



Dear Parent/Guardian:

The following information will complete the registration for your child at St. Cletus School. Student acceptance is subject to the receipt and review of all required forms, plus receipt of the Application fee.

1. Your completed registration, including:
  - a. 2024-25 Application for Student Enrollment;
  - b. Authorization for Release of Student Information/Records (grades 1-8 in 2024-25 school year);
  - c. State and Archdiocesan mandated ethnicity/religion statistical data forms;
  - d. Home Language Survey form;
  - e. School Nurse Questionnaire (one form per student); and
  - f. Extended Care Registration Form.
2. A copy of the student's county birth certificate (**required to enroll**).
3. A copy of the baptismal certificate, including for children who were baptized at St. Cletus Parish.

**In addition, the following medical documents  
must be submitted two weeks prior to start of school:**

Updated, signed medical forms are required for the following grades. By state law, exams must be completed **within one year** prior to the first entrance in the required grade.

- Pre-K & Jr. Kdg:** Physical Exam, including the Lead Questionnaire and diabetes screening completed by the child's healthcare provider and the Health History portion completed and signed by the parent/guardian. Proper documentation of the following childhood immunization series: Tdap, Polio, MMR, Hib, HepB, Pneumococcal, and Varicella. (Forms provided by the doctor).
- Kindergarten:**
- ◆ Physical Exam, including the Lead Questionnaire and diabetes screening completed by the child's healthcare provider and the Health History portion completed and signed by the parent/guardian. (Forms provided by doctor). Proper documentation of the following immunization series: Tdap, Polio, MMR, Hib, HepB, Pneumococcal, and Varicella.
  - ◆ Dental Exam (form provided by the dentist)
  - ◆ Eye Exam (form provided by the doctor)
- Grade 2:** Dental Exam (form provided by the dentist)
- Grade 6:**
- ◆ Physical Exam, including the diabetes screening completed by the child's healthcare provider and the Health History portion completed by the parent/guardian. Proper documentation of the following series of immunizations: completed series of Tdap, Polio, MMR, HepB, Varicella, and the first dose of Meningococcal.
  - ◆ Dental Exam (form provided by the dentist)



# St. Cletus School

## APPLICATION FOR STUDENT ENROLLMENT

Preschool – 8<sup>th</sup> Grade: 2024-25 Academic Year

### CUSTODIAL PARENT/GUARDIAN INFORMATION

Circle One: Father Stepmother Other \_\_\_\_\_

Circle One: Mother Stepmother Other \_\_\_\_\_

Name \_\_\_\_\_  
First Last

Name \_\_\_\_\_  
First Maiden [required] Last

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Circle One: Married Widowed Divorced Separated  
Single Remarried Living w/Significant Other

Circle One: Married Widowed Divorced Separated  
Single Remarried Living w/Significant Other

◆ Primary Tuition Account Holder: Mother or Father (Circle One) St. Cletus Parish Family? Yes \_\_\_ No \_\_\_

◆ Home Street Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

◆ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Preschool – 3's & 4's

PK-3: DOB = 9-2-2020 through 9-1-2021

PK-4: DOB = 2-1-2020 through 9-1-2020

Half Day MORNING: T-Th., M-W-F, and M-F, 8:00-11:00 a.m.

Full Day: Mon.-Fri., 8:00 a.m.-3:00 p.m.

### Junior Kindergarten (Full Day)

DOB = 9-2-2019 through 1-31-2020

Full Day: Mon.-Fri., 8:00 a.m.-3:00 p.m.

### Kindergarten through Grade 8

Full Day: Mon.-Fri., 8:00 a.m.-3:00 p.m.

Kdg. Half Day: Mon.-Fri., 8:00-11:30 a.m.

<b>PRESCHOOL</b> Student Full Name	Gender	T-TH AM	M-W-F AM	M-F AM	Full Day	Date of Birth	Child's Age on 9-1-24	Will Attend Extended Care?
								Yes / No (Circle One)
								Yes / No (Circle One)

<b>JUNIOR KINDERGARTEN</b> Student Full Name	Gender	Date of Birth	Child's Age on 9-2-24	Will Attend Extended Care?
				Yes / No (Circle One)
				Yes / No (Circle One)

<b>GRADES KDG. – 8</b> Student Full Name	Gender	2024-25 Grade	Full or Half Day	Date of Birth	Will Attend Extended Care?
					Yes / No (Circle One)
					Yes / No (Circle One)
					Yes / No (Circle One)
					Yes / No (Circle One)

1. Please list the name(s) of the school(s) your child(ren) have attended previously and the length of attendance:

\_\_\_\_\_

No previous schooling \_\_\_\_\_  
Student Name(s)

2. Child(ren) live(s) with: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian Name(s)

3. Other children living at home:

<u>Sibling Name</u>	<u>Age</u>	<u>Grade</u>	<u>Current School</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. I give permission for my child(ren) to walk or ride a bicycle to and from school.

