



2017-2018 YOUNG 5 & KINDERGARTEN SCREENING & REGISTRATION

Children who will be five years of age by September 30th may register for kindergarten enrollment for the 2017-2018 school year. Your child may be eligible to enroll in the Young 5 class if their screening results recommend enrollment or they are age-ineligible for the Kindergarten age cut-off date.

On Monday March 20th Holy Cross Catholic School will be holding Young 5/Kindergarten Screenings. *(If your child is currently enrolled in the HCCS Pre-K 4 program, you do not need to attend this screening; it will take place during class time.)* This screening will take around 20 minutes. Mrs. Cristal Moore, our Young Fives teacher and Mrs. Kristin Siler, our Kindergarten teacher will facilitate the screenings. Parents will receive a letter of evaluation at a later date.

STUDENT INFORMATION

Name _____ (nickname) _____ Birthdate _____

PARENT INFORMATION

Name _____ Phone _____ Email _____

Screening will be held at Holy Cross Catholic School, 1745 S. Clinton St., Defiance on Monday March 20th. The school office will contact you to schedule a screening time.*

**If your child is currently enrolled in the HCCS Pre-K 4 program, you do not need to attend this screening; it will take place during class time. Please complete the registration on the reverse side of this form to reserve a spot in the Young 5/Kindergarten class for 2017-18.*

For more information please contact Sr. Lynda Snyder, SND Principal 419784-2121 srlynda@defianceholycross.org
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HCCS admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



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My child will need before school care.

I would utilize after school care if HCCS offered it.

STUDENT INFORMATION

Name _____ (nickname) _____ Birthdate _____

Address _____ Sex (M) ____ (F) _____

Telephone _____ Place of Birth _____

Language Spoken at Home _____ Race _____

Student Lives with: _____ Mother _____ Stepmother _____ Legal Guardian
 _____ Father _____ Stepfather

FAMILY INFORMATION

 Father's or Guardian's name Religion Race

 Father's Occupation Business Address & Phone

 Mother's Name (First & Maiden) Religion Race

 Mother's Occupation Business Address & Phone

Place of worship: _____

Other children in family:
 Name _____ Grade _____

I give my permission to have my name, address and telephone number printed in the school roster.

 (Signature)

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OFFICE USE:		
<input type="checkbox"/> \$25.00 Non-refundable registration fee	<input type="checkbox"/> Pick-up Form	<input type="checkbox"/> Medical Statement
<input type="checkbox"/> Registration Form	<input type="checkbox"/> Birth Certificate (copy)	<input type="checkbox"/> Payment Sheet /FACTS Form
<input type="checkbox"/> Emergency Authorization Form	<input type="checkbox"/> Immunization Records (copy)	
<input type="checkbox"/> Health Information Sheet	<input type="checkbox"/> Administration of Medication Request (if applicable)	
<input type="checkbox"/> Information Sheet		