

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/Th3 mornings M/W/F2 mornings M/W5 mornings M-F	3 mornings M/W/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: Ci	ity Zip Code
*All children must be 2, 3, or 4, yrs old by 9/1 *3's, and 4's, must be bathroom independent. *Registration fee is \$200 which is non-refund *If received by 3/15/24, \$50 discount will be	lable.
Mary Queen of Heaven participating parishioner	? Yes No
*Non-parishioner tuition is \$500 a year higher than paris	end?shioner tuition since participating parishioners are
Parents must sign a separate tuition agreement. Parents are expected to attend an August Orient	
I wish to enroll my child in Mary Queen of Heav	en Preschool for the 2024-25 school year.
Parent's Signature:	Date:
\$200 Registration Fee received: Check # C Please make all checks payable to Mary Queen of	
(office use initials of person receiving \$)	
442 N West Ave • Elmburst II	60126 • TEL (630) 833-0500

1



MARY QUEEN OF HEAVEN TUITION AGREEMENT 24-25

(Must be submitted before registration is complete.)

A.M. Preschool:	□ <u>Active Participating Parishioner</u>	□ <u>Non-Parishioner</u>
□ <u>2 Mornings</u> : (T/Th or M/W) 2's class 8:15-10:15 Snack Fee: \$60	\$235.56/mo. for 9 months \$2,120.00 Full-year tuition	\$291.11/mo. for 9 months \$2,620.00 Full-year tuition
<u>□ 3 Mornings: (</u> 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
<u>□ 5 Mornings</u> : (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	□ <u>Active Participating Parishioner</u>	□ <u>Non-Parishioner</u>
□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 <u>15th</u> 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)
Cianatura		
Signature:	(P1/Mother/Guardian's Signature)	(D2/Eathor/Cuardian's Signature)
	(F I/Mother/Guardian's Signature)	(P2/Father/Guardian's Signature)
Today's Date:		

442 N. West Ave. • Elmhurst, IL 60126 • TEL (630) 833-9500

WEB <u>www.mqhpreschool.org</u> • EMAIL mqhpreschool@maryqueen.org

"Free to play, explore and imagine"

