



**St. Isaac Jogues Parish
CATHOLIC SCHOOL**

421 South Clay Street, Hinsdale, IL 60521
Phone: 630-323-3244
Fax: 630-655-6676

2021-2022 Early Childhood Program Offerings

Student's Name _____ Birth Date _____

PK3: 8:15 am - 11:15 am

- __ Tuesday/Thursday \$300.00 per month/ 9 months
- __ Monday/Wednesday/Friday \$460.00 / 9 months
- __ Monday-Friday \$578.00 / 9 months

PK3: 11:45 pm - 3:00 pm

- __ Monday/Wednesday/Friday \$460.00 / 9 months
- (Student must be 3-years-old by September 1st)*

PK4: Half-day 8:15 am - 11:15 am

- __ Monday-Thursday \$482.00 per month/ 9 months
- __ Monday-Friday \$578.00 per month / 9 months

PK4: Full-day 8:15 am - 3:00 pm

- __ Monday-Thursday \$690.00 per month/ 9 months
- __ Monday-Friday \$800.00 per month / 9 months
- (Student must be 4-years-old by September 1st)*

\$300 Non Refundable Registration Fee (applied to tuition). Current families will have the registration fee deducted from their current FACTS account. New families should send a check, payable to St. Isaac Jogues School, with your registration form.

Programs require a minimum of six students.

Parent/Guardian's Name _____

Address _____

Phone Number _____

Email Address _____

Parent/Guardian's Signature _____ Date _____



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**St. Isaac Jogues Early Childhood Program
Steps for Success**

Positive Guidance

We believe that children should experience success. We offer a classroom setting that provides opportunities for children to explore their environment within consistent, age appropriate limits. In this atmosphere, most behavioral issues are prevented. However, if behavioral issues occur, we will help the children to learn Catholic values and problem solving skills and to take responsibility for their choices. We will use redirection, verbal intervention, and logical consequences to help the children control their behavior.

If these positive guidance techniques are not working effectively and the inappropriate behavior persists, we will take the following steps:

1. We will observe and record the child's behavior and what we have done to try to change this behavior. In addition, we will follow the behavioral rubric for our 3 and 4 year-old programs as well as our Kindergarten Prep program.
2. Parents will be asked to participate in a conference with the teacher and director in which we will develop a plan of action to address the behavior. The plan will outline the steps staff and parents will take to change the behavior and the steps towards disenrollment if the behavior persists or if the parents are not ready or able to cooperate.
3. We may suggest outside resources to parents and will work with outside resources for further guidance.

Disenrollment

If in certain circumstances it becomes evident that the St. Isaac Jogues Early Childhood Programs are not fulfilling a child's needs, disenrollment will be by referral to another program that is more suitable to the needs of that particular child.

If a parent and/or guardian does not cooperate in working with the teaching staff and administrative personnel to help their child function in the program, they will be asked to leave the program.

When a parent and/or guardian refuses a request to give permission for an observation assessment and/or evaluation to determine proper placement of their child, they will be asked to leave the program.

If during the time of gaining information for referral or intervention within the St. Isaac Jogues Church Early Childhood Programs, the child becomes destructive to property or hurtful to staff and/or other children, they will be asked to leave the program.

Received, read and accepted by parent/guardian of _____

Date: _____

Parent/Guardian Signature



JOLIET DIOCESAN SCHOOL SYSTEM
Student Information Sheet

SCHOOL St. Isaac Jogues CITY Hinsdale COUNTY DuPage

1. STUDENT INFORMATION:

FAMILY E-MAIL ADDRESS:

NAME LEGAL LAST NAME FIRST MIDDLE SEX: M F

ENTRANCE DATE MONTH/DAY/YEAR GRADE: (Circle one): KINDERGARTEN

RELIGION 3 YEAR-OLD PRESCHOOL: MORNING AFTERNOON 4 YEAR-OLD PRESCHOOL: MORNING AFTERNOON

FROM NAME OF SCHOOL CITY STATE BIRTHDATE MONTH/DAY/YEAR BIRTHPLACE CITY STATE

ADDRESS CITY ZIP PHONE ()

WHAT PUBLIC SCHOOL WOULD YOU ATTEND? DISTRICT #

HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)

- 1. LIVING WITH BOTH PARENTS. 2. LIVING WITH SINGLE MOTHER/FATHER. (CIRCLE ONE) 3. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) 4. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) 5. PARENTS SEPERATED; LIVING WITH MOTHER. 6. PARENTS SEPERATED; LIVING WITH FATHER. 7. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) 8. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) 9. LIVING WITH GUARDIANS WHO ARE RELATIVES. 10. OTHER

2. FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME LEGAL LAST NAME FIRST MIDDLE RELIGION PARISH

HOME ADDRESS CITY STATE ZIP (IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH CITY STATE EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD MD JD (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE () WORK PHONE () CELL PHONE ()

EMPLOYER OCCUPATION POSITION

3. MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME LEGAL LAST NAME FIRST MIDDLE

RELIGION PARISH

HOME ADDRESS CITY STATE ZIP (IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH CITY STATE EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD, MD, JD (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE () WORK PHONE () CELL PHONE ()

EMPLOYER OCCUPATION POSITION

PLEASE COMPLETE SIDE 2

NAME OF CHILD _____

SACRAMENTS

BAPTISM:

Date _____ Church _____

City _____ State _____

RECONCILIATION:

Date _____ Church _____

City _____ State _____

HOLY EUCHARIST:

Date _____ Church _____

City _____ State _____

CONFIRMATION:

Date _____ Church _____

City _____ State _____

<u>OTHER SCHOOL(S) ATTENDED</u>	<u>CITY & STATE</u>	<u>GRADES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Person Completing Form Date

RACE AND ETHNICITY *Information is used by the State of Illinois and the National Catholic Educational Association for statistical use only.*

- ___ ASIAN
- ___ BLACK/AFRICAN AMERICAN
- ___ HISPANIC/LATINO
- ___ AMERICAN INDIAN or ALASKA NATIVE
- ___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ___ WHITE/CAUCASIAN



OFFICE USE ONLY

Deposit Amount _____ Check # _____ Date _____

Withdrew: _____

Transferred to: _____
Name of School City State

Graduation: _____