St. Nicholas School is dedicated to the education of today’s youth by developing a strong academic foundation, and building character along with artistic, physical, and social development bound with spiritual integrity. Our emphasis is on cultivating a positive sense of self-confidence, independence, responsibility, and Christian love within a multicultural faith community.

Applying to St. Nicholas School

To apply for admission to St. Nicholas School, all admissions documents must be completed and submitted, along with the appropriate fees. It is best to make an appointment with the Registrar to submit your forms. New students may be accepted for admission depending upon the number of openings available. Once classes are filled, all subsequent applicants are placed on a waiting list for future openings, in the order they are received.

ADMISSIONS REQUIREMENTS

Toddlers:
1. Must be 18 months to 36 months of age by the date admission is sought.
2. Potty training is provided in school as an essential part of the daily routine.

Two-Year Old:
1. Must be two years of age.
2. Must be toilet-trained (no diaper-like or training pants)

Three-Year Old:
1. Must be three years of age by September 1st of the academic year for which admission is sought.
2. Must be toilet-trained (no diaper-like or training pants)

Pre-Kindergarten:
1. Must be four years of age by September 1st of the academic year for which admission is sought
2. Must be toilet-trained (no diaper-like or training pants)
3. Pre-Kindergarten program is a mandatory minimum of 5 half days

APPLICATION PROCEDURES:
1. Complete the application forms which can be found on our website, www.stnicholaseducation.com.
   _____Copy of child’s birth certificate
   _____A Physician’s Report completed by the child’s physician
   _____Tuition Agreements
   _____Copy of the immunization records
   _____Copy of Personal Rights
   _____Copy of Parents’ Rights

2. Mail or drop-off the application forms, with a $100 application fee, during office hours (8:00 a.m. – 4:00 p.m.)
   9501 Balboa Blvd. Northridge, CA 91325
   Use driveway on Plummer St.

   Or email to sskiani@stnicholaseducation.com OR gbacoulis@stnicholaseducation.com
   Or FAX to (818) 886-3933

3. A parent interview with the Preschool Director will be scheduled after the application.
4. A student’s place can only be reserved once all required enrollment forms have been received and tuition and fees have been paid. If there are no openings available, the student will be placed on a waiting list.
Please call the School Office to set-up an appointment with the Registrar to submit the following forms:

- Application for Admission
- Preschool Criteria
- Acknowledgement of Personal Right
- Notification of Parents’ Rights
- Identification and Emergency Information (LIC 700)
- Physician’s Report
- Immunization Record
- Copy of Birth Certificate
- Preschool Enrollment Form
- Medical History & Health Information
- Emergency Contact Form
- Earthquake Information
- Tuition Agreement
- School Schedule Options Form
- Daycare Agreement
- Tuition Payment Plan
- Registration Payment $275 (paid on Gradelink)
- Materials Fee $75 (paid through FACTS)
- First Month’s Tuition Payment
Child’s Name
Last          First         Middle Initial
Date

Home Address
Number and Street
City          State          Zip Code

Grade _______ in September 2019    Male ☐    Female ☐    Birthday ________________

Home Phone ___________________________    Child’s Religion ___________________________

School Attending ___________________________    Current Grade __________________________

School Address
Number and Street
City          State          Zip Code

School Phone ___________________________    Principal __________________________

St. Nicholas Church Member? Yes ☐ No ☐ ☐
Greek Spoken? Yes ☐ No ☐ ☐

Siblings at St. Nicholas? Yes ☐ No ☐ ☐ Name(s) __________________________

Mother’s Name ___________________________    E-mail __________________________
Work Phone ___________________________    Cell Phone __________________________
Address (if different from above)
Number and Street
State          Zip Code

Father’s Name ___________________________    E-mail __________________________
Work Phone ___________________________    Cell Phone __________________________
Address (if different from above)
Number and Street
State          Zip Code

Heard about St. Nicholas School through:

☐ Friend ___________________________    ☐ Banner ___________________________    ☐ Brochure ___________________________

☐ Greek Festival ______________________    ☐ Website __________________________    ☐ Parent is Alumni ___________________________

☐ Parent is Church Member ______________________    ☐ Other ___________________________
I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at St. Nicholas School. My signature below indicates that all information contained in this application is correct, complete, and honestly presented.

