



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. 2025-26 Application for Student Enrollment;
  - b. Authorization for Release of Student Information/Records (grades 1-8 in 2025-26 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)



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 (minimum of 2) 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 # _____ |

---

**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: _____<br>_____ | 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: \_\_\_\_\_  
\_\_\_\_\_

---

**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: \_\_\_\_\_  
\_\_\_\_\_

---

**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: \_\_\_\_\_

\_\_\_\_\_

---

**Enrollment Application Fee**

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

**Application Fee: \$200.00**

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

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

**2025-2026 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**  
**2025-2026 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 2025-26 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: \_\_\_\_\_



## 2025-2026 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

**2025-2026**

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: \_\_\_\_\_



## Extended Care Services

Dear Parent/Guardian,

St. Cletus will be offering both Before Care and After Care programs for the 2025-2026 school year. ***The cost of the program is \$10.00 per hour per child. For any part of the hour, the fee is \$10.00.***  
**For example:**

|              |                                 |                   |
|--------------|---------------------------------|-------------------|
| Before Care: | Drop-off between 7:00-7:50 a.m. | \$10.00 per child |
| After Care:  | Pickup between 3:00-4:00 p.m.   | \$10.00 per child |
|              | Pickup between 4:01-5:00 p.m.   | \$20.00 per child |
|              | Pickup between 5:01-6:00 p.m.   | \$30.00 per child |

There is no annual registration fee. Participating families will be invoiced monthly through their 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 door # 14 (along Stone Avenue). 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 from 7:00-7:50 a.m. is (708) 968-6413.

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 an After Care staff member to let you inside the building. The After Care phone number from 3:00-6:00 p.m. is (708) 968-6413.

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. Parents should notify their student(s)' teacher(s) and the school office 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.

**Payment Delinquencies:** being delinquent for extended care payments may result in the discontinuation of these services for your child(ren).

**EXTENDED CARE PROGRAM**  
**REGISTRATION FORM - 2025-26**

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> |
|-----------------------------|--------------------|--------------|-----------------|
| _____                       | _____              | _____        | _____           |
| _____                       | _____              | _____        | _____           |
| _____                       | _____              | _____        | _____           |
| _____                       | _____              | _____        | _____           |

**BEFORE CARE REGULAR USER:**

**Morning Arrival**

Day:  Monday  Tuesday  Wednesday  Thursday  Friday

**AFTER CARE REGULAR USER:**

**Afternoon Pickup**

Day:  Monday  Tuesday  Wednesday  Thursday  Friday

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

**OCCASIONAL USER** (Schedules to be arranged.)

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