1	.]		Č' O						1
			2777						-
			人人分分						
		Mari	y Queen of H	eaven	·				
			PRESCHOOL						
	•	Rates below are per	student - select the com	bination of rates the	at pertain to your s	students.			
	•								
	•					·····to oro taken out) .			-
						Units are taken outy .			-
	•	Early Reg discount of	/\$50 per student is taken	1 off the combined t	total of tuition(s).				
	Parishion	ar			Non-Parishio	oner			
		Full Y	oor Tuition	Monthly	1	Full Ye	or Tuition	Monthly	Yearly Snack Fee
Disc %	Disc Ar				Disc Amt	Full Payment Plan		installment	\$60.00
						\$ 2,620.00			
5%	\$ (106.				\$ (131.00)				
5%		-1							
						,,			
	Parishion				Non-Parishic	nor			
	Fanshone		ear Tuition	Monthly			er Tuition	Monthly	Snack Fee
Disc %	Disc Ar				Disc Amt				
Diac //						\$ 3,409.47			
5%	\$ (145.4				\$ (170.47)				
5%				_					
	Parishione	-			Non-Parishio			this	
Disc %	Disc Ar				Disc Amt		-	Monthly installment	Snack Fee \$135
Diac /.						8			-
5%	¢ (222				¢ (247,66)				-
5%									1
0,0	Ψ)Ο) ψ .,	φ.,	φ	Ψ (-··.,	φ.,	ψ -,	φ	
	_								
					·			<u> </u>	
\longmapsto	51				i	1			
			-	┫	i				_
		ວີເບັບເຊາ.	_	4			-		
+				+	Early Regis	-tration discount - m	must complete by M	for 15th	
++				++					to DM tuition
				++	1				
++				++	1				-
	+		_	++					
			-	++			ahle		
то	TAL A. M. TU	ITION after discounts:		++					
				+	i –	1	1		
			-		Full Tuition	due Aug. 1st	·		-
+			-	+					-
n divide tota	l tuition by 9	for monthly payment:	\$		Monthly Tui	l <mark>tion due the 15th o</mark> f	f each month		-
	Ī								
++									
1 1									-
		Reg. Fee	э		Due at time of r	egistration			
		Reg. Fee Snack Fee				registration Tuition payment			
	5% 5% 5% 0 0 0 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5%	Image: Second	Image: state in the second of the second	Image: state in the image: state in	PRESCHOOL • Rates below are per student - select the combination of rates that pertain to your st • You must choose either Ful Payment or Installment-based payments. • The monthly installment around is the final biel divided by 9 months (after all discound of \$50 per student is taken of the combined bial of tuiton(s). • Early Reg discount of \$50 per student is taken of the combined bial of tuiton(s). • Early Reg discount of \$50 per student is taken of the combined bial of tuiton(s). • Disc Amt Full Payment Plan Installment Plan • Disc Amt Full Payment Plan Installment Plan S (131.00) 5% \$ (106.00) \$ 1,908.00 \$ 2,014.00 \$ 232.78 \$ (131.00) 5% \$ (106.00) \$ 1,908.00 \$ 2,014.00 \$ 232.78 \$ (131.00) 5% \$ (106.00) \$ 1,908.00 \$ 2,014.00 \$ 232.78 \$ (131.00) 5% \$ (106.00) \$ 1,908.00 \$ 2,014.00 \$ 232.71 \$ (170.47) 5% \$ (145.47) \$ 2,764.00 \$ nital \$ (170.47) 5% \$ (145.47) \$ 2,764.00 \$ nital \$ (170.47) 5% \$ (222.66)	PRESCHOOL Non-Parishioner Image: solution of the solution the solution of the solution of the solution of the soluti	PRESCHOOL PRESCHOOL Prisiner You mut droose eller Pul Peyment or Instalment-based payments. Prisiner Prisiner Prisiner Non-Parishioner Prisiner Non-Parishioner Prisiner Prisiner Non-Parishioner Instalment Annual to the final biol divido by 9 monte (dim f ad discounts are taken out). Prisiner Non-Parishioner Prisiner Prisiner Non-Parishioner Instalment Annual to the final biol divido by 9 monte (dim f ad discounts are taken out). State S (100.00) S 2.170.00 S 2.270.00 S (170.07) S 2.270.00 Non-Parishioner Parishioner Full Payment Plan Instaliment Plan Instaliment Plan <td>PRESCHOOL PRESCHOOL - Rates balow are per abdet: eside the combinition of rates that protiin is your suborits. - - You much doose ether Full Payment or Insbinnen based payments. - - The morthy insbinnen accurate is blied divided by 9 morths. (Bit or dividence are balen au). - - Early Reg discound S0 par andors is blien of the combined ball or blohn (b). Non-Pariable. Periablener - Full Year Tuition Installment Pain 0 S 2,2120.00 S 2,2120.00 S 2,2237.80 5 (106.00) S 2,014.00 nmit S (101.00) S 2,480.00 S 2,785.00 0 S (106.00) S 2,014.00 S 2,785.00 S 2,480.00 S 2,785.00 0 S (106.00) S 1,998.00 S 2,714.00 S 3,209.00 S 2,785.00 0 S (106.00) S 2,714.00 S 3,209.00 S 3,788.00 S <t< td=""></t<></td>	PRESCHOOL PRESCHOOL - Rates balow are per abdet: eside the combinition of rates that protiin is your suborits. - - You much doose ether Full Payment or Insbinnen based payments. - - The morthy insbinnen accurate is blied divided by 9 morths. (Bit or dividence are balen au). - - Early Reg discound S0 par andors is blien of the combined ball or blohn (b). Non-Pariable. Periablener - Full Year Tuition Installment Pain 0 S 2,2120.00 S 2,2120.00 S 2,2237.80 5 (106.00) S 2,014.00 nmit S (101.00) S 2,480.00 S 2,785.00 0 S (106.00) S 2,014.00 S 2,785.00 S 2,480.00 S 2,785.00 0 S (106.00) S 1,998.00 S 2,714.00 S 3,209.00 S 2,785.00 0 S (106.00) S 2,714.00 S 3,209.00 S 3,788.00 S <t< td=""></t<>