I UNDERSTAND AND AGREE THAT THE APPLICATION FEE IS NON-REFUNDABLE

_________________________________________    _____________
Signature of Mother of Guardian                Date

_________________________________________    _____________
Signature of Father of Guardian                Date

NOTICE OF NON-DISCRIMINATION POLICY AS TO STUDENTS

St. Nicholas School, 9501 Balboa Blvd., Northridge, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at St. Nicholas School. St. Nicholas School does not discriminate on the basis of race, color, and/or national and ethnic origin in the administration of its education policies, admissions policies, scholarship, athletic and other school-administered programs.
Student’s Name: ____________________________ Birthday: ________________

PLEASE CHECK WHAT APPLIES:

☐ Toilet trained  ☐ Speaks understandably
☐ Feeds self  ☐ Seldom speaks
☐ Needs help feeding self  ☐ Speaks in sentences
☐ East almost all food  ☐ Does not speak English
☐ Eats very few foods  ☐ Speech impediment
☐ Has temper tantrums  ☐ Initiates own actions
☐ Teases other children  ☐ Follows requests
☐ Overactive  ☐ Cares for own property
☐ Highly excitable  ☐ Is attentive
☐ Timid and/or shy  ☐ Has many interests
☐ Plays well with others  ☐ Few interests
☐ Is “picked on” by others  ☐ Has many fears
☐ Overly aggressive  ☐ Cries easily

MY CHILD NEEDS TO:

☐ Adjust to other children  ☐ Manage anxiety better
☐ Become less active  ☐ Get interested in something
☐ Become more active  ☐ Acquire manual/motor skills
☐ Become more cooperative  ☐ Become self-reliant

Please share any information that would help us understand your child’s development needs:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
PERSONAL RIGHTS
Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.
(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
(1) To be accorded dignity in his/her personal relationships with staff and other persons.
(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
(6) Not to be locked in any room, building, or facility premises by day or night.
(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

State of California Community Care

ADDRESS

6167 Bristol Parkway Suite 400

CITY

Culver City, CA

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

(310) 337-4335

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: PLACE IN CHILD’S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: If we have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

St. Nicholas School

(PRINT THE ADDRESS OF THE FACILITY)

9501 Balboa Blvd. Northridge, CA.

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

LIC 813A (6/05)
CHILD CARE CENTER
NOTIFICATION OF PARENTS’ RIGHTS

PARENTS’ RIGHTS
As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee’s public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name:

   Licensing Office Address:

   Licensing Office Telephone #:

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

   NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS’ RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of ____________________________, have received a copy of the “CHILD CARE CENTER NOTIFICATION OF PARENTS’ RIGHTS” and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

________________________________________
Name of Child Care Center

________________________________________  __________________________
Signature (Parent/Authorized Representative)  Date

NOTE: This Acknowledgement must be kept in child’s file and a copy of the Notification given to parent/authorized representative.
PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

______________, born ____________ is being studied for readiness to enter

St. Nicholas School. This Child Care Center/School provides a program which extends from 8:00 a.m. to 3:00 p.m., 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) ____________________________ (TODAY'S DATE) ____________

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Vision:

Developmental:

Language/Speech:

Other (Include behavioral concerns):

Allergies: medicine:

Insect stings:

Food:

Asthma:

Other:

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st</td>
</tr>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td>/</td>
</tr>
<tr>
<td>DTP/DTaP/DTITd (DIPHTHERIA, TETANUS AND ACELLULAR PENTOTISS OR TETANUS AND DIPHTHERIA ONLY)</td>
<td>/</td>
</tr>
<tr>
<td>MMR (MEASLES, Mumps, AND RUBELLA)</td>
<td>/</td>
</tr>
<tr>
<td>HIB MENINGITIS (HACEPHILUS B)</td>
<td>/</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>/</td>
</tr>
<tr>
<td>VARICELLA (CHICKENPOX)</td>
<td>/</td>
</tr>
</tbody>
</table>

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.
☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
☐ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: ____________________________ Date of Physical Exam: ____________
Address: ____________________________ Date This Form Completed: ____________
Telephone: ____________________________ Signature ____________________________

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner
RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.
Child’s Name ____________________________ Date __________________

Last   First  Middle Initial

Grade _______
in September 2019  Male ☐  Female ☐  Birthday ______________________

