



IMMACULATE HEART CENTRAL SCHOOL
122 WINTHROP ST., WATERTOWN, NY 13601
WWW.IHCSCHOOL.ORG (315) 788-7011



Enrollment Application

Welcome to the Saint John Bosco Pre-School, part of Immaculate Heart Central School!

St. John Bosco Pre-School is a special place for your child to “start the journey with Jesus.” Our teachers and teacher assistants have many years experience working with young children. Our pre-school is modeled after the practices and work of St. John Bosco, who believed in placing children in positive surroundings where they could grow in all areas of development.

Our programs provide an extension to and strengthening of the partnerships among home, Church and school. Faith and values taught and experienced at home are cultivated and reinforced through activities provided in our Junior Kindergarten programs.

Do you have a child who has a fall birthday or you feel is not ready for kindergarten? Our Jr - K five-year-old class gives children a safe, positive and nurturing full day classroom experience before their kindergarten year.

Classroom activities are planned across all subject areas, including reading, writing, math, science, social studies and religion. Social and self-help skills are a major part of our day. Students also take part in art, gym and music classes, and attend school masses, prayer services and school assemblies. St. John Bosco Pre-School is able to give “young 5’s” that extra year to ensure they are ready for Kindergarten and beyond. We offer what other school systems do not ... the gift of time! We also offer a Junior Kindergarten four-year-old section for those who are ready for a full day of school.

We are grateful you have chosen to join the IHC-St. John Bosco family. We are sure you will find your child’s learning experience here to be the beginning of an exciting journey.

IHC ~ A Great Place To Learn and Grow ~

Admission Procedures

The following application materials are required for admissions decision:

- Completed application
- Tuition contract,

Submit completed application materials by personal appointment to:

Immaculate Heart Central School
St. John Bosco Preschool
122 Winthrop Street
Watertown, NY 13601

If you are applying from out-of-the-area, please call the school as to how to submit your materials: *(315) 788-7011*

Required before Student Begins School:

Once your application has been accepted, the following items are required before Pre-School begins:

- \$75 non-refundable registration fee due at enrollment.
- Birth certificate
- Baptismal certificate (if Christian)
- Medical history form
- Immunization record (provided by licensed physician; the requirements for NY state are listed on the health form)
- If student is enrolling in Junior Kindergarten, a physical exam (dated within 6 months, signed by a licensed physician). Otherwise, a physical is not required.

Our Junior Kindertarten Program

Junior Kindergarten- 4/5 year olds

___ 8:00 a.m. - 1:50 p.m.

Student Information (complete one sheet for each student)

First Middle Last

Gender (M/F) Date of Birth (MM/DD/YY) Place of Birth

Age in Sep 2019 Prior Preschool Attendance

Religious Affiliation **Ethnic Group** (Caucasian, African-American, Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, Multi-Racial)

Who child lives with Street (if different from parent) City (if different from parent)

Previous School **School District of Current Residence**

Current Parish Date, Parish and City of Baptism

If not US citizen, country of origin Primary Language at Home

Media Release

Immaculate Heart Central School celebrates your child and their accomplishments. Photos, video, and artwork may be displayed in the school, online, or in print media. Please specify any restrictions:

Office Use

Pre-School teacher name: _____

Junior Kindergarten, 4-year old 8:00 a.m.-1:50 p.m.

Junior Kindergarten, young 5 year old 8:00 a.m.-1:50 p.m.

(Office use only) Primary Family ID: _____

(Office use only, if necessary): Secondary Family ID _____

Parent Information

Father/Guardian/ Stepfather

First Middle Last

Father Grandfather Other Family

Joint custody Sole custody Stepfather

Foster placement (please provide DSS-2999/3424)

Street Address

City State Zip

Home Phone Unlisted?

Cell phone

Work phone

Which phone(s) to receive automated school messages?

Email (home)

Email (work)

Which email(s) to receive school messages?

Employer/Unit

Occupation Title/Rank

IHA/IHC Graduate? Class of: _____

Active Military Guard/Reserve Retired Military

DoD Civilian DoD contract employee

Religion and Parish

Mother/Guardian/Stepmother

First Middle Last Maiden

Mother Grandmother Other Family

Joint custody Sole custody Stepmother

Foster placement (please provide DSS-2999/3424)

Street Address (fill out this line and below if different)

City State Zip

Home Phone (if different) Unlisted?

Cell phone

Work phone

Which phone(s) to receive automated school messages?

Email (home, if different)

Email (work)

Which email(s) to receive school messages?

