



REGISTRATION FORM 2024-2025

Date: _____

Child's Name: _____ Birth Date: _____

Nickname: _____ Gender: _____

Select program: **AM Preschool** schedule choice:

2's

3's

4's

___ 2 mornings T/Th

___ 3 mornings M/W/F

___ 3 mornings M/W/F

___ 2 mornings M/W

___ 5 mornings M-F

___ 5 mornings M-F

Select program: **Additional PM Preschool** schedule choice on page 3

Parents' Names P1. _____ P2. _____

Home Telephone: _____

P1/Mom/Guardian= Work # _____ Cell # _____

P2/Dad/Guardian= Work # _____ Cell # _____

E-Mail: (P 1.) _____ (P 2.) _____

Home Address: _____ City _____ Zip Code _____

1

***All children must be 2, 3, or 4, yrs old by 9/1/24 for corresponding class entry.**

***3's, and 4's, must be bathroom independent.**

***Registration fee is \$200 which is non-refundable.**

***If received by 3/15/24, \$50 discount will be applied towards tuition.**

Mary Queen of Heaven participating parishioner? Yes _____ No _____

If No, which church do you attend? _____

**Non-parishioner tuition is \$500 a year higher than parishioner tuition since participating parishioners are supporting the parish in many other ways.*

- Parents must sign a separate tuition agreement.
- Parents are expected to attend an August Orientation Session and register with Virtus online.

I wish to enroll my child in Mary Queen of Heaven Preschool for the 2024-25 school year.

Parent's Signature: _____ Date: _____

\$200 Registration Fee received: Check # _____ Cash _____

Please make all checks payable to Mary Queen of Heaven Preschool.

(office use- _____ initials of person receiving \$)



MARY QUEEN OF HEAVEN TUITION AGREEMENT 24-25
(Must be submitted before registration is complete.)

A.M. Preschool:

☐ **2 Mornings:** (T/Th or M/W)

2's class

8:15-10:15

Snack Fee: \$60

☐ **Active Participating Parishioner**

\$235.56/mo. for 9 months
\$2,120.00 Full-year tuition

☐ **Non-Parishioner**

\$291.11/mo. for 9 months
\$2,620.00 Full-year tuition

☐ **3 Mornings:** (MWF)

3's & 4's class

8:15-11:45am

Snack Fee: \$85.

\$323.27/ mo. for 9 months
\$2,909.47 Full-year tuition

\$378.83/mo. for 9 months
\$3,409.47 Full-year tuition

☐ **5 Mornings:** (M-F)

3's & 4's class

8:15-11:45am

Snack Fee: \$135

\$494.80/mo. for 9 months
\$4,453.22 Full-year tuition

\$550.36/mo. for 9 months
\$4953.22 Full-year tuition

P.M. Enrichment:
(3's and 4's only)

11:45-2:45pm

☐ **1 day a week**

\$90/month or \$810/year

\$123.33/month or \$1110/year

☐ **2 day a week**

\$180/month or \$1620/year

\$213.33/month or \$1920/year

☐ **3 day a week**

\$270.5/month or \$2430/year

\$303.33/month or \$2730/year

☐ **4 day a week**

\$360/month or \$3240/year

\$393.33/month or \$3540/year

☐ **5 day a week**

\$450/month or \$4050/year

\$483.33/month or \$4350/year

Discounts:

- ☐ \$50.00 early Reg. – If you register before March 15th (\$50.00 of registration fee will be subtracted from your yearly tuition.)
- ☐ Multiple Student – If more than one child per family is enrolled concurrently, a 5.0% discount will be applied to the family's total yearly tuition. Can be applied to AM and PM tuition.

Payment Options, please select one:

- ☐ Full tuition, by check or cash, by **August 1, 2024**, receives a 5.0% discount. Will be applied to AM tuition only)
- ☐ Nine-month payment plan with first tuition payment due by August 15, 2024. Remaining tuition payments are due the **15th** of every month through April 15, 2024.

