

## **REGISTRATION FORM 2025-2026**

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 schedul	le choices on page 2
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
*All children must be 2, 3, or 4, yrs old by 9, *3's, and 4's, must be bathroom independen *Registration fee is \$200 which is non-refun *If received by 3/15/25, \$50 discount will be	nt. ndable.
Mary Queen of Heaven participating parishione	er? Yes No
If No, which church do you a *Non-parishioner tuition is \$500 a year higher than par supporting the parish in many other ways.	attend?rishioner tuition since participating parishioners are
Parents must sign a separate tuition agreemen Parents are expected to attend an August Orier	
I wish to enroll my child in Mary Queen of Hea	aven Preschool for the 2025-26 school year.
Parent's Signature:	Date:
\$200 Registration Fee received: Check # Please make all checks payable to Mary Queer	
(office use initials of person receiving	\$)

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#### MARY QUEEN OF HEAVEN TUITION AGREEMENT 25-26

(Must be submitted before registration is complete.)

A.M. Preschool:	☐ <u>Active Participating Parishioner</u>	□ <u>Non-Parishioner</u>
2 Mornings: (T/Th or M/W) 2's class 8:15-10:15 Snack Fee: \$60	\$240.27/mo. for 9 months \$2,162.40 Full-year tuition	\$295.82/mo. for 9 months \$2,662.40 Full-year tuition
☐ 3 Mornings: (MWF) 3's & 4's class 8:15-11:45am Snack Fee: \$85.	\$329.69/ mo. for 9 months \$2,967.18 Full-year tuition	\$385.24/mo. for 9 months \$3,467.18 Full-year tuition
☐ 5 Mornings: (M-F) 3's & 4's class 8:15-11:45am Snack Fee: \$135	\$504.70/mo. for 9 months \$4542.28 Full-year tuition	\$560.25/mo. for 9 months \$5042.28 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	\$91.80/month or \$826.20/year	\$125.20/month or \$1126.20/year
2 day a week	\$183.60/month or \$1652.40/year	\$216.93/month or \$1952.40/year
3 day a week	\$275.40/month or \$2478.60/year	\$308.73/month or \$2778.60/year
4 day a week	\$367.20/month or \$3304.80/year	\$400.53/month or \$3604.80/year
5 day a week	\$459/month or \$4131./year	\$492.33/month or \$4431./year
☐ Multiple Student – If more	register before March 15 <sup>th</sup> (\$50.00 of registration fe than one child per family is enrolled concurrently, a (Can be applied to AM and PM tuition.)	
Full tuition, by check or ca	ist be selected at the time of registration or 9-mash, by August 1, 2025, receives a 5.0% discount. In first tuition payment due by August 15, 2025. Reprough April 15, 2026.	(Will be applied to AM tuition only)
	one-time fee that is paid with the first tuition in our child on the days you register your child fo	stalment. There is no snack fee for PM; you will or PM Enrichment.
registration fee is non-refundable, a	d herein for the above student according to the cho and that our payment is required for our child to con	osen payment schedule. We understand that the numence, and to continue classes. Payments 30 days er 60 days past due, a monthly late fee will be assessed
Please print name:		
(P1/Mother/	Guardian's Name) (P2/Father/Guardi	an's Name)
Signature: (P1/Mother/0	Guardian's Signature) (P2/Father/Guardia	an's Signature)
Today's Date:	<u> </u>	

Scholarships are available, please ask the director for details.