Employer/Unit

Occupation Title/Rank

IHA/IHC Graduate? Class of: _____

Active Military Guard/Reserve Retired Military

DoD Civilian DoD contract employee

Religion and Parish (if different)

How did you hear about St. John Bosco? _____

Household Information

Emergency Contact Information

Name _____ Relationship _____ Cell _____ Home _____ Work _____

Name _____ Relationship _____ Cell _____ Home _____ Work _____

Name _____ Relationship _____ Cell _____ Home _____ Work _____

Restrictions of Contact

No restrictions. Custody restriction (provide papers). Order of protection (provide papers).

Person Restricted _____ Expiration Date _____

Non-custodial parent name _____

What would you like mailed to the non-custodial parent? _____ Expiration Date _____

Non-custodial parent street address _____ City _____ State _____ Zip _____

Other documentation provided (please specify). You may provide additional comments on a separate sheet of paper.

Others Living in Household *(use separate sheet if needed)*

Name _____ Relationship _____ Gender _____ Age _____ School _____ Grade _____

Name _____ Relationship _____ Gender _____ Age _____ School _____ Grade _____

Name _____ Relationship _____ Gender _____ Age _____ School _____ Grade _____

Name _____ Relationship _____ Gender _____ Age _____ School _____ Grade _____

Name _____ Relationship _____ Gender _____ Age _____ School _____ Grade _____

Family Members Who Attended IHA/IHC *(use separate sheet if needed)*

Name _____ Relationship _____ Class (approx OK) _____

Name _____ Relationship _____ Class (approx OK) _____

Name _____ Relationship _____ Class (approx OK) _____

Name _____ Relationship _____ Class (approx OK) _____

Name _____ Relationship _____ Class (approx OK) _____

Left blank intentionally. See next page.

Medical History

(Complete one medical history for each child).

Student Name: _____ Gender: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Previous School and Location: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Name of Cell Phone & #: _____

Parent/Guardian Name of Emergency & #: _____

Student Physician: _____ Student Dentist: _____

Household Members

Name of Household Member	Gender	Occupation	Relationship to Student

Immunization. Shot records: 4 DTap/DTP, 3 Polio, MMR, Hep B, 2 Varicella. For Pre-K, HIB, PCV, 1 Varicella.

Lead Poisoning Screening. Has your child been screened for lead poisoning? Y / N
Please include a copy of the test with immunization record.

History. Has your child had any of the following? If yes, please describe.

	No	Yes	Describe
Allergies/Hay Fever			
Anemia			
Arthritis			
Asthma			
Bee Sting Allergy			
Bladder/Kidney Injury or Disease			
Bleeding Tendencies			
Broken Bones			
Cancer			
Childhood Diseases			
Concussion			
Convulsions/Seizures			
Diabetes			
Eyeglasses (<input type="checkbox"/> Full time, <input type="checkbox"/> Reading, <input type="checkbox"/> Sports)			
Fainting Spells			
Frequent Colds/Sore Throats			
Frequent Headaches			

Student Name: _____

	No	Yes	Describe
Gastrointestinal Problems			
Head/Neck Injury			
Heart Disease/Problems/Murmur			
High Blood Pressure			
Injury to the Spleen			
Nose Bleeds (Frequent/Severe)			
Orthopedic Problems			
Pneumonia			
Rheumatic Fever			
Seizures			
Tuberculosis Contact			
Other:			

Hospitalizations/Severe Injuries/Operations:

Nature of Illness/Injury/Operation	Age	Hospitalized?

Medications:

Name of Medicine	Reason Prescribed

Does your child use an inhaler at school? Y / N

Does your child have tubes in his/her ears? Y / N If so, is swimming restricted? (grades 4-12) Y / N

Has your doctor suggested that your child's activities at school be limited in any way? _____

Has there ever been a sudden death in a family member under the age of 50? If yes, explain: _____

Does your child have any of the following: loss of vision, severe hearing loss, one kidney, one testicle? If yes, explain: _____

Any special medical problems or concerns? _____

PARENT/GUARDIAN SIGNATURE

DATE

After School Care Program

(4 year olds and older)

As a service to our working parents, IHC Elementary School offers an After School Care Program. The program is structured so students have a time for snack, study and free/play time. To ensure a strong program that meets the needs of our students and parents, we need to know how many students may be interested in using the program. If you are interested, please complete this form with your application packet, or no later than "Meet Your Teacher" night in August (date to be announced).

Hours: 2:00 until 5:30 p.m.

Available to: Students in grades Junior-K to 6.

Cost: \$5.00 per hour per child. Payments should be made weekly, unless other payment arrangements have been made. (*After School Care service may be suspended if an account is not paid in full at the end of each month*).

Pick-up: For the safety of all, a parent or guardian must report to sign their child out. A note should be sent to the school if another adult is picking-up your child or if your child is not going to attend the after-school program on a registered day.

