enrolling students for the Nursery/Pre-K School Program should be aware that the following guidelines will be used during the registration process. Parental choice for a desired session will follow the order listed below in the event a specific session is oversubscribed:

- A. Saint Anne's parishioners who have other children enrolled in Saint Anne's School (K-8).
- B. Saint Anne's parishioners with another child currently enrolled in the early childhood program; Saint Anne's school families (non-parishioners) with other children enrolled in the K-8 program.
- C. Saint Anne's parishioners with no children currently enrolled in any Saint Anne's School program; non-parishioners with a student currently enrolled in a Saint Anne's early childhood program.
- D. Non-parishioners wishing to enroll in the nursery school program.

School families should return registration forms no later than October 25, 2023. Families must be current with their tuition payments in order to participate in the above process. The process will work as follows: You may be one of the first individuals to hand in your application, however, individuals who are in a grouping higher than yours (A is the highest group) will get to choose their session first. In the event that a specific program option is oversubscribed, a lottery system using the above criteria will be employed.

Students registering at Saint Anne's for the first time must have the following documentation for registration:

- 1. Birth Certificate – must be 3 yrs. by 12/1/23 (nursery), 4 yrs. old by 12/1/23 (Pre-K).
- 2. Baptismal Certificate.
- 3. Record of immunizations on a physician's letterhead.
- 4. A non-refundable \$200 deposit that will be applied to your school registration form.

Birth Certificate _____
Baptism Certificate _____
Immunizations _____

**SAINT ANNE'S SCHOOL
NURSERY PRE-REGISTRATION FORM**

PRICING TO BE DETERMINED BY CATHOLIC SCHOOL SUNDAY, 1/29/23

Name _____ Male _____ Female _____

Address _____

Home Telephone _____ Cell/Mother _____ Cell/Father _____

Date of Birth _____ Email Address _____

Place of Birth _____ Date of Baptism & Church _____

Religion _____ Child Resides with (circle): Both Parents Mother Father Guardian

Parishioner of St. Anne's Yes _____ No _____ If no, name of parish _____

Your School District _____

CIRCLE ONE:

4 Day - Half Day (11:15 AM dismissal)

4 Day - Extended Day (2 PM dismissal)

5 Day - Half Day (11:15 AM dismissal)

5 Day - Extended Day (2 PM dismissal)

Mother's Name _____ Maiden Name _____

Place of Birth _____ Religion _____

Mother's Occupation _____ Company Name _____

Business Address _____ Phone _____

Father's Name _____ Religion _____

Place of Birth _____ Company Name _____

Father's Occupation _____ Phone _____

Business Address _____

If other children in St. Anne's School, please list: _____

EMERGENCY CONTACTS, IF PARENTS CANNOT BE REACHED:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home No: _____

Home No: _____

Cell No: _____

Cell No: _____

Signature of Parent

Date

SAINT ANNE'S SCHOOL

DATA COLLECTION FORM

DATE _____

STUDENT'S NAME _____ GRADE _____

MAILING LABEL _____

(IE, Mr. & Mrs. John Smith)

**IN ORDER FOR SAINT ANNE'S TO COMPLY WITH NEW YORK STATE'S STATISTICAL
REPORTING REQUIREMENTS, PLEASE COMPLETE THE FOLLOWING
INFORMATION FOR YOUR CHILD:**

Ethnicity: *Is your child Hispanic or Latino?* ____ *Yes* ____ *No*

Race: *What is your child's race?*

American Indian or Alaskan Native ____ *Asian* ____

Native Hawaiian/Other Pacific Islander ____

Black or African American ____

Hispanic or Latino ____ *Multiracial* ____

White ____

SAINT ANNE'S SCHOOL
2023 – 2024 TUITION INFORMATION FORM

Please submit form along with a \$200 deposit by March 3, 2023. If you have already submitted a \$200 deposit for the 2023-2024 academic year, no additional deposit is required. However, you **MUST** complete and return this form indicating your payment choice.