Home Address
Number and Street  State  Zip Code

Home Phone ____________________________  Child’s Religion ______________________

St. Nicholas Church Member?  ☐ Yes  ☐ No  Greek Spoken?  Yes ☐ No ☐

Siblings at St. Nicholas?  ☐ Yes  ☐ No  Name(s) __________________________

To what race(s) does your child belong
☐ African American  ☐ Asian  ☐ Caucasian
☐ Hispanic  ☐ Native American/Alaska Native  ☐ Native Hawaiian

Mother’s Name ____________________________  E-mail ____________________________
Work Phone ____________________________  Cell Phone ____________________________
Marital Status  ☐ Separated  ☐ Divorced  ☐ Living with child
Address (if different from above)
Number and Street  State  Zip Code

Employer ____________________________
Employer’s Address ____________________________

Father’s Name ____________________________  E-mail ____________________________
Work Phone ____________________________  Cell Phone ____________________________
Marital Status  ☐ Separated  ☐ Divorced  ☐ Living with child
Address (if different from above)
Number and Street  State  Zip Code

Employer ____________________________
Employer’s Address ____________________________

Guardian’s Name ____________________________  E-mail ____________________________
Work Phone ____________________________  Cell Phone ____________________________
Marital Status  ☐ Separated  ☐ Divorced  ☐ Living with child
Address (if different from above)
Number and Street  State  Zip Code

Employer ____________________________
Employer’s Address ____________________________
Heard about St. Nicholas School through:

- [ ] Friend
- [ ] Banner
- [ ] Brochure
- [ ] Greek Festival
- [ ] Website
- [ ] Parent is Alumni
- [ ] Parent is Church Member
- [ ] Other

I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at St. Nicholas School. My signature below indicates that all information contained in this application is correct, complete, and honestly presented.

I have received and read the “Parent Handbook” and accept and agree to abide by these policies.

My signature also indicates that I give consent to allow my child’s picture to be used in any publication or on the website of St. Nicholas School.

Toddlers:
- Must be 18 months to 36 months of age by the date admission is sought
- Potty training is provided in school as an essential part of the daily routine.

Two-Year Old:
- Must be two years of age
- Must be toilet-trained (no diaper-like or training pants)

Three-Year Old:
- Must be three years of age by September 1st of the academic year for which admission is sought.
- Must be toilet-trained (no diaper-like or training pants)

Pre-Kindergarten:
- Must be four years of age by September 1st of the academic year for which admission is sought.
- Must be toilet-trained (no diaper-like or training pants)
- Pre-Kindergarten program is a mandatory minimum of 5 half days

I UNDERSTAND AND AGREE THAT REGISTRATION FEES AND TUITION ARE NON-REFUNDABLE.

Signature of Mother or Guardian                                      Date

Signature of Father or Guardian                                      Date

NOTICE OF NON-DISCRIMINATION POLICY AS TO STUDENTS

St. Nicholas School, 9501 Balboa Blvd., Northridge, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at St. Nicholas School. St. Nicholas School does not discriminate on the basis of race, color, and/or national and ethnic origin in the administration of its education policies, admissions policies, scholarship, athletic and other school-administered programs.
Student’s Name _______________________________ Birthday __________________

Do you authorize the Office staff to administer Tylenol if needed? □ Yes □ No □ Call me first

Doctor _____________________________ Phone ________________

Dentist _____________________________ Phone ________________

Medical insurance with ____________________________ Policy # ________________

My child has a history of:

☐ Allergies ☐ Frequent colds ☐ Fainting
☐ Frequent sore throats ☐ Sinus trouble ☐ Menstruation
☐ Abscessed ears ☐ Bronchitis ☐ Behavior
☐ Frequent upset stomach ☐ Kidney trouble ☐ Plant poisoning
☐ Heart trouble ☐ Convulsions ☐ Insect stings
☐ Asthma ☐ Diabetes ☐ Nightmares
☐ Epilepsy ☐ Constipation ☐ Homesickness
☐ Bed wetting ☐ Sleepwalking ☐ Other
☐ Sunburn ☐ Poor appetite

Please indicate the following disease your child has had, and the dates:

☐ Chicken pox ☐ Scarlet fever ☐ Measles
☐ Polio ☐ Tuberculosis ☐ Mumps
☐ Rheumatic fever ☐ Whooping cough ☐ Rubella
☐ Other (Specify) ____________________________

Specific activity to be encouraged ____________________________________________
Specific activity to be restricted _______________________________________________
Recent operations or serious injury _____________________________________________
Is your child under special medication? (Specify) ___________________________________

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. Should my child require special medication during school hours, I will send the medication to the School Health Office with written instructions from a physician. I hereby authorize the school office staff to administer it, according to the written instructions indicating dosages and time schedules.