Mary Queen of Heaven										
Preschool Registration Tuition Works	heet									
School Year 2025-26										
Start Date:										
Family Name:		•	Rates below are p	er student - select	the combinati	ion of rates tha	at pertain to your st	tudents.		
1st Student Name:			You must choose	either Full Paymer	nt or Installme	ent-based payr	ments .			
2nd Student Name:			The monthly insta	allment amount is t	he final total	divided by 9 m	onths (after all dis	counts are taken o	ut).	
3rd Student Name:			Early Reg discour	nt of \$50 per stude	nt is taken off	the combined	total of tuition(s).			
PRESCHOOL - 2 Year olds										
TUE / THUR or MON / WED		Parishioner				Non-Parishio	ner			Yearly
Name:			ļ	r Tuition	Monthly			r Tuition	Monthly	Snack Fee
	Disc %	Disc Amt	Full Payment Plan	Installment Plan	installment	Disc Amt	Full Payment Plan	Installment Plan	installment	\$60.00
Base Tuition (single student rate- per student)			\$ 2,162.40	\$ 2,162.40	\$ 240.27		\$ 2,662.40	\$ 2,662.40	\$ 295.82	
Tuition with Full Payment Disc (single/per stu	dent) 5%	\$ (108.12)	\$ 2,054.28	n/a		\$ (133.12)	\$ 2,529.28	n/a		
Tuition with Multi Student Discount	5%	\$ (108.12)	\$ 1,946.16	\$ 2,054.28	\$ 228.25	\$ (133.12)	\$ 2,396.16	\$ 2,529.28	\$ 281.03	
PRESCHOOL - 3, 4, 5 year olds										
3 DAYS MWF		Parishioner				Non-Parishio	ner			
		anomone	Full Yes	v Tuition	Monthly	Non-i ansino		r Tuition	Monthly	Cuask Ess
Name:				r Tuition	Monthly			r Tuition	Monthly	Snack Fee
D 7 33 (1 ( ( ( ) )	Disc %	Disc Amt	Full Payment Plan	Installment Plan	installment	Disc Amt	Full Payment Plan	Installment Plan	installment	\$85
Base Tuition (single student rate)	t) 5%	f (140.2C)	\$ 2,967.18 \$ 2,818.82		\$ 329.69	f (172.2C)	\$ 3,467.18 \$ 3,293.82		\$ 385.24	
Tuition with Addl Full Pmt Disc (single studer	5%	\$ (148.36) \$ (148.36)		n/a \$ 2,818.82	\$ 313.20	\$ (173.36) \$ (173.36)	\$ 3,293.82	n/a \$ 3,293.82	\$ 365.98	
Tuition with Multi Student Disc	370	ψ (140.50)	ψ 2,070.40	Ψ 2,010.02	Ψ 313.20	ψ (173.30)	ψ 5,120.40	ψ 3,293.02	ψ 303.30	
5 DAYS M-F		Parishioner				Non-Parishio	ner			
Name:		anomone	Full Yea	r Tuition	Monthly	Non-i ansino		r Tuition	Monthly	Snack Fee
	Disc %	Disc Amt	Full Payment Plan	Installment Plan	installment	Disc Amt	Full Payment Plan	Installment Plan	installment	\$135
Base Tuition (single student rate)			\$ 4,542.28		\$ 504.70		\$ 5,042.28	\$ 5,042.28	\$ 560.25	
Tuition with Addl Full Pmt Disc (single studer	t) 5%	\$ (227.11)	, , , , , , , , , , , , , , , , , , , ,	n/a		\$ (252.11)		n/a	¥ 0000	
Tuition with Multi Student Disc	5%	\$ (227.11)	1	\$ 4,315.17	\$ 479.46	\$ (252.11)	\$ 4,538.05		\$ 532.24	
DM Procedured: M. T. W. Th. E.			17.00							
PM Preschool: M T W Th F Name:			tudent Annual Tuition:							
DAYS year rate monthyl	y rate		tudent Annual Tuition:							
1 P 826.20 91.80	y rate	Jiu 3	Afternoon Tuition:							
1 NP 1126.20 125.20			Sub Total:							
2 P 1652.40 183.60			oud rotal.	L						
10.07.401 183.60						Discounts :	ou may qualify for			
							ou may qualify for:	ust complete by M	lar 15th	
2 NP 1952.40 216.93						Early Regis	tration discount - m			
2 NP 1952.40 216.93 3 P 2478.60 275.40						Early Regis	tration discount - mi	g. 1st ( not applied	to PM tuition	)
2 NP 1952.40 216.93 3 P 2478.60 275.40 3 NP 2778.60 308.73						Early Registriction of Mulit Studer	tration discount - m discount - Due Aug nt discount (can be	g. 1st ( not applied	to PM tuition	)
2 NP 1952.40 216.93 3 P 2478.60 275.40 3 NP 2778.60 308.73 4 P 3304.80 367.20						Early Registry Full Tuition of Mulit Studen IC Member	tration discount - m discount - Due Aug nt discount (can be \$200	g. 1st ( not applied	to PM tuition	)
2 NP 1952.40 216.93 3 P 2478.60 275.40 3 NP 2778.60 308.73 4 P 3304.80 367.20 4 NP 3604.80 400.53						Early Regis Full Tuition of Mulit Studer IC Member Sch Brd me	tration discount - m discount - Due Aug nt discount (can be \$200 mber \$150	and to PM tuition	to PM tuition	)
2 NP 1952.40 216.93 3 P 2478.60 275.40 3 NP 2778.60 308.73 4 P 3304.80 367.20 4 NP 3604.80 400.53 5 P 4131. 459.						Early Regis Full Tuition of Mulit Studer IC Member Sch Brd me	tration discount - m discount - Due Aug nt discount (can be \$200	and to PM tuition	to PM tuition	)
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#### 2025-2026

