## Enrollment Forms & Requirements Preschool

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closed please find <b>forms and require</b> ild at St. Gregory A. & M. Hovsepian Presch	•	our
ild's Name		
th Date		
ass Toddler Preschool (2)	Preschool (3)	Pre-K
prms		
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 Fo	rm)	
Personal Rights (Orange Form)		
Physician's Report (Blue Form)		
Consent for Administration of Medications/Diaper Cream O	Only (Red Form)	
Requirements		
Copy of Birth Certificate		
Two Passport-Sized Pictures		
_ Immunization Records		
Emergency Kit (See attached letter.)		

### Consent to Medical Treatment

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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.						
Hovsepian 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 Hovsepian	School, unless sooner				
revoked in writing delivered to said doctor or said persons entrusted with the c	ustody of said	d minor.				
Primary Physician	Геlephone					
Date of last physical/medical examination:						
In case of an emergency, person other than parent to contact:						
an one of the charge each, person once than purchase to continue						
Name 1	0 -1 - 2:1-:					
name I	Relationship					
State Law requires the attached medical form to be completed for all new students.	ents.					
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				
	MEC	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 items 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

# Registration Application and as a second according to the second according to



Last name  First Name  Middle Name  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	Male Fema
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	
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Mother's Work Phone E-mail address  Home Address  Home Telephone  Emergency Contact Info  1. Contact's Name & Phone	
Home Address  Home Telephone  Emergency Contact Info  1. Contact's Name & Phone	
Home Address  Home Telephone  Emergency Contact Info  1. Contact's Name & Phone	
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Emergency Contact Info  1. Contact's Name & Phone	
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1. Contact's Name & Phone	
20.1704	
2. Contact's Name & Phone	
Physician's Name & Phone	
chie T. Consults.	
Sibling Information	
1. Name Age 2. Name	Age
3. Name Age 4. Name	Age

## Registration Application a0a5-a0a6



SCHOOL	GRADE	ADDRESS, CITY	DATE
1.			
2.			
2.			
3.			
4.	REGI	JRY CANA	
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 w	hen he or sho	e first began to talk?	
3. At what age did s/he say his or her first word?		205	
4. Which language does your son or daughter most fi	requently use	at home?	
5. Name the languages in the order most often spoke	n by the adu	lts at home:	
More Info			
<ol> <li>Does your child have an existing/current IEP (Index (accommodations that must be made in the classro</li> </ol>			YES or NO
2 W. 1:11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	064 m		VEC NO
<ol><li>Was your child placed on either academic and/or c</li></ol>	iiscipiinary p	robation at his/her former school of attendance?	ies of NO
Please Sign			
I declare that all the information I have provided on a to the best of my knowledge.	all pages of tl	nis application is true and accurate	
Parent/Guardian Signature		Date	

### Juition & Jees I admission agreement

Preschool	Monthly Tuition	Early Registration** Until February 20th	Registration After February 20th	Resource Fee***	FPP Family Participation Program (per family)
Preschool Program	\$1090*	\$550	\$600	\$195	\$300
Kindergarten - 8th Grade	Monthly Tuition	Early Registration** Until February 20th	Registration After February 20th	Resource Fee***	FPP Family Participation Program (per family)
Kindergarten	\$1090*	\$550	\$600	\$295	\$300
1st - 8th Grade	\$925	\$550	\$600	\$295	\$300
Additional Programs			Sibling Dis	scount	
Afterschool Care - Preschool - 8th	\$250 / month		Second Sib	ling	\$ 30 / month
*Preschool-Kindergarten tuition includes brea	kfast, lunch & snack.		Third Siblin	ng	\$100 / month
**Early Registration applies to existing familie	es. New families pay the \$600	0 registration fee.	Fourth Sib	ling	\$ 120 / month

admission agreement

 $^{***}$ Resource Fee includes workbooks, online platforms, STEAM supplies, art supplies & technology support.

#### **Tuition Due Date & Payments**

Tuition payments are due monthly from September through June. Tuition is a ten-month commitment, with payments due on the first of each month. After the 10th of the month, a \$20 late fee will be applied. Tuition can be paid by cash, check, or credit card. Please note that credit card transactions are subject to a 3% processing fee based on the transaction value. The school reserves the right to terminate a student's enrollment for reasons including, but not limited to, late or non-payment of tuition dues.

#### **Tuition Policy**

Students are enrolled for an academic year of ten months. Tuition obligations remain regardless of the student's absenteeism due to illness, scheduled holidays, family vacations, early termination, or for any other reasons. Tuition payments are required for both virtual and physical classes. The registration fee is non-refundable and is not applied towards tuition, whether the school operates virtually or physically. Tuition balances must remain current to maintain priority registration for the following school year. At time of registration, if the student has any balance, the student cannot register for the new school year. By July 1st, if the student has any balance, their registration will be revoked.

#### **Fundraisers**

At Hovsepian School, each family is required to

participate in fundraising efforts by purchasing at least \$250 worth of items per year. The school provides various fundraising opportunities, such as coffee sales, chocolate sales, Art to Remember, and more. Fundraising options may vary based on availability.

#### **School Operations & After School Care**

Student class allocation is determined at the discretion of the Administration. The school operates from September 3, 2025 to June 19, 2026. School 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 available from dismissal to 5:30 p.m. for an additional fee. Daily rates for afterschool care may 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 Hovsepian 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 Hovsepian School reserves the right to dismiss a child from the program at any given time if their behavior is consistently inappropriate, or if it is determined that the program does not adequately meet the child's needs. The decision to dismiss a child is at the discretion of the Principal or Director and notice of dismissal may be given verbally or in writing.

#### **Non-Sufficient Funds Policy**

Checks returned for non-sufficient funds (NSF) will incur a \$25.00 fee. Replacement of payment must be made in the form of cash, money order, or cashier's check.

#### **Tuition Assistance**

Financial assistance is only offered for students in grades 1st through 8th. For mor information please contact the school's office. All information regarding financial assistance is strictly confidential, and applicants are expected to maintain this confidentiality.

#### Family Participation Program - FPP

At the time of registration, each family is required to pay a Family Participation Program (FPP) fee of \$300. Families who choose to participate in this program must complete a minimum of 20 hours of volunteer work per year. Participation hours are tracked through Gradelink.com. Upon completion of the required hours, the school will reimburse the \$300.

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