



# ST. ALBERT THE GREAT

VERITAS, MENS, SANCTITAS

5535 WEST STATE ROAD, BURBANK, ILLINOIS 60459

## RE-REGISTRATION FORM FOR 2018 - 2019 SCHOOL YEAR

### AGE REQUIREMENTS

3 year old Preschool students must be 3 on or before September 1<sup>st</sup> (birthdate 09/01/2015 or before).  
4 year old Preschool students must be 4 on or before September 1<sup>st</sup> (birthdate 09/01/2014 or before).  
Kindergarten students must be 5 years old on or before September 1<sup>st</sup> (birthdate 09/01/2013 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 8<sup>th</sup> GRADE ONLY

My child/ren will be returning to St. Albert the Great for the 2018 – 2019 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 2018/2019 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\*\*\***

2018-2019 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 2017–2018 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 # \_\_\_\_\_

**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 \_\_\_\_\_ 18-19 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.

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**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: \_\_\_\_\_