2. As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment to minor injuries or illness. If the injury or illness is severe, I authorize him/her to seek professional emergency personnel to attend, transport and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgement upon the advice of medical or emergency personnel.

Signature of Parent or Guardian ____________________________ Date ________________
To enable proper care of your child, fill in completely. It is the responsibility of the parents to keep this information current. If any of this information changes, **notify the School Office immediately**.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Birthday</th>
<th>Room #</th>
</tr>
</thead>
</table>

**BEST PHONE NUMBER TO CALL DURING THE SCHOOL DAY**

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s Name</td>
<td>Work Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If my child is sick or injured and the school is unable to reach me, please call:

Please name **anyone** who has permission to pick up your child.
If their name is not on this list, your child will **not** be released to them.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Phone</td>
<td>Phone</td>
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<tr>
<td>Name</td>
<td>Relationship</td>
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<td>Name</td>
<td>Relationship</td>
<td>Phone</td>
<td>Phone</td>
</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Phone</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Who **does not** have permission to pick up your child? ________________ Relationship ________________

If you have a court order stating a parent or other adult does not have permission to visit or pick up your child, you must provide a copy of the court order to the school office.

Name of a friend or relative **within walking distance** who can pick up your child

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
</table>

Name of relative living **out** of the area who can be contacted, if necessary

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
</table>

_______________ __________________________
Signature of Parent or Guardian Date
Parents are charged a nominal fee each year to purchase earthquake supplies for their child. These supplies are adequate for three days for each child. Emergency earthquake supplies for the students and staff are stored in a centrally located unit away from the school buildings. They include first aid equipment, food, water, and sanitary supplies. Included too, will be an emergency card and comfort letter for each child. The policy of Saint Nicholas School is that in the event of an emergency, children will be kept at school until a designated individual picks them up. We hope that we will never have the need to use these supplies, but we can all rest a little easier knowing that we have done what we can for the care, protection and safety of our children.

ADDITIONAL EMERGENCY SUPPLIES THAT YOU PROVIDE CONSIST OF THE FOLLOWING:

COMFORT LETTER

A short reassuring note of love to your child from you! If your child has a nickname that you use, a favorite poem or saying, family photo, or scripture, please indicate that in the note. Notes from home will reassure children that they are loved, that parents are thinking of them at this difficult time, and that someone else they know will arrive as soon as possible to pick them up. Remind your children that they can help out by keeping their faith, being obedient to those in charge and showing their best manners. Please put the letter in a SMALL Ziploc bag. Please write your child's full name in large print on the back of the letter and fold it so that the name can be read through the outer bag.
### Preschool

<table>
<thead>
<tr>
<th></th>
<th>REGISTRATION FEE</th>
<th>BOOSTER CLUB MEMBERSHIP</th>
<th>MATERIALS FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$275 per child per year</td>
<td>$100 with no volunteer hours</td>
<td>$75 per child per year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$25 with volunteer hours</td>
<td></td>
</tr>
</tbody>
</table>

**Tuition 2019-2020**

#### Preschool

<table>
<thead>
<tr>
<th></th>
<th>Half days 8:15-12:30</th>
<th>Yearly</th>
<th>10 months</th>
<th>Parishioner discount* 5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 half days</td>
<td>$5,000</td>
<td></td>
<td>$500</td>
<td>$475</td>
</tr>
<tr>
<td>4 half days</td>
<td>$5,750</td>
<td></td>
<td>$575</td>
<td>$547</td>
</tr>
<tr>
<td>5 half days</td>
<td>$6,500</td>
<td></td>
<td>$650</td>
<td>$618</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Full time 8:15-3:00</th>
<th>Yearly</th>
<th>10 months</th>
<th>Parishioner discount* 5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 full days</td>
<td>$7,000</td>
<td></td>
<td>$700</td>
<td>$665</td>
</tr>
<tr>
<td>4 full days</td>
<td>$8,000</td>
<td></td>
<td>$800</td>
<td>$760</td>
</tr>
<tr>
<td>5 full days</td>
<td>$8,950</td>
<td></td>
<td>$895</td>
<td>$850</td>
</tr>
</tbody>
</table>

