Saint Aloysius Catholic Preschool

33 South Avenue, New Canaan, CT 06840
(475) 203-1683 • www.stapreschool.com
Learning • Loving • Growing in Christ

2027–2028 APPLICATION FOR ADMISSION

Start Date of Child 9/ /2027 Or _____

- **Health Form *(attached)***
- **Registration Fee - $150 per child or $225 for families *(with Registration Form)***
- **Tuition Deposit - ½ of Tuition *(with Registration Form)***

Fees are non-refundable except in cases of the family moving more than 20 miles from the area and with written notification and approval from the Pastor, Monsignor Robert Kinnally

PROGRAM SELECTION *(Please check your choice)*

TWO-YEAR-OLD CLASS

Days	Time	Tuition	✓
2 Days • Tues/Thurs	9 AM – NOON	$8,900.00	☐
3 Days • Mon/Wed/Fri	9 AM – NOON	$12,000.00	☐

THREE-YEAR-OLD CLASS

Days	Time	Tuition	✓
3 Days • Mon/Wed/Fri	9 AM – NOON	$12,000.00	☐
5 Days • Mon thru Fri	9 AM – NOON	$15,500.00	☐

FOUR-YEAR-OLD CLASS

Days	Time	Tuition	✓
5 Days • Mon thru Fri	9 AM – 1 PM	$16,500.00	☐

FIVE-YEAR-OLD CLASS / PRE-K

Days	Time	Tuition	✓
5 Days • Mon thru Fri	9 AM – 2 PM	$19,000.00	☐

DROP OFF TWO'S: Your child must be 2 years old by August 31, 2027 to be eligible. Every attempt will be made to accommodate your first preference, however, an alternate placement may be necessary due to enrollment demands.

THREE YEAR OLD PROGRAM: Your child must be 3 years old by August 31, 2027 and toilet trained in order to be eligible.

PRE-K PROGRAM: Your child must have completed a regular 4's program to be eligible for the Pre-K.

CHILD'S NAME	DATE OF BIRTH

Permission and Emergency Agreement

1. I/we grant permission for my child to use all playground equipment and participate in all school activities, including walks on campus and, with advance notice, walks to the New Canaan Public Library, the Chapel and the Church.

2. I grant permission for my child to be included in photographs, videos, voice recordings, and written materials, in whole or in part, for illustrations, advertising, publications, the website, or social media. If the parent is not in agreement, please provide our office a letter in writing prior to the first day of school.

3. I grant permission for the staff to take any steps necessary to obtain medical or dental care if warranted, including but not limited to:

    - Administration of First Aid
    - Attempting to contact parent/guardian or emergency contacts
    - Contacting the child's physician or dentist
    - Calling 911 or police for emergency transport
    - Having a staff member accompany the child to the hospital

Any expenses incurred will be the responsibility of the parent/guardian. Saint Aloysius Catholic Preschool shall not be held responsible for consequences resulting from false information provided at enrollment.

1. **Absent Parent Consent for Emergency Treatment of a Minor:**
   I authorize any licensed physician to provide treatment, order injections, hospitalize, administer anesthesia, or perform emergency surgery on my child if deemed necessary. This authorization is provided in advance to prevent delays in emergency care. Reasonable attempts will be made to contact me and my emergency contacts.

2. I grant permission for the distribution of contact information to other families for communication purposes.

Connecticut law requires children aged 6 months to 59 months (under 5) attending a licensed preschool to receive a least one dose of the influenza vaccine annually between August 1st and December 31st of the school year. Children not vaccinated by December 31st will not be able to attend school until a flu vaccine is administered or can only return to school on April 1st, if not vaccinated, along with the standard State of CT Immunization Policy.

Alternate Pick Up Contacts (required Information)

I grant permission for the emergency contacts listed below to pick up and/or transport my child from Saint Aloysius Catholic Preschool in my absence.

1. **Name:** _____ **Phone:** _____

   Address: _____ **Relationship**: _____

2. **Name:** _____ **Phone:** _____

   Address: _____ **Relationship:** _____

Physician's Name: _____ **Phone:** _____

Address: _____

ALLERGIES: _____

Dentist's Name: _____ **Phone:** _____

Address: _____

_____ _____

Parent/Guardian Signature **Date**

Saint Aloysius Catholic Preschool
Registration Form 2027-2028

Child's Name: _____ **Nickname** _____ **M/F** **D.O.B:** _____

Home Address: _____

Mother's Name: _____ **Cell:** _____ **Email:** _____

Employer & Address: _____

Father's Name: _____ **Cell:** _____ **Email:** _____

Employer & Address: _____

Child lives with: ☐ Mom ☐ Dad **Are you a Registered Parishioner of St. Aloysius?** _____

Siblings: Names	**Ages**	**Currrently enrolled at St Aloysius Preschool?**	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Briefly describe your child's interests:

_____
_____
_____
_____

Briefly describe any medical, family or social history pertinent to your child's care:

_____
_____
_____

Childcare Fees:

$150 Registration Fee plus 50% Tuition Deposit is due by January 4th, 2027. The second and final installment is due on June 30th, 2027.

Provisional Enrollment Policy:

If after a reasonable accommodation has been made, which would include conferences with parents and professionals as needed, it may be determined that a child has been inappropriately placed in our program, or the child has not adjusted well to the program offered. Either the school or the parents may determine that withdrawal from the program is warranted. In the event that the child is withdrawn from the program, a tuition adjustment would be made.

We wish to register our child _____ in Saint Aloysius Catholic Preschool according to the terms outlined above. I understand that the completion of registration forms and payment completes the registration of my child and reserves a space for my child until two weeks' written notice is given.

I have read the registration documents and the Parent Handbook. I understand and agree to abide by all the conditions and policies as stated. I have read and discussed the Discipline Policy with the Director.

_____ _____, 2027

Parent/Guardian Date

Please note: All information is required by the State of Connecticut