**Scholarships are available, please ask the director for details.



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 treatm Name of Insurance Compan		2	
Name of Policy Holder:			
Insurance Policy Number:			
Name of parents/guardian: _			
Address:		Phone	2:
P1/Mom/Guardian employer:			Phone:
P2/Dad/Guardian employer:			Phone:
Family physician:			Phone:
Emergency contact if parent Name:	0		student
Name:	#	relation to	student
Name of Child 1	Birth Date	-	Date of Tetanus Booster
2			
3			
Parent or Guardian Signat	ure:		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_____

5

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.

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	<u>1 F</u>
PM PS <u>3's, or 4's</u> <u>M T W TI</u>	n F
Parents' Names: <u>1.</u>	2
Address:C	City: Zip:
Home phone number:	
Cell phone: P1/Mom/Guardian	
P2/Dad/Guardian	
Email: P1/Mom/Guardian	
P2/Dad/Guardian	
	the Family Directory for MQH Preschool.
No, I <u>do not</u> want our information	in the Family Directory for MQH Preschool.
Parent or Guardian Signature:	
Date:	Empurst II 60126 • TEL (620) 823-0500

Mary Q F	ueen of Heaven PRESCHOOL
Quick reference	ce 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 chi	ild?
What name do you want your child to learn to wr	ite?
*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:	

	<u>///urg</u>	Queen of Heaven PRESCHOOL	
Previous group/school expe	eriences:		
3 of your child's favorite thi	ngs i.e. food, charac	ter, movie, etc.	
1	2	3	
	-	ool this year?	
School your child will atten	d for kindergarten: _		
Is there anything else about	t your child or your f	amily that would be helpful for us to	know?
Siblings' names and D.O.B.			
1	2		
3	4		
5	6		
Names and phone #'s of pe	ople who are permit	ted to can pick-up your child:	
Names and phone #'s of pe 1.Name:	ople who are permit	ted to can pick-up your child: Phone #:	
Names and phone #'s of pe 1.Name: Address:	ople who are permit	ted to can pick-up your child: Phone #:	
Names and phone #'s of pe 1.Name:	ople who are permit	ted to can pick-up your child: Phone #:	
Names and phone #'s of pe 1.Name: Address: Relationship to child:	ople who are permit	ted to can pick-up your child: Phone #:	
Names and phone #'s of pe 1.Name: Address: Relationship to child: 2.Name:	ople who are permit	ted to can pick-up your child: Phone #:	
Names and phone #'s of pe 1.Name: Address: Relationship to child: 2.Name:	ople who are permit	ted to can pick-up your child: Phone #: Phone #:	
Names and phone #'s of pe 1.Name: Address: Relationship to child: 2.Name: Address: Relationship to child:	ople who are permit	ted to can pick-up your child: Phone #: Phone #:	
Names and phone #'s of pe 1.Name: Address: Relationship to child: 2.Name: Address: Relationship to child: 3.Name:	ople who are permit	ted to can pick-up your child: Phone #: Phone #:	

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



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 revised 2021
- ____ I have read the Standards of Behavior for Those Working with Minors revised 2021
- 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.

(Please print clearly)

Name Parent 1

Print: ______ Sign: ______

Name Parent 2

Print: ______ Sign: ______ 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:

- 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