#### Toddlers and Transitional Twos (non potty trained)

<table>
<thead>
<tr>
<th></th>
<th>Half days 8:15-12:30</th>
<th>Yearly</th>
<th>10 months</th>
<th>Parishioner discount* 5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 half days</td>
<td>$5,500</td>
<td></td>
<td>$550</td>
<td>$523</td>
</tr>
<tr>
<td>4 half days</td>
<td>$6,250</td>
<td></td>
<td>$625</td>
<td>$594</td>
</tr>
<tr>
<td>5 half days</td>
<td>$7,000</td>
<td></td>
<td>$700</td>
<td>$665</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Full time 8:15-3:00</th>
<th>Yearly</th>
<th>10 months</th>
<th>Parishioner discount* 5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 full days</td>
<td>$7,500</td>
<td></td>
<td>$750</td>
<td>$712</td>
</tr>
<tr>
<td>4 full days</td>
<td>$8,500</td>
<td></td>
<td>$850</td>
<td>$807</td>
</tr>
<tr>
<td>5 full days</td>
<td>$9,250</td>
<td></td>
<td>$925</td>
<td>$879</td>
</tr>
</tbody>
</table>
*For families who are members of St. Nicholas Church, and your monthly stewardship (financial commitment) is paid current, your tuition discount will be reflected beginning on your June statement.

**Important Tuition Information**

- A Tuition Agreement must be signed for each school year by the parent(s)/legal guardian(s).
- All fees, advanced deposits, and tuition are non-refundable and non-excusable.
- All fees and tuition are paid through FACTS. You will receive an email invitation from FACTS regarding your tuition and incidental contracts. You must enroll in FACTS and set up your banking institution.
- Once enrolled, payment of the full annual tuition amount is the responsibility of the party/parties signing the Tuition Agreement. Tuition payments plans are set up by you through FACTS.
- Payment of the annual tuition, and all other fees are expected according to the terms of your designated monthly agreement.
- Tuition credit for absences, family vacations, non-operational days, and closed holidays will not be given.
- St. Nicholas School reserves the right to withhold student records, including, but not limited to report cards, if the status of an account is not current.
- Booster Club discounted membership fee is reliant upon the parent volunteering for a total of 10 hours throughout the school year. If the volunteer hours are not fulfilled, the family will be charged for $10.00 per hour not met on their final invoice. Hours may include fundraisers, field trips & classroom activities.*

- **Pre-Kindergarten program is a mandatory minimum of 5 half days**

*St. Nicholas School offers, by separate agreement and fee schedule, morning and after school Daycare, Summer Enrichment and Camp programs.*

*Accounts are delinquent if not paid by the 15th of the month. A late charge of $20.00 each month will be assessed on all accounts not current by the 15th of each month. If an account is overdue by 30 days and no arrangements have been made with the school office, the child may be suspended until the account is paid. There will be a $20.00 charge for all returned checks.*
I am registering my child for the option checked below. Any desired change must be approved by the Preschool Director and the school office. To facilitate a smooth transition, I agree to at least a two week notice, accompanied with a new Preschool Schedule Options form filled out.

- **FULL TIME 8:15 - 3:00**
  - 5 Days: Monday - Friday
  - 3 Days
  - 4 Days

- **HALF TIME 8:15 - 12:30**
  - 5 Days: Monday - Friday
  - 3 Days
  - 4 Days

FOR OFFICE USE ONLY

Approved by Preschool Director

Date

Start Date

Room #
Daycare is available before and after school hours. It is provided on a daily basis, as needed basis. Any student arriving before 8:00 a.m. will be charged for daycare.