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. I give permission to publish my child(ren)'s photo(s) in school publications and/or on the school website.

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. On-line School Family Directory: DirectorySpot is an on-line program that provides school families with a directory containing parent contact information and student grade level and homeroom data. The following information is published for each family: *family name; home address, phone number; parents' cell phone numbers and e-mail addresses; student name(s), grade(s), and homeroom(s)*. Families can remove data they do not want published in this database.

7. Emergency Contacts: other adults authorized to pick up our child(ren). Note: we may request a photo ID of any person picking up your child(ren).

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

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**Information of Non-Custodial Parent (If Applicable):**

Parent's Name: \_\_\_\_\_ Will this person need to be placed on the school's e-mail lists? Yes No

Home Address: \_\_\_\_\_ Is this person allowed to pick up your child(ren)? Yes No

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

E-mail Address: \_\_\_\_\_

## STUDENT REGISTRATION INFORMATION

**Student 1:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle (current year)

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_Catholic \_\_\_Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

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**Student 2:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_Catholic \_\_\_Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

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**Student 3:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_Catholic \_\_\_Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

**Student 4:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_Catholic \_\_\_Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

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### LUNCH MILK ORDERING

\_\_\_\_\_ My child(ren) will not order milk.

Please mark down the number of servings (1/2 pint) that each student will consume each day at lunchtime (no milk for half day students in Pre-K & Kdg.).

Student's Name	Grade	No. of White (per day)	No. of Chocolate (per day)
1.			
2.			
3.			
4.			

**Note: Do Not Pay for milk at this time. You will be invoiced through your FACTS Management Incidental Expenses account after school begins.**

**Enrollment Application Fee**

**ALL APPLICANTS: please submit a non-refundable**

**Application Fee: \$100.00**

**Cash or check—payable to “St. Cletus School”**

**AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION / RECORDS**

**2024-2025 TRANSFER STUDENTS IN GRADES 1-8**

I hereby grant full permission to release all records for:

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

This request for release of record information of all records is between:

**St. Cletus School, 700 W. 55<sup>th</sup> Street, La Grange, IL 60525  
(708) 352-4820 (phone) ♦ (708) 352-0788 (fax)**

and:

School /Facility/Agency \_\_\_\_\_ Fax Number\_(\_\_\_\_\_)\_\_\_\_\_  
Address \_\_\_\_\_  
Street City State ZIP Code  
Contact Person \_\_\_\_\_ Phone\_(\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_I authorize St. Cletus to speak to \_\_\_\_\_School.

**PLEASE PRINT:**

Name of Authorizing Parent/Guardian\_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Illinois State Board of Education**  
**2024-25 U.S. Department of Education Race and Ethnicity Data Standards**

Parents or Guardians must respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school staff are required to provide the missing information by observer identification.

Part A asks about the student(s)' ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school is required to provide the missing information by observer identification.

**STUDENT NAME(S):** \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** This form is to be filled out by the student(s)' parents or guardians, and both questions must be answered. Part A asks about the student(s)' ethnicity, and Part B asks about the student(s)' race. If you decline to respond to either question, the school is required to provide the missing information by observer identification.

**PART A: Is/are the student(s) Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one:

- No, not Hispanic/Latino  
 Yes, Hispanic/Latino

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider the student(s)' race to be.*

**PART B: What is/are the student(s) race?** Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origin in any of the original peoples of Europe, the Middle East, or North Africa.)

**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

St. Cletus School  
Archdiocesan Statistics 2024-25 Academic Year

**Public School Statistical Information:**

Please indicate the public school and district number where you reside. You should be able to find this information by either consulting with a neighbor whose children attend the public school or by reviewing your property tax bill.

**Your Family Name:** \_\_\_\_\_

Student Name	Grade	Name of Public School	City/Town of Public School	District No.

**Religious Affiliation** (please check one):

\_\_\_\_\_ Family is Catholic and registered at St. Cletus Parish.

\_\_\_\_\_ Family is Catholic and plans to register at St. Cletus Parish.                      When? \_\_\_\_\_

\_\_\_\_\_ Family is Catholic and registered at another parish.                      Parish Name: \_\_\_\_\_

City: \_\_\_\_\_

Yes     No    Does the parish have a school? If yes, please name: \_\_\_\_\_

\_\_\_\_\_ Family is registered at another Christian church.                      Church Name: \_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_ Family is of another faith tradition, indicated below:

- \_\_\_\_\_ Jewish
- \_\_\_\_\_ Muslim
- \_\_\_\_\_ Buddhist
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Family is not affiliated with any church or religion.

