

# Enrollment Forms & Requirements

## Preschool

Enclosed please find *forms and requirements* to register your child at St. Gregory A. & M. Hovsepian Preschool.

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Class \_\_\_\_\_ Toddler \_\_\_\_\_ Preschool (2) \_\_\_\_\_ Preschool (3) \_\_\_\_\_ Pre-K \_\_\_\_\_

### Forms

- \_\_\_\_\_ Admission Agreement
- \_\_\_\_\_ Registration Application
- \_\_\_\_\_ Identification & Emergency Information (Green Form)
- \_\_\_\_\_ Child's Preadmission Health History (Yellow Form)
- \_\_\_\_\_ Consent for Emergency Medical Treatment (Pink Form)
- \_\_\_\_\_ Child Care Center Notification of Parents' Rights (Purple Form)
- \_\_\_\_\_ Personal Rights (Orange Form)
- \_\_\_\_\_ Physician's Report (Blue Form)

### Requirements

- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Two Passport-Sized Pictures
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Emergency Kit (See attached letter.)



# Enrollment Forms & Requirements

Kindergarten - 8th Grade

Enclosed please find *forms and requirements* to register your child at St. Gregory A. & M. Hovsepian School.

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade \_\_\_\_\_

## Forms

- \_\_\_\_\_ Admission Agreement
- \_\_\_\_\_ Registration Application
- \_\_\_\_\_ Medical Consent

## Requirements

- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Two Passport-Sized Pictures
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Students entering Kindergarten must show negative T.B. test results and proof of health examination within one year of admission.
- \_\_\_\_\_ Transcripts (Grades 1 - 7)
- \_\_\_\_\_ Letter of Recommendation from an administrator or a teacher (Grades 1 - 8)
- \_\_\_\_\_ Entrance Evaluation (Grades K - 8)
- \_\_\_\_\_ Emergency Kit (See attached letter.)



# Consent to Medical Treatment

We, the undersigned, parents of \_\_\_\_\_ minor, do hereby consent to any examination, diagnostic procedure and medical or surgical treatment as performed, prescribed and rendered to said minor in a hospital, emergency room or other medical facility, by or under the general or special instructions of a medical doctor on duty. It is understood that this consent is given to allow the authorities of St. Gregory A. & M. Hovsepien School of Pasadena and said doctor or doctors to exercise their best judgment as to the requirements of such diagnosis or treatment under the given circumstances.

This consent shall remain effective for the duration of this student's enrollment at Hovsepien School, unless sooner revoked in writing delivered to said doctor or said persons entrusted with the custody of said minor.

\_\_\_\_\_  
**Primary Physician**

\_\_\_\_\_  
**Telephone**

**Date of last physical/medical examination:** \_\_\_\_\_

**In case of an emergency, person other than parent to contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

State Law requires the attached medical form to be completed for all new students.

Please answer the following questions by circling "Yes" or "No."

Is/has your child been under regular supervision of physician: YES NO

Is your child currently receiving any medication? YES NO

Are you aware of any reason limiting your child's physical activities? YES NO

Does your child have any allergies? YES NO

IF ANY OF YOUR ANSWERS ABOVE WAS "YES," PLEASE PROVIDE DETAILS:

\_\_\_\_\_  
\_\_\_\_\_

# Emergency Kit Requirements



Dear Parents,

Earthquakes are common in California, therefore, all parents are required to supply their child with a small emergency bag. This kit will be stored on the school premises.

We recommend that your child be part of putting this kit together. They can help you shop for the things that should be packed in this kit. This way, in case of an emergency, your child will remember that daddy and mommy packed this just for me. This will be a source of comfort and encouragement to your child in case of an earthquake.

The storage space is limited, so please place only the items requested in a Ziploc bag. These kits will be returned to you on the last day of school.

Label the Ziploc bag with your child's name, teacher, and school name.

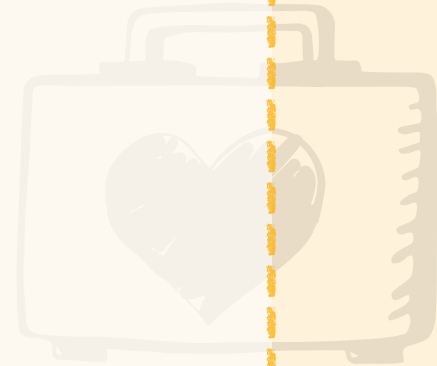
Please put the following non-perishable items inside the bag:

**\*\*Do not pack any item that contain nuts.\*\***

- \* One protein item your child likes (i.e. can of tuna, chicken)
- \* One fruit item (i.e. small canned fruit, raisins, or fruit roll-up)
- \* One snack item (i.e. crackers)
- \* One small can of juice (no boxes due to leakage)
- \* One small bottle of water
- \* Plastic spoon and fork
- \* Emergency blanket: This is a small, silver blanket folded that can be found at Target, Wal-Mart, Big 5 (camping section) or sporting goods stores.
- \* Family photo and/or note of comfort.

Thank you for your cooperation.

