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(814)825-4439 ext. 222  
[Preschool@Stbonifaceparisherie.org](mailto:Preschool@Stbonifaceparisherie.org)



Office Use Only:

2025/2026 Acceptance Date: \_\_\_\_\_

Previously enrolled: \_\_\_Yes \_\_\_No

Enrollment Date: \_\_\_\_\_

**Services Offered:** St. Boniface Preschool is a Christ centered school offering enrichment, socialization, and learning skills to 3 and 4-year-old children. We provide a joyful, loving, and Christian environment where each individual can be themselves through the guidance and acceptance of kind, caring staff. Pennsylvania state standards are utilized to assist children to gain independence and develop a love of learning by offering social, academic, religious, fine and gross motor skills. St. Boniface Preschool also offers an enriching Before/After Care program for students ages 3, 4, 5, and Elementary Students (grades K-4) who require care outside of regular school hours.

## 2025/26 PRESCHOOL REGISTRATION FORM

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Sex: M\_\_ F\_\_

Child's Address: \_\_\_\_\_

Full name of Mother/Legal Guardian: \_\_\_\_\_ Contact 1<sup>st</sup> ☐

Address: ☐ Same as child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Full name of Father/Legal Guardian: \_\_\_\_\_ Contact 1<sup>st</sup> ☐

Address: ☐ Same as child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

## Classroom

Preschool 3 students must be age 3 no later than August 15<sup>th</sup>, 2025.

Pre-K students must be age 4 no later than August 31<sup>st</sup>, 2025.

All students entering preschool programs must meet the toilet training policy found in the St. Boniface Preschool handbook.

Program Enrolling: ☐ Preschool 3 (3 yr. old preschool) ☐ Pre-K (4 yr. old preschool)

## Schedule

Choose your schedule	Days Attending	Monthly Payment	Per year payment
<input type="checkbox"/>	2 Half Days (T/TH)	\$245.00	\$2,205.00
<input type="checkbox"/>	2 Full Days (T/TH)	\$283.00	\$2,547.00
<input type="checkbox"/>	3 Half Days (M/W/F)	\$311.00	\$2,799.00
<input type="checkbox"/>	3 Full Days (M/W/F)	\$365.00	\$3,285.00
<input type="checkbox"/>	5 Half Days (M/T/W/TH/F)	\$485.00	\$4,365.00
<input type="checkbox"/>	5 Full Days (M/T/W/TH/F)	\$525.00	\$4,725.00

**Pay your FULL yearly payment by August 20<sup>th</sup>, 2025-Receive \$100 off tuition.**

(One credit per household for families with additional children enrolled)

- ☐ A \$50.00 NON-REFUNDABLE yearly registration fee will be due for all families new to St. Boniface Preschool and to all existing families who register after June 1<sup>st</sup>, 2025.
- ☐ First payment due September 5<sup>th</sup>, 2025 / Last Payment due May 5<sup>th</sup>, 2026.
- ☐ I understand that half day dismissal is 11:45 AM, full day dismissal is 3:10 PM-3:25 PM. A late pick-up fee of \$25.00 early arrival/late pick up fee for every 15 minutes a student arrives early or is picked up late. Early arrival is defined as any student arriving before 7:00 AM, if registered for Before Care, 8:15 AM if registered for Preschool/Summer Program only. Late pickup up is defined as any student not picked up by 3:30 PM if registered for Preschool/Summer Program only, or 5:30 PM if registered for After Care.
- ☐ I understand that my child MUST be fully toilet trained before Aug. 15<sup>th</sup> before entering any St. Boniface Preschool programs. The bathroom/toilet training policy can be found in the St. Boniface Handbook.
- ☐ I understand that I must provide St. Boniface Preschool with at least 30 days' notice of any schedule/program changes pertaining to my child. Schedule changes MUST be approved by the director. I am responsible for any payments/invoices accrued 30 days prior to the "date of change."
- ☐ I understand that St. Boniface Preschool does not issue refunds or credits for invoices issued/applied to student accounts including student absence from programs/schedule registered. (See handbook for full policy)
- ☐ I understand that St. Boniface Preschool has an Emergency and Crisis Plan in place and is available to view upon request.
- ☐ I agree to abide by the St. Boniface Preschool policies found in the St. Boniface Preschool Parent/Student handbook.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

## 2025/2026 Before and After Care Program Registration

- ☐ Check box IF child **NOT** registering for before or after care. **Continue to next page.**
- ☐ Check box IF child **REQUIRES** before or after care. **Complete the information below.**

Preschool 3 students must be age 3 no later than August 15<sup>th</sup>, 2025.