Snack Fee for AM preschool is a one-time fee that is paid with the first tuition instalment. There is no snack fee for PM; you will provide a snack and a lunch for your child on the days you register your child for PM Enrichment.

Agreement and Late Payment Policy:

We agree to pay the tuition specified herein for the above student according to the chosen payment schedule. We understand that the registration fee is non-refundable, and that our payment is required for our child to commence, and to continue classes. Payments 30 days past due will be assessed a late payment fee of \$25.00. For outstanding balances over 60 days past due, a monthly late fee will be assessed at 1.5% per month.

Please print name: _____
(P1/Mother/Guardian's Name) (P2/Father/Guardian's Name)

Signature: _____
(P1/Mother/Guardian's Signature) (P2/Father/Guardian's Signature)

Today's Date: _____

442 N. West Ave. • Elmhurst, IL 60126 • TEL (630) 833-9500
• WEB www.mqhpreschool.org • EMAIL mqhpreschool@maryqueen.org
"Free to play, explore and imagine"



Emergency Medical Attention Authorization

Dear Parents,

Should an emergency arise, and your child(ren) need medical attention, our school will arrange for the proper transportation and emergency care for your child(ren) at a nearby hospital; however, your authorization is necessary.

I hereby give my consent to Mary Queen of Heaven Preschool in Elmhurst Illinois to make arrangements for my child(ren) in an emergency situation in the event that I cannot be reached.

The emergency room treatment will be covered by:

Name of Insurance Company: _____

Name of Policy Holder: _____

Insurance Policy Number: _____

Name of parents/guardian: _____

Address: _____ Phone: _____

P1/Mom/Guardian employer: _____ Phone: _____

P2/Dad/Guardian employer: _____ Phone: _____

Family physician: _____ Phone: _____

Emergency contact if parent or guardian cannot be reached.

Name: _____ # _____ relation to student _____

Name: _____ # _____ relation to student _____

Name of Child	Birth Date	Allergies	Date of Tetanus Booster
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Parent or Guardian Signature: _____ Date: _____



Consent Form 2024-2025

Please read and initial each line and then sign at the bottom.

Child's Name: _____

I understand and agree that Mary Queen of Heaven Preschool is responsible for my child only during school hours, on the days that my child is registered and present at school. Separate written permission needs to be granted if I want to have my child attend on an additional day(s).

Initials _____

I give my permission for my child to go on walking field trips to the surrounding neighborhood with the understanding that such trips are under the supervision of teachers and staff. I understand that I will be informed of specific dates, times, and locations of such trips.

Initials _____

I give my permission for my child's photo to be taken and that it may be displayed in the School, on the school website, on the MQH Shutterfly page, in the Church Bulletin, and on the social media sites. I understand that if my child's photo is used for any other reason by Mary Queen of Heaven School, I will be informed prior to printing or use. I also agree that I will not take pictures/videos or publicize pictures/videos of any children other than my own without prior written permission.

5

Initials _____

I agree to use the "Family Directory" for Mary Queen of Heaven communications only. I will not share or sell the information contained in the directory.

Initials _____

Parent or Guardian Signature: _____ Date: _____



FAMILY DIRECTORY 2024-2025

A Family Directory allows you to be in touch with the families of the children your child attends classes with at MQH. Your family and child's name, address, phone numbers, and email address will be listed in the directory. Please fill in the form below and return to the school. Your information will be used exclusively for Mary Queen of Heaven communications only.

Please print all the information clearly.

