ST. VINCENT de PAUL SCHOOL PRE-SCHOOL ENROLLMENT 2024-2025

Preschool Enrollment for 2024-2025

Preschool classes are filled on a priority basis, with current PreK students and siblings of students able to enroll first, followed by children of parishioners. Open enrollment to the general public begins on Feb. 6th, 2024. Capacity for the morning session is 12; these are blended classes with the all-day everyday session. The dates listed for each group is when priority enrollment for that group ends; you can still enroll after that date, but will not be guaranteed a spot. Please return form with a \$40 enrollment fee.

- 1. Jan. 22 29 Current 3-4 yr. old Preschool Students of St Vincent's and or Potential Preschoolers who have siblings enrolled at St Vincent de Paul School
- 2. Jan 30 Feb 5 Preschool Children of St. Vincent de Paul Parish Families
- 3. Feb 6 Enrollment is open to the Public

Enrollment Requirements

- 1. *Admission Form (new students only) see attached
- 2. *\$40 non-refundable registration fee
- 3. Your child's **original** Birth Certificate -We will make a copy. (new students only)
- 4. Immunization Records (new students only)

*Needed to reserve your child's spot.

<u>Payment:</u> Payments are due the 5th of each month – August through May. Tuition payments are collected through St Vincent's automatic debit program from checking or saving accounts. Payment options are one time a month on the 5th or two times a month on the 5th and the 20th. Please complete the E-tuition enrollment form found on back and return it with your registration.

Class Preference	Please check one.		
3-4 year olds: 2 m	nornings per week (T, TH 8	3:00-11:00 am) \$120/mor	ıthly
(Need to	be 3 by July 31st and potty	trained)	
4-5 year olds: 3 m	nornings per week (M, W, l	F 8:00-11:00 am) \$155/m	onthly
`	be 4 by July 31st)		
	nornings per week (M - F 8	:00-11:00 am) \$215/mon	thly
•	be 4 by July 31st)		
<u>-</u>	lays all day (M-F 8:00-3:25	5 pm) \$450/monthly (Mu	st be 4 by July 31st)
NEW- for 3 year	<u>olds! In 2024-2025</u>		
Please check box	x for interest in Extended D	Day Care for those 4yrs ar	nd up from 3:30-5:45pm.
Please check box	for interest in transportation	on for preschool, we will o	ontact you.
Parent(s)/Guardian(s	s)		
Address			
City		Zip Code_	
Email			
	_		
Phone	one Parent/Guardian Signature and Da		Signature and Date
OFFICE USE ONLY: D	ate Received:	Amount received	Cash/Check #
Birth Certificate	Immunization records	E-Tuition Form	01/20/2023

2024-2025 St. Vincent de Paul School E-Tuition Enrollment Form

Family Name	
MONTHLY School Tuition Paym	nent Ś
Withdrawal will be made on the 5th of each month beginning Au	
BI-Monthly School Tuition Payı	
Withdrawals will be made on the 5 th and 20 th of each month begi	nning August 5, 2024 and ending May 20 th , 2025.
MONTHLY PRESCHOOL TUITION	N Payment \$
Withdrawal will be made on the 5th of each month beginning Au	• ————————
AUTHORIZATION AGREEMENT FOR PRE I (we) authorize St. Vincent de Paul School & Church to initiate de account (select one) indicated below and the depository financia account. I (we) acknowledge that the origination of ACH transact provisions of US law.	ebit entries to my (our)checkingsavings linstitution named below to debit the same to such
Checking or Savings Acco	ount Transfers
Name of Bank	
Name on Account	
9-digit Bank Routing # Bank	Account #
PLEASE ATTACH A VOI	DED CHECK
DISCLOSURES This authority is to remain in full force and effect until St. Vincent from me (or either of us) of its termination in such time and in su Depository a reasonable opportunity to act on it. In no event sha St. Vincent de Paul School & Church prior to receipt of notice of the state of the sta	ch manner as to afford St. Vincent de Paul School and Il it be effective with respect to entries processed by
I (we) further authorize St. Vincent de Paul School & Church to in necessary to correct any erroneous debit entries previously initia Depository to accept and to credit or debit the amount of such en	ted thereto. I (we) authorize the
I (we) have the right to stop payment of any entry by notification item to the account.	to Depository prior to the posting of
The undersigned hereby agrees that all entries initiated hereunder Rules of the Mid-America Payment Exchange as now or hereafter	
X X X X Signature(s) of Account holder(s)	Dated
orbitatare(a) or Account Holder(a)	