If your child or children were not born in the United States of America, please list the country of birth below:

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

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



## 2024-25 Home Language Survey

The state of Illinois requires the District to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below and return this survey to your child(ren)'s school.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does anyone in your home speak a language other than English?

\_\_\_\_\_ Yes    What language? \_\_\_\_\_

\_\_\_\_\_ No

2. Does/do your child(ren) speak a language other than English?

\_\_\_\_\_ Yes    What language? \_\_\_\_\_

\_\_\_\_\_ No

**NOTE: If the answer to either question is yes, the school district will screen and assess your child(ren)'s English language proficiency. The school district will measure your child(ren)'s listening and speaking skills and, for students in grades 2 through 8, their reading and writing skills.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian



## [ONE FORM PER STUDENT]

### School Nurse Questionnaire

**2024-2025**

Dear Parent,

In an effort to help us provide optimum health services for your child and keep your child's school health record complete and up-to-date, we ask your cooperation in providing the following information:

1. Has your child had any serious illness, operation or injury? If yes, please specify: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
2. Does your child have any known allergies? If yes, please note allergy and treatment: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
3. Does your child have asthma? If yes, please note medication and restrictions, if any: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
4. Is your child allergic to insect stings? If yes, specify treatment procedure: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
5. Is your child on any medications? If yes, specify: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
6. Does your child need medication in school? If yes, please complete the "School Medication Permission Form" and follow its directions. Yes \_\_\_\_ No \_\_\_\_
7. Does your child have a special learning need or receive special services of any type? If yes, please explain: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
8. Does your child have any vision or hearing problems? If yes, please explain: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
9. Does your child have any health concerns of which the school should be made aware? If yes, please explain: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Parent/Guardian,

St. Cletus will be offering both before-care and after-care programs for the 2024-2025 school year. ***The cost of the program is \$7.00 per hour per child. There is a minimum charge of \$3.50 per child per attendance period.*** Time charges are rounded up to the half hour.

The annual registration fee is \$30.00 per family. Once you begin using the Extended Care Program, you will be invoiced for this registration fee with your first billing. Participating families will be invoiced monthly through your FACTS Management Incidental Expenses account for the previous month's usage of extended care services.

The Before Care program is from 7:00 until 7:50 a.m. Students should enter through Stone Avenue door # 14 to the school building. Any child arriving to school before 7:50 a.m. without a scheduled meeting/activity will be sent to before-care, and the family will be charged accordingly. The before-care phone number is (708) 215-5408.

Students who are not picked up by dismissal time (3:00 p.m.) will be sent to after-care. The after-care program operates from 3:00 until 6:00 p.m. Pickup is at the Morrissey Hall entrance from Stone Avenue (door # 14)—please knock on the door and wait for the after-care staff to let you inside the building and sign out your child(ren). The after-care phone number is (708) 215-5408.

Please select your extended care date and time choices on your Registration Form. Your choices are not final—they just allow us to plan ahead for extended care staffing. Before-care students should be dropped off at the Stone Avenue entrance (door #14). For after-care, parents should notify their child(ren)'s teacher(s) and the school office ([attendance@stcletusparish.com](mailto:attendance@stcletusparish.com)) no later than 2:00 p.m. if they are using the after-care program that day or making a change to their regular after-care schedule.

**LATE PICKUP FEES: Late fees are charged to families who pick up their child(ren) after 6:00 p.m. at the rate of \$1.00 per minute for the first five minutes and \$5.00 per minute for each minute after 6:05 p.m.** We suggest a family member, friend, or neighbor be asked to pick up your child in case of an emergency. Please be sure to list all contacts who are allowed to pick up your child(ren) on the attached Registration Form.

**EXTENDED CARE PROGRAM**  
**REGISTRATION FORM 2024-25**

Family Name \_\_\_\_\_ Home Address \_\_\_\_\_

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

<u>Child(ren)'s Name(s)</u>	<u>Male/Female</u>	<u>Grade</u>	<u>Room No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BEFORECARE REGULAR USER** (I anticipate using the program as noted below, with flexible dates and times as needed):

**Morning Arrival**

Day:  Monday  Tuesday  Wednesday  Thursday  Friday

**AFTERCARE REGULAR USER** (I anticipate using the program as noted below, with flexible dates and times as needed):

**Afternoon Pickup**

Day:  Monday  Tuesday  Wednesday  Thursday  Friday

Time: \_\_\_\_\_

**OCCASIONAL USER** (Dates and times are flexible.)

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other adults authorized to pick up child(ren):

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

PLEASE NOTE: WE MAY REQUEST A PHOTO ID OF ANY PERSON PICKING UP YOUR CHILD(REN).

Parent Authorization for Before/After Program enrollment (please check box at left)