# **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 tre Name of Insurance Com		_			
Name of Policy Holder:					
Insurance Policy Number					
Name of parents/guardia	an:				
		Phone:			
P1/Mom/Guardian employ	/er:		Phone:		
P2/Dad/Guardian employe	er:		Phone:		
Family physician:			Phone:		
Emergency contact if pa	•		o student		
Name:					
Name of Child	Birth Date	Allergies	Date of Tetanus Booster		
1					
2					
3					
Parent or Guardian Sig	gnature:		Date:		



# Consent Form 2025-2026

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.
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 2025-2026

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 <u>print</u> all the information <u>clearly.</u>	
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 <u>3's, or 4's</u> <u>M T W Th F</u>	
Parents' Names: 1.	_ 2
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 Fa	
No, I do not want our information in the	Family Directory for MQH Preschool.
Parent or Guardian Signature:	
Date:	



### Quick reference sheet 2025-2026

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 ch	ild?
What name do you want your child to learn to wr	ite?
*Required by Diocese of Joliet *Religion:	*Parish:
*Ethnicity: *Race: _	<del></del>
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:	<del></del>
Occupations:	Place of Employment:
Allergies or Medical conditions:	
Procedures to follow:	



Previous group/school exp	eriences:		
3 of your child's favorite th	nings i.e. food, charac	cter, movie, etc.	
1	2	3	
What do you hope your ch	ild will gain from scho	ool this year?	
School your child will atter	nd for kindergarten: _		
Does your child current ha	ve a 504 plan or an IE	<b>EP</b> yesno	
Is there anything else abou	ut your child or your f	family 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	eople who are permit	tted to can pick-up your child:	
<b>1.</b> Name:		Phone #:	_
Address:	<del>_</del>		
Relationship to child:			
<b>2</b> .Name:		Phone #:	-
Address:			
Relationship to child:			
<b>3</b> .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 2025-2026

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 the 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.

Date:		
	(Please print)	
Parent 2 names:		
Parent 1 Signature:		-
Student's full name:		





# 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		
	_	<ul> <li>I understand that I am responsible to become familiar with the contents of the above documents.</li> <li>I agree to abide by and to conduct myself in complete accord with them.</li> </ul>		
(Please prin	-			
Name Pare	ent 1			
Print:		Sign:		
Name Pare	nt 2			
Print:		Sign:		
Parish/Inst	itution	Diocese of Joliet / Mary Queen of Heaven Preschool		
City: <u>Elmhı</u>	<u>urst</u>			
Date Signe	d:			

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



## 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 answers with signature by September 15<sup>th</sup> 2025.
- 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. Registering on the Virtus website is required to complete your registrationwww.virtusonline.org
- 6. An Adult Volunteer Application form must be completed by at least one parent of the child being registered.
- 7. A handbook is available on our school website, please read before signing. <a href="https://www.mqhpreschool.org">www.mqhpreschool.org</a>