Child's name: _____ D.O.B. _____

Circle class and days attending:

AM PS 2's, 3's, or 4's M T W Th F

PM PS 3's, or 4's M T W Th F

Parents' Names: 1. _____ 2. _____

6

Address: _____ City: _____ Zip: _____

Home phone number: _____

Cell phone: P1/Mom/Guardian _____

P2/Dad/Guardian _____

Email: P1/Mom/Guardian _____

P2/Dad/Guardian _____

____ Yes, please list our information in the Family Directory for MQH Preschool.

____ No, I do not want our information in the Family Directory for MQH Preschool.

Parent or Guardian Signature: _____

Date: _____



Quick reference sheet 2024-2025

Preschool Class: Circle class and days attending

AM PS = 2's, 3's, or 4's

Days: M - T - W - Th - F

PM PS = 3's, or 4's

Days: M - T - W - Th - F

Child's full name: _____ **Birthday:** _____

Nickname- what would you like us to call your child? _____

What name do you want your child to learn to write? _____

***Religion:** _____ ***Parish:** _____ ***Required by Diocese of Joliet**

***Ethnic Group:** _____ ***Race:** _____

Location and Date of Baptism: (If applicable) _____

Home Address: _____

Home Phone #: _____

P 1./Mom/Guardian's:

Name: _____ **Cell #** _____

Email: _____

Occupations: _____ **Place of Employment:** _____

P 2./Dad/Guardian's:

Name: _____ **Cell #** _____

Email: _____

Occupations: _____ **Place of Employment:** _____

Allergies or Medical conditions: _____

Procedures to follow: _____



Previous group/school experiences: _____

3 of your child's favorite things i.e. food, character, movie, etc.

1. _____ 2. _____ 3. _____

What do you hope your child will gain from school this year? _____

School your child will attend for kindergarten: _____

Is there anything else about your child or your family that would be helpful for us to know?

Siblings' names and D.O.B.

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

8

Names and phone #'s of people who are permitted to can pick-up your child:

1.Name: _____ Phone #: _____

Address: _____

Relationship to child: _____

2.Name: _____ Phone #: _____

Address: _____

Relationship to child: _____

3.Name: _____ Phone #: _____

Address: _____

Relationship to child: _____

***Please inform the person picking up your child to be ready with a photo ID if they are not on the list above.



Parent Handbook 2024-2025

Thank you for reading our handbook. Please sign and date this form after reading the handbook.

I have read the Mary Queen of Heaven parent handbook online.

I understand and agree with all the information in handbook.

I understand that there may be additions and changes throughout the school year.

I agree to confirm receipt of and read any updates that I receive.

Student's full name: _____

Parent 1 Signature: _____

Parent 2 names: _____

(Please print)

Date: _____



The Diocese of Joliet
Office of Child & Youth Protection Blanchette

Catholic Center
16555 Weber Rd.
Crest Hill, Illinois 60403
www.dioceseofjoliet.org
Revised 2021

PRESCHOOL PARENT ACKNOWLEDGEMENT

Both parents need to complete this form as part of your child's registration.

Please initial to acknowledge that you have reviewed the below mentioned documents which can be found on the Virtus website. www.virtusonline.org

parent 1 parent 2

_____	_____	I have read the Policy Regarding Sexual Abuse of Minors <i>revised 2021</i>
_____	_____	I have read the Standards of Behavior for Those Working with Minors <i>revised 2021</i>
_____	_____	I understand that I am responsible to become familiar with the contents of the above documents.
_____	_____	I agree to abide by and to conduct myself in complete accord with them.

10

(Please print clearly)

Name Parent 1

Print: _____ Sign: _____

Name Parent 2

Print: _____ Sign: _____

Parish/Institution Diocese of Joliet / Mary Queen of Heaven Preschool

City: Elmhurst

Date Signed: _____

This form is to be completed, signed, and returned to the parish/school/agency as part of your child's registration.



Keep this page for your reference.

Additional forms you will need to supply:

1. Updated health exam and immunization record. Two pages need to be completed and signed by your child's physician and parent (pg 2 needs parent info and signature) by August 2021.
2. Official birth certificate that I will make a copy of.
3. Official baptismal certificate (optional)
4. Medication consent form signed by your child's doctor if your child requires medicine during school hours.
5. Register on the Virtus website is required to complete page 10 - virtusonline.org
6. Handbook is available on our school website. mqhpreschool.org