Administration



## Student Information

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

## Parent Information

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

## Emergency Contact Info

1. Contact's Name & Phone \_\_\_\_\_

2. Contact's Name & Phone \_\_\_\_\_

Physician's Name & Phone \_\_\_\_\_

## Sibling Information

1. Name \_\_\_\_\_ Age \_\_\_\_\_ 2. Name \_\_\_\_\_ Age \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ 4. Name \_\_\_\_\_ Age \_\_\_\_\_

## Schools Previously Attended

SCHOOL	GRADE	ADDRESS, CITY	DATE
1.			
2.			
3.			
4.			

## Language Skills

1. Student's mother speaks Armenian? YES or NO    Reads? YES or NO    Writes? YES or NO  
 Student's father speaks Armenian? YES or NO    Reads? YES or NO    Writes? YES or NO

2. Which language did your son or daughter speak when he or she first began to talk? \_\_\_\_\_

3. At what age did s/he say his or her first word? \_\_\_\_\_

4. Which language does your son or daughter most frequently use at home? \_\_\_\_\_

5. Name the languages in the order most often spoken by the adults at home: \_\_\_\_\_

## More Info

1. Does your child have an existing/current IEP (Individualized Education Plan) or 504 Plan (accommodations that must be made in the classroom)? If so, please provide a copy of the current IEP. YES or NO
2. Was your child placed on either academic and/or disciplinary probation at his/her former school of attendance? YES or NO

## Please Sign

I declare that all the information I have provided on all pages of this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Tuition & Fees / Admission Agreement

## 2023-2024

Preschool	Monthly Tuition	Early Registration Until February 16th	Registration After February 16th	Resource Fee**	FPP Family Participation Program (per family)
Preschool Program	\$995*	\$550	\$600	\$195	\$200

Kindergarten - 8th Grade	Monthly Tuition	Early Registration Until February 16th	Registration After February 16th	Resource Fee**	FPP Family Participation Program (per family)
Kindergarten	\$995*	\$550	\$600	\$295	\$200
1st - 8th Grade	\$825	\$550	\$600	\$295	\$200

### Additional Programs

Afterschool Care - Preschool - 8th \$200 / month

\*Preschool-Kindergarten tuition includes breakfast, lunch & snack.

\*\*Resource Fee includes workbooks, online platforms, STEAM supplies, art supplies & technology support.

### Sibling Discount

Second Sibling

\$ 30 / month

Third Sibling

\$100 / month

## Admission Agreement

### Tuition Due Date & Payments

Tuition payments are due monthly from September-June. Payments are due on the first of each month. After the 10th of the month, a \$20 late fee will be charged. Tuition can be paid in cash, check, or credit card. Each credit card transaction will be charged a 3% fee of the transaction value. The school has the right to terminate students including but not limited to late or non-payment of tuition dues. Please see the Parents Handbook for termination procedures.

### Tuition Policy

Students are enrolled for an academic year of ten months. Parents are not exempt from their tuition obligations as a result of the student's absenteeism from school due to illness, scheduled holidays, family vacations, early termination, or for any other reason. Registration fee is non-refundable and is not applied towards tuition. Tuition balances must be kept current to maintain priority registration status for the following school year. Tuition is required for virtual and/or physical classes. Registration is non-refundable regardless of school opening virtually or physically.

### Fundraisers

At Hovsepien School, each family is required to participate in fundraising efforts by purchasing

at least \$250 worth of items per year. The school will offer various opportunities to fundraise, e.g. coffee sales, chocolate sales, Art to Remember, etc. Fundraisers can change based on availability.

### School Operations & After School Care

Student's class allocation is at the discretion of the Administration. The school offers its services from September 7, 2023 to June 21, 2024. The hours are from 7:50 a.m. to 3:30 p.m. Preschool hours are from 7:50 a.m. to 3:00 p.m. Optional after school care is offered from 3:30 p.m. to 5:30 p.m. for an additional fee. Daily rates for afterschool care vary.

### Additional Preschool Information

Community Care Licensing (CCL) has the authority to interview children or staff without prior consent. CCL has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying. Finally, CCL has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement. At St. Gregory Hovsepien Preschool we offer an optional classroom for toddler children of at least 18 months of age. The parents acknowledge that this class is offered only as an option.

### Dismissal Policy

St. Gregory Hovsepien School reserves the right to ask a child to leave the program at any given time if his/her behavior is consistently inappropriate, or if we feel that the child is not being well-served by our program. Determination of need for dismissal is at the discretion of the Principal/Director. The termination notice may be either verbal or written.

### Non-Sufficient Funds Policy

Non-Sufficient Funds (NSF) checks will result in a \$25.00 charge and require replacement in the form of cash, money order, or cashier's check.

### Tuition Assistance

Financial assistance is only offered for students in 1st - 8th Grade. Contact our school's Bookkeeper for further information. All information is kept strictly confidential, and applicants are asked to honor this confidentiality.

### Family Participation Program - FPP

At the time of registration, each family must pay Family Participation Program (FPP) fee of \$200. For those families who choose to participate, a minimum of 20 hours per family per year is required. You will keep track of your participation hours on Gradelink.com. Upon completion of the participation hours, the school will reimburse the \$200.

**We, the undersigned, have read the Admission Agreement, and we state that we will assume our responsibilities toward the school.**

Student Name(s)

Parent/Guardian Name

Signature

Date

ST. GREGORY A. & M. HOVSEPIAN SCHOOL