St. John the Apostle School
Early Childhood Registration Intent Form
School Year: 2026-2027

PLEASE RETURN THIS COMPLETED APPLICATION TO RESERVE YOUR CHILD'S SPOT.
IF A CLASS/DAY/TIME REACHES CAPACITY, YOU WILL BE PLACED ON THE WAIT LIST AND NOTIFIED VIA EMAIL.

Enrollment Requirements:

- **(1) Completed Registration Intent Form** *(this form)*
- **(2) Online Registration** - https://www.cdolinc.net/enrollment/
- **(3) FACTS Tuition Registration** - http://online.factsmgt.com
- $25 Registration Fee / $25 Supply Fee *(Applied to your FACTS account)*
- Current Immunization Form
- Birth Certificate ***(original)***

Early Childhood Options:

- **Pre-Kindergarten** - *(Must be age 4 by July 31st)*
  - Monday through Friday - All-Day **(8:00 am – 3:15 am)**
  - Tuition - $560/month *($5,600/year)*
  - Lunch and Extended Care provided *(optional)*
- **Preschool Option 1** – *(Must by age 4 by October 31st)*
  - Monday through Friday - Mornings **(8:00 am – 11:00 am)**
  - Tuition - $360/month *($3,600/year)*
  - Snack provided
- **Preschool Option 2** – *(Must by age 4 by October 31st)*
  - Monday/Wednesday/Friday – *Morning or Afternoon TBD*
  - Tuition - $235/month *($2,350/year)*
  - Snack provided
- **Preschool Option 3** – *(Must by age 4 by December 31st)*
  - Monday/Wednesday - *Morning or Afternoon TBD*
  - Tuition - $210/month *($2,100/year)*
  - Snack provided

Class Preference: *Please specify 1st, 2nd, & 3rd choice*

0 Pre-Kindergarten 0 Preschool Option 2

0 Preschool Option 1 0 Preschool Option 3

(select drop down for preference)

Child Information:

____ Catholic **or** ____ Non-Catholic

____ Male **or** ____ Female

Attended any other schools? ____ Yes | ____ No

Attending now? ____ Yes | ____ No

Timeframe: _____

Accommodations (Speech/Hearing/etc.):

_____

_____

School-Age Siblings Names and Ages:

_____

_____

_____

Child's Name: _____ _____ _____
FIRST MIDDLE LAST

Address: _____ _____ _____ **Birth Date**: _____
STREET or BOX CITY ZIP

Mother Information: *Custody*: ☐ **Yes** or ☐ **No**

Name: _____ **Email**: _____ **Phone**: _____

Father Information: *Custody*: ☐ **Yes** or ☐ **No**

Name: _____ **Email**: _____ **Phone**: _____

Doctor's Name: _____ **Phone**: _____ **Allergies/Health Restrictions**: _____

Emergency Contact: _____ _____ _____
NAME ADDRESS PHONE