After-School Care Sign-Up

Parent or Guardian Full Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone numbers where you can be reached after school hours:

Child's name: _____ Grade: _____

Child's name: _____ Grade: _____

Child's name: _____ Grade: _____

My child(ren) will attend on these days:

Monday

Tuesday

Wednesday

Thursday

Friday

As needed

Child Pick-Up Form

A. The following people HAVE permission to pick-up the child named below from the daycare at [IHC Primary](#). It is the parent's responsibility to notify us in writing of any changes.

Child's Name	DOB	Age	Sex
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1. Name: _____ DL #: _____ Relation: _____
Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____
Address: _____ Phone: _____

3. Name: _____ DL #: _____ Relation: _____
Address: _____ Phone: _____

4. Name: _____ DL #: _____ Relation: _____
Address: _____ Phone: _____

5. Name: _____ DL #: _____ Relation: _____
Address: _____ Phone: _____

6. Name: _____ DL #: _____ Relation: _____
Address: _____ Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider name/daycare name	Date

Military Family Life Counselor Consent

The Department of Defense (DoD) assigns a Child and Youth Behavioral (CYB) Military and Family Life Counselor (MFLC, pronounced "M-FLAC") to IHC School. If your student is the child of a military service member, retiree or DoD civilian, you may consent for them to receive MFLC services. MFLCs are fully licensed counseling professionals available to provide confidential, non-medical counseling support to families dealing with the unique challenges of military life. The program is fully confidential; no written records are made of any MFLC services.

The MFLC may support IHC staff and work with children and families in the following ways:

- Observe, participate and engage in student activities
- Provide direct interaction with children
- Model behavioral techniques and provide feedback
- Suggest age-appropriate behavioral interventions to enhance coping and behavioral skills
- Outreach to parents at school and family events
- Available for parents for guidance and support
- Facilitate psycho-educational groups
- Conduct training for staff and parents
- Recommend referrals to military social services and other resources as needed

The MFLC may assist parents, teachers, staff, and children in the following ways:

- Communication
- Resolving conflicts
- Helping children deal with angry feelings
- Bullying
- Self esteem/self confidence
- Behavioral management techniques
- Sibling/parental relationships
- Deployment and reintegration issues

The MFLC may also work with children in settings such as field trips and other school-sponsored activities. The MFLC is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice. At no time will the counselor meet individually with a child without being in line of sight of an IHC School employee with supervisory authority, or a parent/guardian. The MFLC only uses Office of the Secretary of Defense (OSD) approved materials for trainings, groups, and any other activities.

Consent to Receive MFLC Services

Parental permission is required for participation in any DoDEA-sponsored program. If your student is the child of a military service member, retiree or DoD civilian, please complete below. This form will be confidentially maintained by the school front office. Please complete one form for each child.

Name of school: Immaculate Heart Central School, Watertown, NY

I acknowledge that a MFLC is available and **DO** **DO NOT** authorize my child to receive MFLC support.

Child's Name

Grade

Parent/Guardian Name

Date

(School Use Only): Classroom/homeroom teacher: _____

Left blank intentionally. See next page.

St. John Bosco Pre-School Payment Contract, 2019-2020 School Year

Parent Name(s): _____

Program Rates, 2019-2020 School Year

Program Rates, 2019-2020 School Year			* Family Rate for Multiple Children in IHC
Jr. Kindergarten - 5 days; 4 or 5 year-olds	Mon to Fri; Full Day	\$4,250	\$3,850 **

** Or, if you pay \$4250 for Jr. Kindergarten, you are eligible for a \$400 credit, to be received at the completion of Kindergarten.

Students

Student names Pre-K	Session ID (Office Use)	Tuition	Net Tuition and Fees
		Total:	

Registration Fee. \$75 non-refundable registration fee due at enrollment. Paid: _____

- Option 1: Payment in Full.** Payment made directly to "IHC School" on or before July 15.
- Option 2. 10 Monthly Payments.** Automatic checking or savings account withdrawal on the 5th or 20th of each month, from August to May, through the FACTS tuition management service. If you have not used FACTS before, please enroll online at <https://online.factsmgt.com/signin/3FR34>.

Note: If you are already enrolled in the FACTS system with IHC or St. John Bosco, you will automatically be reenrolled for the upcoming school year. Current plan holder's name. _____

St. John Bosco Payment Policies

- Payment is based on enrollment not attendance; therefore payment will be the same each month.
- I understand that any delinquent account may be turned over to a collection agency in which case I will be subject to the additional collection fees.

Parent/Guardian Signature or
Plan Holder Signature, if different

Date