Pre-K students must be age 4 no later than August 31<sup>st</sup>, 2025.

Additional children enrolled in Before/After care receive a discount.

Program Enrolling: ☐ Before Care ONLY ☐ After Care ONLY ☐ BOTH Before & After Care

### Schedule

\*Additional child discount applied to oldest child (ren)'s account

Choose your schedule	Days Attending	Monthly Payment ONE preschool child	Per year payment ONE preschool child	Monthly Payment each *ADDITIONAL preschool child	Per year payment each *ADDITIONAL preschool child
<input type="checkbox"/>	<b>2 Days: BC <u>OR</u> AC</b> (T/TH) 73 sessions	\$70.00	\$630.00	\$33.00	\$297.00
<input type="checkbox"/>	<b>2 Days: Both BC/AC</b> (T/TH) 146 sessions	\$138.00	\$1,242.00	\$66.00	\$594.00
<input type="checkbox"/>	<b>3 Days: BC <u>OR</u> AC</b> (M/W/F) 98 sessions	\$93.00	\$837.00	\$44.00	\$396.00
<input type="checkbox"/>	<b>3 Days: Both BC/AC</b> (M/W/F) 196 sessions	\$181.00	\$1,629.00	\$88.00	\$792.00
<input type="checkbox"/>	<b>5 Days: BC <u>OR</u> AC</b> (M/T/W/TH/F) 165 sessions	\$156.00	\$1,404.00	\$73.00	\$657.00
<input type="checkbox"/>	<b>5 Days: Both BC/AC</b> (M/T/W/TH/F) 330 sessions	\$305.00	\$2,745.00	\$146.00	\$1,314.00

- ☐ \$50.00 NON-REFUNDABLE yearly registration fee is due for all families new to St. Boniface Preschool and to all existing families who register after June 1<sup>st</sup>, 2025.
- ☐ First payment due September 15<sup>th</sup>, 2025 / Last Payment due May 15<sup>th</sup>, 2026.
- ☐ A late pick-up fee of \$25.00 early arrival/late pick up fee for every 15 minutes a student arrives early or is picked up late. Early arrival is defined as any student arriving before 7:00 AM, if registered for Before Care. Late pickup up is defined as any student not picked up by 5:30 PM, if registered for After Care.
- ☐ I understand that additional fees will be applied for sessions my child attends, but is not registered.
- ☐ I understand that my child **MUST** be fully toilet trained before Aug. 15<sup>th</sup> before entering any St. Boniface Preschool programs. The bathroom/toilet training policy can be found in the St. Boniface Handbook.
- ☐ I understand that I must provide St. Boniface Preschool with at least 30 days' notice of any schedule/program changes pertaining to my child. Schedule changes **MUST** be approved by the director. I am responsible for any payments/invoices accrued 30 days prior to the "date of change."
- ☐ I understand that St. Boniface Preschool does not issue refunds or credits for invoices issued/applied to student accounts including student absence from programs/sessions registered. (See handbook for full policy)
- ☐ I understand that St. Boniface Preschool has an Emergency and Crisis Plan in place and is available to view upon request.
- ☐ I agree to abide by the St. Boniface Preschool policies found in the St. Boniface Preschool Parent/Student handbook.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

## Emergency Contacts

Minimum **2** contacts, **other than parents**, to contact in case of emergency/authorized to pick up child:

***\*Valid phone number and address required for all listed contacts.***

1. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

Other Person(s) Authorized to pick up child:

1. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

## Child's Health Information and History

Health Plan \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Provider Address: \_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

Do you intend to vaccinate your child for Influenza? Yes, proof of vaccination will be provided ( ) No ( )

**Note:** ALL **NEW students** must provide a copy of a current Child Health Report (55 PA CODE §§3270.131, 3280.131 AND 3290.131) *INCLUDING* current immunization record *prior* to child's first day of attendance. **Returning students** MUST provide Child Health Reports within one year of the date listed on the previously submitted health report.

If child is not current on vaccinations, documentation explaining missed vaccinations is required.

If not up to date, please explain: \_\_\_\_\_

Does your child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Does your child get colds/flu often? \_\_\_\_\_

Does your child have any special needs or a family service plan? \_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Check (✓) any of the following illnesses the child has had:

- |                                     |                                      |                                       |   |  |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Earaches    | <input type="checkbox"/> Mumps        | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis      |
| <input type="checkbox"/> Eczema     | <input type="checkbox"/> Pneumonia   | <input type="checkbox"/> Polio        | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Frequent Colds  |
| <input type="checkbox"/> Croup      | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles      | <input type="checkbox"/> Influenza      | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ |   |  |

Does your child have any known allergies? Yes ( ) No ( )

If yes, what are they and what are his/her reactions:

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( )

If yes, please list the name of the medication(s) and the medical condition for which it is taken:

\_\_\_\_\_

**\*St. Boniface Preschool will ONLY administer medication to students in the event of an Emergency or with a written Doctor's note. If your student requires regularly administered medication please speak with the director.** If approved Medications will be administered in the dosages recommended for child's age and weight.