**GRADE**  
**PRESCHOOL**  
**K - 8TH**

**Before School**
- 7:00 - 8:00 a.m.
- MUST BE SIGNED IN BY ADULT

**After School**
- 3:15 - 6:00 p.m.
- MUST BE SIGNED OUT BY ADULT

**DAYCARE RATE SCHEDULE**

<table>
<thead>
<tr>
<th>Daily Rates</th>
<th>Before School</th>
<th>After School</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Child</td>
<td>$6</td>
<td>$12</td>
</tr>
<tr>
<td>Each additional Child</td>
<td>$5</td>
<td>$10</td>
</tr>
</tbody>
</table>

**LATE FEES:** No child may arrive before 7:00 a.m. If a child is NOT picked up and signed out by 6:00 p.m., a flat fee of $12 plus $1 for every minute the child(ren) remains in school after 6:00 p.m. will be charged, per child.
Payment Plan (Check one):

☐ One Payment
   Due by August 15 for a 5% discount off tuition

☐ Two Payments
   Due by August 15 and January 15 for a 3% discount off tuition

☐ Ten Payments
   For new students, the first payment is due upon enrollment and the final payment is due in May.
TODDLER - (Please Label All Items)

- Diapers to last for the week (bring more every Monday)
- 1 - roll of small size or bathroom liner trash bags (for soiled clothing)
- 3 - full change of clothes (shirts, pants, underwear, socks & shoes)
- 1 - regular size backpack - WITHOUT WHEELS
- 1 - recent photo of student 2” x 3”
- 1 - paint smock or oversized T-shirt -Labeled
- 1 - full water bottle to be replaced when necessary/daily
- 1 - bottom pocket folder (NO three ring binders)
- 1 - package of baby wipes per month, or as needed
- 2 - large boxes of tissues
- 1 - family picture (4 x 6)
- 1 - soft lunch box
- 1 - 8 pk. glue sticks
- 1 - box of jumbo size crayons
- 1 - 16 pack washable markers (thick)
- 1 - large box of Crayola watercolors
- 1 - box 24 count plastic forks
- 1 - box 24 count plastic spoons
- 1 - cot blanket with small pillow (Full Day children only)

PRESCHOOL - (Please Label All Items)

- 1 - regular size backpack - WITHOUT WHEELS
- 1 - recent photo of student 2” x 3”
- 1 - paint smock or oversized T-shirt -Labeled
- 1 - full water bottle to be replaced when necessary/daily
- 1 - bottom pocket folder (NO three ring binders)
- 2 - pkgs. of baby wipes
- 1 - family picture (4 x 6)
- 2 - large boxes of tissues
- 1 - soft lunch box
- 1 - 12 pk. Elmer’s glue sticks
- 1 - box of crayons
- 1 - 12 pack washable markers (thin)
- 2 - full change of clothes (shirts, pants, underwear, socks & shoes)
- 1 - large box Crayola watercolors
- 1 - roll of small size or bathroom liner trash bags (for soiled clothing)
- 1 - cot blanket with small pillow (Full Day children only)
PRE-KINDERGARTEN - (Please Label All Items)

- 1 - Backpack **WITHOUT WHEELS**
- 1 - full water bottle replaced daily
- 2 - large box of tissues, per semester
- 1 - complete set of clothes with two pair of underpants in Ziploc bag (no uniforms)
- 1 - pair of shoes
- 2 - pkgs. of baby wipes
- 1 - soft lunch box
- 1 - paint smock labeled
- 2 - boxes of 24 count Crayola crayons
- 1 - package lined index cards - MULTI-COLOR (100 count)
- 1 - 12 pack Crayola washable markers (thin)
- 2 - 12 pks. glue sticks (0.88 oz.), per semester
- 1 - large box Crayola watercolors
- 1 - bottom pocket folder (NO 3 ring binders)
- 1 - family picture (4 x 6)
- 1 - picture of the child (4x6)
- 1 - cot blanket with small pillow (Full Day children only)
8:15 – 8:40  Children Arrive/Free Play
8:45 – 9:05  Morning Stretch & Exercise (P.E. Outside)
9:10 – 9:40  Circle Time PS/PK (Toddler Recess)
9:40 – 10:00  Snack
10:00 – 10:50  Lang.Arts/ Math/ Theme (Toddler Circle Time)
10:40 – 11:10  Recess: Rooms 9 & 10
10:50 – 11:15  Rhythm/ Music/ Story (Toddler Crafts/Outdoor/Music)
11:15 – 11:45  Recess: Rooms 6, 7 & 8
11:45 – 11:50  Bathroom/Wash Hands
11:50 – 12:30  Lunch/Prep For Home & Nap
12:45 – 2:30  Nap
2:30 – 2:45  Wake Up & Snack
2:45 – 3:00  Free Play/Prepare To Go Home 😊