



Saint Louis Catholic Montessori Atrium

Catechesis of the Good Shepherd Program

2907 Popkins Lane, Alexandria, VA 22306

Fall 2011 – Spring 2012 Registration Form for Level 1 or 2

For more information, please contact Maria Blazevich at (703) 765-4421 x 29 or maria@saintlouisparish.org

Receiving applications for new children age 3 (must be potty trained & able to follow instructions) & returning children up to age 9+.

Family:

Parent/Guardian First Names:	Family Name:	Home Phone:
Send Mail To: (circle one) <input type="checkbox"/> Mr. and Mrs. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other Title:		
Address:	City:	State: Zip:
Parish:	If registered at St. Louis, Parish Envelope ID #:	

Parent / Guardian #1:

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
First & Last Name:
Cell Phone:
Work Phone:
Email:

Parent / Guardian #2:

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
First & Last Name:
Cell Phone:
Work Phone:
Email:

Child:

First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Gender:
Date of Baptism:	Church of Baptism:	
<input type="checkbox"/> 1st Communion? 1st Communion Date:	<input type="checkbox"/> 1st Reconciliation? 1st Reconciliation Date:	
Health Concerns (allergies) / Medications / Learning Disabilities:		
Has your child had previous Atrium experience? If so, where? How much?		

Parental Permission to Pick Up Child(ren):

Children will only be released to designated persons authorized by parent or legal guardian. I give my permission for the following persons (other than parents or guardians named above) to pick up my child(ren) from Saint Louis Atrium.
Names and Phone Numbers:

Emergency Information:

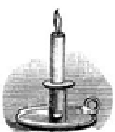
In a medical emergency or unscheduled dismissal, parents or legal guardians will be contacted first. If they are NOT available, then the emergency contact has medical consent and dismissal release authority.		
Emergency Contact Name:	Medical Insurance Name:	
Relationship to child:	Hm Phone:	Medical Insurance Id #:
Cell Phone:	Wk Phone:	<input type="checkbox"/> My child requires an EpiPen.
Street Address:	If a child requires an EpiPen, then the parent /legal guardian must fill out additional EpiPen paperwork.	
City, State, Zip:		

Day of Atrium Preference: (Please indicate all the days that would work for your schedule)

Level 1 (ages 3-6):	Level 1 children must be potty trained and able to follow simple instructions.				Sat 10am-12noon	<input type="checkbox"/>	
Mon 10am-12noon	<input type="checkbox"/>	Wed 10am-12noon	<input type="checkbox"/>	Thurs 10am-12noon	<input type="checkbox"/>	Fri 10am-12noon	<input type="checkbox"/>
Level 2 (ages 6-9+)	Level 2 children must be in 1 st grade or above.						
Mon 2:30-4:30pm	<input type="checkbox"/>	If the Mon L2 atrium fills and there is enough interest; we may have a Tues L2 atrium. Tues 1:30-3:30pm				<input type="checkbox"/>	
Children usually attend one Atrium session per week.			How many sessions per week would your child like? _____				

If your child would like to care for a plant in the atrium, please provide a plant with large leaves.

Note: Candles are lit in the Atrium during sacred moments and when Scripture is read. An adult always supervises the child(ren) when they are near lit candles or when children extinguish candles. Only the adult handles matches.



*The Saint Louis Montessori Atrium program is grateful for volunteer help!
Volunteering is a wonderful way to be involved in your child's atrium experience while helping the program.*

Parent or Guardian Volunteer (Please fill out one per family):

<i>Parent/Guardian Name:</i>	
<input type="checkbox"/> Bring fresh flowers for a couple of atrium sessions per semester	<input type="checkbox"/> Sew polishing mitts, or other items
<input type="checkbox"/> Cut out paper supplies for craft projects	<input type="checkbox"/> Artistically paint figures and scenes
<input type="checkbox"/> Donate Dixie cups, large holed buttons, and supplies... as needed	<input type="checkbox"/> Woodworking and finishing carpentry

The volunteer opportunities below involve working with children:	
<input type="checkbox"/> Babysit during atrium for catechist's children	<input type="checkbox"/> Be a catechist, if MCCI trained (www.montessori-mcci.org)
<input type="checkbox"/> Assist with Jesus Visits, Church Tours, etc... <small>These volunteers serve the children by escorting them to and from the adoration chapel or church, usually monthly during the spring semester.</small>	<input type="checkbox"/> Assist in the atrium <small>Assistants do not give catechetical presentations but serve very important support roles, by maintaining shelves, assisting children with practical life or reading scripture. Usually this is once a week, or as needed as a substitute assistant.</small>
<input type="checkbox"/> I do / <input type="checkbox"/> I do not wish to assist in the same session as my child(ren).	

The Diocese of Arlington requires that all parish volunteers who work with children meet the following requirements:	
<ol style="list-style-type: none"> 1. Attend a mandatory Child Protection Safety seminar (i.e. VIRTUS) 2. Complete required Child Protection Safety paperwork, including a background check 3. After completing the above requirements, in subsequent years volunteers must watch a brief refresher DVD on Child Protection Safety in order to keep their volunteer status current 	
<input type="checkbox"/> I am willing to meet the Diocesan Requirements for Child Protection Safety	
<input type="checkbox"/> I have already met the Diocesan Requirements for Child Protection Safety VIRTUS Completion Date _____ Paperwork Completion Date _____	
<input type="checkbox"/> I have watched the refresher DVD on Child Protection Safety on this date _____	

Annual Tuition (Please fill out one per family): *Payment of the non-refundable registration fee secures your child's atrium placement.*

Tuition for Each Child per session (in St Louis parish)	\$350 x _____ (# of children) =	
Tuition for Each Child per session (out-of-parish)	\$550 x _____ (# of children) =	
Non-refundable Registration Fee (<i>after</i> June 5, 2011)	Add \$25 per family	
Non-refundable Registration Fee (<i>after</i> August 15, 2011)	Add \$50 per family	
Sibling Discount for each additional child <small>The 1st child's tuition is full price. Each additional child receives the \$50 sibling discount.</small>	Subtract \$50 x _____ (# of additional children) =	
Large Family Discount ** <small>** (Families with 4 or more children in the atrium program, subtract an additional \$100 for each 4th, 5th, & 6th child etc...)</small>	Subtract \$100 for each 4 th , 5 th , 6 th child etc...	
Please make checks payable to "Saint Louis Church" Total annual tuition due per family:		
<i>In order to avoid a \$25 late fee, HALF of the total annual tuition must be paid by August 15, 2011 and the remainder must be paid by February 15, 2012. Tuition assistance and tuition payment plans are available for true financial need.</i>		

We accept applications on a "first come, first served" basis. Space is limited. Priority is given to St. Louis Parishioners. Children receive a brief tour of the Atrium. In the first 3 sessions, we will assess if the child is ready for Atrium. If the child is not ready (i.e. not potty-trained, not able to follow instructions), we will ask them to wait 6 months. Please notify us within the first 3 sessions to receive a partial refund of tuition costs. After the first 3 sessions, tuition is non-refundable. Registration fees are non-refundable.

I give my permission for my child (named above) to participate in Saint Louis Atrium. I understand that children will be well supervised and I will not hold Saint Louis Church, its employees or volunteers responsible if an accident should occur.

Parent/Guardian Signature:	
Date:	

Office use only: Date Received: _____
Check #: _____ Ck Date: _____ Amt Pd: _____ Bal Due: _____
Info: _____