

AVE MARIA CATHOLIC SCHOOL
REGISTRATION FOR PREKINDERGARTEN AND ENRICHMENT
2026-2027 SCHOOL YEAR

Date of Registration: _____

Current Parish: _____

ENROLLMENT REQUEST:

Students must be 4 years old by September 1, 2026 to enroll in PreKindergarten and/or Enrichment. Students may be enrolled in PreKindergarten, Enrichment, or both.

_____ PreKindergarten (M-F 8:30am-11:30am)

_____ Enrichment (M-F 11:30am-3:15pm)

STUDENT INFORMATION:

Student Name:	Sex	Birth Date	Ethnicity *(see below)
_____	M F	___/___/___	_____

*Please use the following chart for ethnicity: Alaska Native=**AL** American Indian=**AI** Asian=**A**
Black/non-Hispanic=**BL** Hispanic=**H** Native Hawaiian /Pacific Islander=**NH** White, non Hispanic=**W**

PARENT INFORMATION:

Mother (or guardian)

Name _____

Email _____

Address _____

City _____ St _____ Zip _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Father (or guardian)

Name _____

Email _____

Address (if different) _____

City _____ St _____ Zip _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Status of Parents: ___ Married ___ Separated ___ Divorced ___ Remarried ___ Father Deceased ___ Mother Deceased

Please list any special arrangements you want us aware of: _____

Names and ages of siblings not enrolled at Ave Maria Catholic School: _____

EMERGENCY CONTACTS:

Please list someone other than parent or guardian; we will **always** attempt to contact parents first. These names should be someone who would be available to make decisions on your behalf.

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY/MEDICAL INFORMATION:

Name of Family Physician: _____ Clinic: _____ Phone: _____

Please explain any special medical needs/allergies _____

Special Education Needs: _____

- ☐ I UNDERSTAND IT IS MY RESPONSIBILITY TO SUBMIT HEALTH SERVICES REQUEST FORMS A & B IF MY CHILD HAS A FOOD OR OTHER ALLERGY THAT WOULD REQUIRE A SPECIAL DIET OR CARE. THESE FORMS MUST BE COMPLETED BY PARENTS AND CHILD'S PHYSICIAN ANNUALLY.
- ☐ I UNDERSTAND THAT IF MY CHILD NEEDS AN EPI-PEN I MUST PROVIDE ONE

PARENTAL CONSENT:

_____ I hereby consent to any medical services that may be required while my child is under the supervision of an employee of Ave Maria Catholic School and hereby appoint an Ave Maria Catholic School Employee to act on my behalf in securing necessary medical services from any duly licensed physician or medical emergency provider. Responsibility for payment of ambulance, physician and/or hospital is that of the parent or guardian.

_____ I release school personnel from any liability in relation to the administration of medical care plans. Ave Maria Catholic School acknowledges that its personnel have limited or no knowledge of administering health related services.

TUITION INFORMATION:

- A non-refundable \$25.00 deposit per family is required at the time of registration for PreKindergarten and Enrichment.
- I understand that all tuition payments are due by the 10th of the month.
- I agree that by the end of the current school year I will have paid all tuition and lunch/milk fees in full.
- I verify that all information provided on this form is accurate to the best of my knowledge; I have read, understand and agree with all statements on this form.

Signed (Parent/Guardian): _____ Date: _____