FAMILY NAME: _____

ADDRESS: _____

PHONE #: _____

____ Our family will be returning to Saint Anne's School for the
2023/2024 school year.

____ No, my child(ren) will not be returning to St. Anne's in September.

PLEASE SELECT ONE PLAN PER THE 2023-2024 TUITION SCHEDULE

PLEASE CHECK YOUR CHOICE:

____ PLAN A ____ PLAN B ____ PLAN C ____ PLAN D

NURSERY: ____ 4 DAYS ____ 5 DAYS

STUDENT'S NAME

2023/2024 GRADE

1. _____

2. _____

3. _____

4. _____

Parent Signature _____

PLEASE NOTE: Any student who will be requesting special education services must submit a letter of intent with the Garden City School District prior to June 1st for the next academic year.

SPECIAL EDUCATION SERVICES

1. Has your child been evaluated by a school district Committee for Special Education?

Yes _____ No _____
When _____

2. Did the Committee for Special Education recommend any:

Testing Accommodations Yes _____ No _____

Special Services such as:

Resource Room Teacher _____
Speech Teacher _____
Remedial Reading _____
Remedial Math _____

3. Do you have an IEP (Individualized Education Plan) from any school district for your child?

Yes _____ No _____

4. Do you anticipate any special support services your child will need to be a successful student?

Yes _____ No _____

If yes, please explain _____

5. Does your child have a Section 504 Plan for special accommodations?

Yes _____ No _____

Parent's Signature _____ Date _____

PLEASE NOTE: Any student who will be requesting special education services must submit a letter of intent with the Garden City School District prior to June 1st for the next academic year.

HEALTH FORM

STUDENT'S NAME

SAINT ANNE'S SCHOOL—GARDEN CITY, NY

BIRTHDATE

PLACE OF BIRTH

ADDRESS

PHONE NUMBER

SEX

GRADE

SCHOOLS PREVIOUSLY ATTENDED

DOCTOR (NAME AND TELEPHONE)

ADULTS IN HOUSEHOLD (NAMES)

AGE

OCCUPATION

WORK PHONE

HEALTH PROBLEMS

MOTHER

FATHER

GUARDIAN

CHILDREN IN HOUSEHOLD (NAMES)

AGE

SCHOOL

HEALTH PROBLEMS

STUDENT HEALTH HISTORY

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? PLEASE CHECK AND EXPLAIN BELOW.

	YEAR		YEAR		YEAR
ALLERGIES (SPECIFY)		FIFTHS DISEASE		WHOOPING COUGH (PERTUSSIS)	
ASTHMA		HEART DISEASE		TUBERCULOSIS	
EAR CONDITIONS		IMMUNOSUPPRESSION		CONTACT WITH TB	
FREQUENT COLDS & SORE THROATS		KIDNEY DISORDER		BIRTH COMPLICATIONS	
CONVULSIONS		LYME DISEASE		PREMATURITY	
ANEMIA		PNEUMONIA		CONGENITAL DEFECTS	
CHICKEN POX		RHEUMATIC FEVER		HOSPITALIZATIONS (SPECIFY)	
DIABETES		SEIZURE DISORDER		SERIOUS INJURY (SPECIFY)	

EXPLANATION

MEDICATIONS

HAS YOUR CHILD HAD ANY OF THE PROBLEMS IN THE AREAS LISTED BELOW? PLEASE CHECK AND EXPLAIN.

VISION	SPEECH	OTHER (SPECIFY)
HEARING	ORTHOPEDIC	
LEARNING DISABILITY	EMOTIONAL DISTURBANCES	

ARE ANY OF THE ABOVE PRESENT IN YOUR FAMILY? IF SO, PLEASE EXPLAIN.

HAS YOUR CHILD RECEIVED PROFESSIONAL SERVICES FOR THE ABOVE?

PARENT'S CONCERNS ABOUT CHILD. PLEASE CHECK.

RESTLESS, OVERACTIVE	NERVOUS MANNERISMS (TICS, ROCKS, ETC)	WITHDRAWN
IMMATURE	SUCKS THUMB, BITES NAILS	IMPULSIVE
TEMPER TANTRUMS	AGGRESSIVE	CRIES EASILY
DAYDREAMS	DESTRUCTIVE	POOR SELF IMAGE

PLEASE ADD ANY ADDITIONAL PERTINENT INFORMATION/CIRCUMSTANCES, THAT MAY HAVE AFFECTED YOUR CHILD.

SIGNED (PARENT OR GUARDIAN)

DATE