

**Childhood is a journey, not a race.**



Dear Families,

**WELCOME TO DEVELOPMENTAL KINDERGARTEN!** I am excited for your interest in DK. I am happy to be your child's teacher this upcoming year. Together, we will make your child's school year exciting, challenging, and most of all...FUN!!! My goal is to create a safe, comfortable, stimulating learning environment so that all children can succeed and grow to their potential.

I love that DK provides the gift of time to our youngest learners.

We are so fortunate to have a full-time aide in the classroom, Mrs. Hoffman. Having two adults provides a lower student to teacher ratio and ensures that we do most of our learning in small groups.

I can guarantee that every child will learn many new things at school this year socially and academically. So much of what our young children learn simply happens from being in school and participating in all of our activities. Therefore, not everything your child learns will come home to you on paper. We will be reading new stories every day. Research has shown that reading to your child and *talking* about those stories are key factors in your child's reading development. Please read stories, nursery rhymes, poems, or any other literature that your child is interested in every day for at least 15 minutes!

We are partners in your child's education. Feel free to contact me at any time (email: [ginamaria@comcast.net](mailto:ginamaria@comcast.net) or [golson@petoskeysfx.org](mailto:golson@petoskeysfx.org)) with comments or concerns. Specific day-to-day information about Developmental Kindergarten will come home with your student on the first day of school. I can't wait to meet everyone! We will have a great year!

Sincerely,

Gina Olson ☺





## St. Francis Xavier Developmental Kindergarten Program

Welcome to St. Francis Xavier Developmental Kindergarten Program. Enclosed you will find a welcome letter from Mrs. Olson, student supply list, registration form, financial support agreement, emergency contact form and required immunization schedule. To enroll your child for the 2025-2026 academic school year, the following documents are required:

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Financial Support Agreement with \$100.00 enrollment fee due by May 1<sup>st</sup>, 2025
- \_\_\_\_\_ I understand the enrollment fee is non-refundable and will not be credited towards tuition.
- \_\_\_\_\_ Emergency Contact Form
- \_\_\_\_\_ Birth Certificate-A copy of your child's birth certificate can be obtained from the county of his/her birth
- \_\_\_\_\_ Immunization Record-The child who has an immunization record that is not up-to-date according to guidelines established by the Michigan Department of Health may not enter the classroom. If you need a waiver contact the health department.
- \_\_\_\_\_ Proof of Residency-A copy of the parent's driver's license, property tax bill or utility bill can be accepted

We would be happy to assist you with any further questions you may have. Please contact the St. Francis Xavier School Office at (231) 348-2360 and ask for Melissa or Sierra.

**Developmental Kindergarten (DK) Our Development Kindergarten program is designed for children that turn 5 years old in August through the end of November. DK is a half day program geared to develop kindergarten readiness skills. The class meets 5 days a week from 8:00 a.m. to 11:00 a.m. Students that complete DK in the spring, transition into full day kindergarten in the fall.**





**ST. FRANCIS XAVIER SCHOOL**  
**STUDENT EMERGENCY CONTACT FORM**  
(one per student)

Child's Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Sibling Information:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Action Contact Plan:**

**Name & phone numbers in order of contact**

1.Name \_\_\_\_\_ Phone \_\_\_\_\_

2.Name \_\_\_\_\_ Phone \_\_\_\_\_

3.Name \_\_\_\_\_ Phone \_\_\_\_\_

4.Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of a school closing due to inclement weather or unexpected building emergency, send this child:

\_\_\_\_ home by usual route    \_\_\_\_ SFX CDC    \_\_\_\_ Parent will pick up

**SPECIAL MEDICAL CONSIDERATIONS:**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

(Include allergies, etc.)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Registration Form



St. Francis Xavier School  
414 Michigan St., Petoskey, MI 49770

Student I.D. # \_\_\_\_\_  
Date of Registration \_\_\_\_\_

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Name preferred \_\_\_\_\_ Gender: Male/Female \_\_\_\_\_ Grade \_\_\_\_\_  
SSN \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace(city) \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Unlisted? Yes/No \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_

### Siblings

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ S.F.X. student? Yes/No Grade \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ S.F.X. student? Yes/No Grade \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ S.F.X. student? Yes/No Grade \_\_\_\_\_

Ethnic category: (Please circle one)

Caucasian Hispanic African American Native American Asian Multi-Racial Native Hawaiian Pacific  
Islander

Do we have your permission to have your family name, address, phone number and child/children's names  
listed in the school directory? Yes/No

### Family Information

#### Father/Guardian

Dr./Mr. \_\_\_\_\_ Please circle one: Married Single Widowed Divorced  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Responsible for bill? Yes/No

#### Mother/Guardian

Dr./Mrs./Miss/Ms. \_\_\_\_\_ Please circle one: Married Single Widowed Divorced  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Responsible for bill? Yes/No

**Family Information (continued)**

\*\*Legal Guardian/Joint Custody (if divorced)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Responsible for Bill? Yes/No Does student reside with you? Yes/No Relationship \_\_\_\_\_

**Parish Information**

Religion \_\_\_\_\_

Parish or Church \_\_\_\_\_

Dates: Baptism \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

**Health Information**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

List any medical conditions/allergies the school should be aware of: \_\_\_\_\_

First DTP Immunization (required for enrollment) \_\_\_\_\_

**School History**

Last school attended \_\_\_\_\_ Date left \_\_\_\_\_

Address \_\_\_\_\_ School Phone \_\_\_\_\_

Principal \_\_\_\_\_ Has the student repeated a grade? Yes/No If yes, which grade? \_\_\_\_\_

Has your child ever received any special education services or speech language classes? Yes/No

If yes, what type of services? \_\_\_\_\_

Counselor/Teacher: \_\_\_\_\_ Phone \_\_\_\_\_

**Referral Program**

How did you hear of our school? \_\_\_\_\_

If one of our parents referred you, please state his/her name? \_\_\_\_\_

**Other Required Forms**

I have also attached these additional forms:

\_\_\_\_ Emergency Contact Form \_\_\_\_ Computer Usage Form \_\_\_\_ Information Checklist

\_\_\_\_ St. Francis Xavier School Handbook Acknowledgment Form (In the back of Handbook)

**Signature:** \_\_\_\_\_