



ST. ALBERT THE GREAT

VERITAS, MENS, SANCTITAS

5535 WEST STATE ROAD, BURBANK, ILLINOIS 60459

RE-REGISTRATION FORM FOR 2019 - 2020 SCHOOL YEAR

AGE REQUIREMENTS

3 year old Preschool students must be 3 on or before September 1st (birthdate 09/01/2016 or before).
4 year old Preschool students must be 4 on or before September 1st (birthdate 09/01/2015 or before).
Kindergarten students must be 5 years old on or before September 1st (birthdate 09/01/2014 or before).

COMPLETE THE FORM BELOW FOR CHILDREN RETURNING TO ST. ALBERT'S

I would like to **RENEW** the registration for my child/ren for the following grades (please circle either 3 or 5 days)

4 Year Preschool Program ½ Day 8:00 A.M. – 11:15 A.M.: 3 days(M-W-F) or 5 days (Monday through Friday)

4 Year Preschool Full Day Program 8:00 A.M. – 3:00 P.M.: 3 days(M-W-F) or 5 days (Monday through Friday)

Child's Full Name: _____ Date of Birth: _____

STUDENTS RETURNING FOR GRADES KINDERGARTEN through 8th GRADE ONLY

My child/ren will be returning to St. Albert the Great for the 2019 – 2020 school year

PLEASE LIST THE OLDEST CHILD FIRST AND GRADE FOR NEXT YEAR

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

Tuition, Registration Fee, Materials Fee, and Fundraising Agreement

In consideration for the enrollment of the above named student(s) for the 2019/2020 academic school years, I/We hereby agree to pay St. Albert the Great the applicable fees. I/We the undersigned also agree to abide by the school policies concerning tuition payments and fundraising. *****ALL REGISTRATION AND MATERIALS FEES ARE NON-REFUNDABLE*****

2019-2020 Annual Tuition: \$ _____ Total Fees: \$ _____

In cooperation with the Parents/Guardians of the above named student(s), St. Albert the Great School agrees to do the utmost to provide a quality Catholic grammar school education during the 2019–2020 school year, assuming compliance with all school/Archdiocesan policies and procedures.

Signature of person(s) financially responsible for this agreement

Date

Office Use Only: Date paid _____ Amount paid: _____ Cash Check # _____



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RE-REGISTRATION FORM FOR 2019 - 2020 SCHOOL YEAR

NEW STUDENT REGISTRATION If adding an additional child to our school - Please print clearly

Child's Last Name _____ First Name _____

Date of Birth: Month _____ Day _____ Year _____ 19-20 School year grade: _____

PLEASE CHOOSE FROM ONE OF THE FOUR PROGRAM OPTIONS BELOW:

- ☐ **PROGRAM OPTION #1: 3-year-old Preschool program.** (Please note that Preschool students will have a 6-week probationary period to review adjustment/progress of child)

Please circle your Preschool choice for your child:

Half-Day (8:00-11:15) 3 days (M-W-F) OR 5 days (M-T-W-Th-F)

Full Day (8:00-3:00) 3 days (M-W-F) OR 5 days (M-T-W-Th-F)

- ☐ **PROGRAM OPTION #2: 4-year-old Preschool program.** (Please note that Preschool students will have a 6-week probationary period to review adjustment/progress of child)

Please circle your Preschool choice for your child:

Half-Day (8:00-11:15) 3 days (M-W-F) OR 5 days (M-T-W-Th-F)

Full Day (8:00-3:00) 3 days (M-W-F) OR 5 days (M-T-W-Th-F)

- ☐ **PROGRAM OPTION #3: Kindergarten - 8th grade program.** Please circle which grade your child will be entering in the 2018-2019 school year:

K 1 2 3 4 5 6 7 8

If applicable, please indicate the current school this child attends: _____

If your child is transferring from another school, we will provide you with a form to sign, that will enable us to get documentation from the previous school.

ALL FAMILIES – PLEASE FILL THIS OUT

Family Last Name: _____ Home Phone (_____) _____

First Name of oldest child currently attending St. Albert's _____ Grade _____

Parent/Guardian Signature: _____ Date: _____

Work Phone (_____) _____ Cell Phone (_____) _____

Signature: _____ Date: _____