Does your child have any speech, hearing, or visual problems? Yes ( ) No ( )

Has your child ever been tested for the above? Yes ( ) No ( )

Please comment on any other medical information/or special need the childcare provider should be aware of:

## Medication/Emergency Care Authorization

I understand that I will be notified if any medications were given or Emergency Care was required.

I authorize St. Boniface Preschool to administer the type of care authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect while my child is enrolled, unless revoked by me.

☐ **Yes** ☐ **No** I authorize the administration of minor first aid; for example: use of band-aids, ice packs, gauze, medical tape, etc.

☐ **Yes** ☐ **No** I authorize for St. Boniface employees to obtain emergency medical care for my child if ever necessary.

☐ **Yes** ☐ **No** I authorize use of topical lotion, such as hand lotion on my child when appropriate.  
*\*Must be provided by parent/guardian. Please note: St. Boniface asks that any necessary topical lotions are applied at home before school. It is preferred not to apply anything at school due to various sensitivities and allergies although are willing to do so on an as needed basis.*

☐ **Yes** ☐ **No** I authorize use of sun block. *\*Must be provided by parent/guardian*

☐ **Yes** ☐ **No** I authorize use of insect repellent that may contain deet. (example brands: OFF, Repel)

☐ I authorize St. Boniface Preschool to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. Parent/guardians will be notified immediately if an Emergency situation occurs under the care of St. Boniface Preschool. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian.)

Comments/Exceptions: \_\_\_\_\_

## Hand Sanitizer Authorization

Childcare and preschool programs in PA receive guidelines from the Department of Human Services concerning the use of hand sanitizers in preschool settings. These guidelines require St. Boniface Preschool to have written permission to use hand sanitizer for each child and to keep hand sanitizer out of the reach of children. DO NOT send hand sanitizer in or attached to your child's backpack or jacket.

The full guidelines can be found at: [www.dhs.pa.gov](http://www.dhs.pa.gov)

☐ **Yes** ☐ **No** I authorize the use of hand sanitizer on my child's hands in accordance with the DHS recommendations and regulations.

## Water Play Authorization

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We participate in water activities throughout the year which include but is not limited to water table, water balloons/sprayers, sprinkler. Many precautions are taken to help keep children safe when participating in water play.

☐ I **authorize** my child to participate in ALL water activities offered.

Except: \_\_\_\_\_

☐ I **do NOT** authorize my child to participate in ANY water activities.

## Photo Authorization

Photographs and videos are taken on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of a child's day. Pictures/videos are used for teaching, documenting, sharing information about the day, arts & crafts, albums, class books, and various other things. Photos may be given to families who also attend St. Boniface programs as documentation or remembrance of children's time in preschool. Photos will appear most often on Brightwheel. Photos may also appear in the newspaper, church bulletin, social media (ex: Facebook), preschool/parish website, marketing materials (brochures, signs, posters) unless otherwise noted by you.

**CAREFULLY read the options below & mark all applicable boxes.**

☐ I **GIVE** permission to St. Boniface Preschool to take and utilize photographs/videos of the above-named child for use of:

- ☐ Brightwheel (may be shared with other registered families on school feed)
- ☐ Bulletin boards found within the preschool/parish.
- ☐ Church/Parish bulletin
- ☐ Preschool/Parish website ([stbonifaceparisherie.org](http://stbonifaceparisherie.org))
- ☐ Social media (ex. Facebook)
- ☐ Local newspapers/news outlets
- ☐ Marketing materials provided to or for the public (brochures/signs/posters)

**OR**

☐ I **DO NOT** want any photos/videos taken of the above-mentioned child.

## Additional Information

List any other notes, important information or agreements made between this program and parents/guardians that you feel important for St. Boniface Preschool to be made aware of:

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\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

Optional:

How did you hear about us? (Please circle all that apply)

### ADVERTISEMENT

Parish Bulletin  
Drive-by Sign  
Website/Facebook/Other  
Flyer  
Newspaper  
Event

### REFERRAL

Parental Referral: \_\_\_\_\_  
Friend/Neighbor: \_\_\_\_\_  
Center Referral: \_\_\_\_\_  
Subsidy Program Referral: \_\_\_\_\_

### Are you a member of St. Boniface Parish?

Yes  
No