

**Placement**

5 Full Days (M-F) 7:50-3:00PM	
# Other Children in SBS	
Name/Grade of Oldest Sibling	

**ST. BARTHOLOMEW SCHOOL  
REGISTRATION FORM  
Kindergarten**

School Year: 20\_\_ - 20\_\_

**OFFICE USE ONLY:**

Registration Date	
Parish #	
Tuition (Family Rate)	
Tuition (Only Child)	
Health Records	
Registration Fee Paid	

Child's Last Name	First Name	Middle	M	F	Home Address	Zip	Phone					
Birthdate	Age as of 9/1	City, State, or Country			Birth Certificate ID#	Office Verification						
Baptism Date	Church	Address			Religion	Certificate Verified by Office						
Parent Information												
Father's Name	Residence/Same	Work Phone/ Cell Phone	Email		Birthplace	Religion	Occupation					
Mother's Name	Residence/ Same	Work Phone/ Cell Phone	Email		Birthplace	Religion	Occupation					
Parent Status	Married		Father	Separated		Divorced		Remarried		Deceased		
Mother's Maiden Name			Mother	Separated		Divorced		Remarried		Deceased		
Child Lives With	Additional Language Spoken at Home											
Transferring School		Address		Zip		Records Requested						
Physical Considerations												
Major Physical Considerations	NO		YES		Explanation							
INFORMATION FOR FEDERAL FUNDING/ARCHDIOCESAN STATISTICS:												
Child's Culture:	Asian		Bi-Racial		Black		Hispanic		White		Native American	
DEMOGRAPHICAL INFORMATION												
Neighborhood Public School						Neighborhood Catholic Church						
REFERRED TO SBS BY: (Family's Name, Please)												

# *St. Bartholomew Catholic School*

Office Hours: 7:30 AM - 4:00 PM

4941 West Patterson Avenue - Chicago, IL 60641-3613

773/282-9373 (Main Office) - 773/282-4757 (Fax)

[www.stbartsschool.net](http://www.stbartsschool.net)

## **Registration and Financial Information**

**Registration:** Please call for an appointment

To enroll, the School Office must receive:

- A completed registration form
- Original birth certificate (copy will be made for file)
- A copy of the child's Baptismal certificate (if applicable)
- A non-refundable **New Family Registration Fee of \$100**

## **Health/Dental/Vision Examination Records**

Forms must be completed by health professionals and returned to the School Office by July 31st.

### **Pre-Kindergarten**

~ Recent Health Exam

### **Kindergarten**

~ New Health Exam  
~ New Dental Exam  
~ New Vision Exam

### **Grade 2**

~ Recent Dental Exam

### **Grade 6**

~ New Health Exam  
~ New Dental Exam

## **Uniforms (K-8)**

DENNIS School Uniforms  
7055 W. Higgins Ave.  
Chicago, IL 60656  
708/669-7944  
dennisuniform.com

St. Bartholomew Phys. Ed.  
Gym Uniform (K-8)

## **Transfer Student(s) Records Release Form**

Signature of parent/guardian allows previous school to provide records.

**School Hours:** 7:50 AM - 3:00 PM

## **Extended Day Program (EDP) \$25 Registration Fee**

Before/after school care will be provided on school days only; fees are billed monthly through FACTS.

6:30 - 7:50 AM	\$5 per day (1 Child)/\$7 per day (2+ Siblings)
3:00 - 6:30 PM	\$10 per day (1 Child) \$16 per day (2+ Siblings)

## **Tuition**

A 10% payment of the annual tuition fee is due in May. Another 10% payment is due in August. The school fees are due in July. The remaining eight tuition payments (10% each) are due monthly throughout the school year from September through April. Payments are made electronically through FACTS. (If a one-time full tuition payment is made, the family will receive a credit of \$250.)

## **Referral Incentive**

Current families can earn a tuition credit of \$300 for each referred family that registers and attends St. Bartholomew. New family must mention referring family name at the time of registration. Both the referring family and new family must be in good financial standing. Credit is awarded after the new family has completed six months and applied to the last payment.

**COMPLETION OF THIS FORM IS NOT A GUARANTEE OF ACCEPTANCE.** If after reviewing your child's records we school recognize an inability to serve his/her needs, you will be notified and the records will be returned to you.