



St. Catherine of Siena Catholic School 2026-2027 PRESCHOOL ENROLLMENT INFORMATION

The mission of St. Catherine of Siena Catholic School is to Learn, Love and
Live in God's Presence.

Requirements

- Preschool Enrollment Form (Incomplete enrollment forms will be returned)
- Birth Certificate (Visit www.kdheks.gov/vital for information on obtaining birth certificate)
- Baptismal Certificate (if not baptized at St. Catherine of Siena)
- *Kansas Certificate of Immunization (KCI)
- *Health Physical (within a year of school starting date)
- IEP Documentation (if applicable)
- \$50.00 Non-Refundable Deposit Fee
- Permission to Publish

Immunization and Health Physical forms are part of the enrollment process, but are not required at the time of enrollment. Students can NOT begin classes until this information is received, per state regulations.

* Immunizations - Form: [Kansas Certificate of Immunization \(KCI\)](#). A copy of the Immunization Record from the Doctor's office can also be submitted.

* Health Physical - Form: [Child Health Assessment](#). A copy of the Health Physical Form used by the Doctor's Office can also be submitted.

⇒ These forms can also be found on the St. Catherine of Siena Catholic School website.

PRESCHOOL CLASSES

3 Year Old Preschool - Must be three years of age on or before August 31, 2026

Tuesday/Thursday AM: 7:50 am - 10:50 am

Tuesday/Thursday PM: 12:15 pm - 3:15 pm

4 Year Old Preschool - Must be four years of age on or before August 31, 2026

Monday/Wednesday/Friday AM: 7:50 am - 10:50 am

Tuesday/Wednesday/Thursday PM: 12:15 pm - 3:15 pm

Monday through Friday AM: 7:50 am - 10:50 am

Monday through Friday All Day: 7:50 am - 3:15 pm

⇒ Student must be toilet trained prior to attending preschool.

⇒ **ENROLLMENT IN PRESCHOOL DOES NOT GUARANTEE ACCEPTANCE INTO ST. CATHERINE OF SIENA KINDERGARTEN**

Please keep this page for your records. Attached are the enrollment forms.



St. Catherine of Siena Catholic School 2026-2027

PRESCHOOL ENROLLMENT FORM

The mission of St. Catherine of Siena Catholic School is to Learn, Love and Live in God's Presence.

Requirements

Date of Application: _____

- Student must be 3 on or before August 31, 2026
- Student must be 4 on or before August 31, 2026
- Student must be toilet trained prior to attending preschool
- For an application to be complete, it must be accompanied by a \$50 non-refundable application fee and a copy of the student's birth certificate

Please select one (cost includes supplies & snacks):

- 3 year old Tues/Thurs AM: \$1,200 yearly total (\$120.00 per month)
- 3 year old Tues/Thurs PM: \$1,200 yearly total (\$120.00 per month)
- 4 year old Mon/Wed/Fri AM: \$1,800 yearly total (\$180 per month)
- 4 year old Tues/Wed/Thurs PM: \$1,800 yearly total (\$180 per month)
- 4 year old Mon - Fri AM: \$2,950 yearly total (\$295 per month)
- 4 year old Mon - Fri All Day: \$6,100 yearly total (\$610 per month) *Lunch fees not included

Preschooler's Name (please print) _____
(First) (MI) (Last)

Date of Birth: _____ Gender (M/F) _____ Oldest in Family: Yes / No Oldest at SCOS: Yes / No

Additional Student Information

Ethnicity:

- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Asian
- White
- Black/African American

Hispanic or Latino:

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

Primary Language in Home _____

Does your child have an IEP? YES / NO (If yes, please attach a copy of the IEP to this enrollment form)

Permission to Publish

In an attempt to share information concerning the outstanding accomplishments of our students, we will showcase student projects, write articles, and provide pictures for publication in various media, including our parish website and The Catholic Advance. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke this permission at any time. Please check below:

___ I grant permission to the Catholic Diocese of Wichita to use the picture or projects of my child in positive media presentations.

___ I DO NOT grant permission to the Catholic Diocese of Wichita to use the picture or projects of my child in positive media presentations.

School Directory - Permission to Publish

Check **one or all**, if you agree

___ I grant permission for St. Catherine of Siena to publish our Primary phone number _____ (phone number)

___ I grant permission for St. Catherine of Siena to publish our Primary email address _____



St. Catherine of Siena Catholic School 2026-2027 PRESCHOOL ENROLLMENT FORM

The mission of St. Catherine of Siena Catholic School is to Learn, Love and
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Parents' Marital Status: Married Separated Divorced Widow/er Remarried Single
Child Lives With: Both Parents Mom & Stepfather Dad & Stepmother Mom Only Dad Only
Other _____

It is your responsibility to provide us with any pertinent legal information regarding your child.

FATHER'S INFORMATION

Circle one: Father/Step-Father/Guardian

Name _____

Address _____

City, State, Zip _____

Religion _____

Home Phone _____

Work Phone _____

Cell Phone _____

Employer _____

VIRTUS trained YES / NO

Email address _____

Parish Registered _____

MOTHER'S INFORMATION

Circle one: Mother/Step-Mother/Guardian

Name _____

Address _____

City, State, Zip _____

Religion _____

Home Phone _____

Work Phone _____

Cell Phone _____

Employer _____

VIRTUS trained YES / NO

Email address _____

Parish Registered _____

STEP-FATHER INFORMATION

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Employer _____

STEP-MOTHER INFORMATION

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Employer _____



St. Catherine of Siena Catholic School 2026-2027

PRESCHOOL ENROLLMENT FORM

The mission of St. Catherine of Siena Catholic School is to Learn, Love and Live in God's Presence.

Name: _____ Nickname: _____
(Last) (First) (Middle)

Emergency Contact (other than student's parents) #1

Full Name _____ Home Phone (____) _____
Relationship to Student _____ Cell Phone (____) _____
Allowed to pick up child from school, any situation YES / NO

Emergency Contact (other than student's parents) #2

Full Name _____ Home Phone (____) _____
Relationship to Student _____ Cell Phone (____) _____
Allowed to pick up child from school, any situation YES / NO

Emergency Contact (other than student's parents) #3

Full Name _____ Home Phone (____) _____
Relationship to Student _____ Cell Phone (____) _____
Allowed to pick up child from school, any situation YES / NO

Thank you for enrolling your student in St. Catherine of Siena Catholic School Preschool Classes.

- Per our mission statement, we at St. Catherine of Siena Catholic School "Learn, Love, & Live in God's Presence" each and every day. We are committed to the spiritual, social, intellectual, and physical growth of each child in a caring and nurturing, Christ-centered environment.
- Enrollment will be on a "first come, first served" basis and we must have at minimum the following information to reserve a space: 1) Preschool Enrollment Forms, 2) Birth Certificate, 3) IEP documentation, if applicable, & 4) \$50.00 fee. The other information can be submitted at a later time.
- **ENROLLMENT IN ST. CATHERINE OF SIENA PRESCHOOL DOES NOT GUARANTEE ACCEPTANCE INTO ST. CATHERINE OF SIENA KINDERGARTEN**

_____/_____
Parent/Guardian Signature Date

For Office Use Only:

- Preschool Enrollment Forms
- Certificate of Live Birth
- Deposit Fee, \$50
- IEP/ILP documentation, if applicable