



Early Childhood Program

Application for Admission

PARENT INFORMATION

Parent Name: _____

Place of Employment: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Email Address: _____

PARENT INFORMATION

Parent Name: _____

Place of Employment: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Email Address: _____

HOME ADDRESS

CITY

STATE

ZIP CODE

ADDITIONAL INFORMATION

Are you affiliated with a Church/Parish? ☐ YES ☐ NO If yes, name of Church/Parish: _____

FIRST LANGUAGE LEARNED

LANGUAGE USED AT HOME

LANGUAGE USED MOST OFTEN

ARE THERE ANY OTHER DETAILS ABOUT YOUR CHILD(REN) THAT COS SHOULD KNOW?

WHY WOULD YOU LIKE YOUR CHILD(REN) TO ATTEND COS?

HOW DID YOU HEAR ABOUT COS?

Continue to program options and selection.



FIRST CHILD

Name: _____ Birthdate: _____ Gender: _____

Preschool (3 Years Old): 3 Half Days, 8:30am to 12:00pm

Pre-Kindergarten (4 to 5 Years Old): 5 Half Days, 8:30am to 12:00pm

SECOND CHILD

Name: _____ Birthdate: _____ Gender: _____

Preschool (3 Years Old): 3 Half Days, 8:30am to 12:00pm

Pre-Kindergarten (4 to 5 Years Old): 5 Half Days, 8:30am to 12:00pm

Complete the Educational Services Form.





Educational Services Form

Early Childhood Program

Communion of Saints School strives to meet the educational needs of all of our students through differentiation in the classroom and/or additional services provided by the school district of residence or other community organizations. In order to determine whether your child's complete educational needs can be met by COS, we require that you provide us with the following information:

CHILD'S NAME

Is your child receiving special education services at this time?

☐ YES ☐ NO

If your child is receiving special services, please check applicable services/tutoring below:

- ☐ Services provided by Bright Beginnings
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Counseling
- ☐ Other Special Services (vision, hearing, orthopedic, etc.)

Does your child have a medical diagnosis (e.g., ADHD, Asthma)?

☐ YES ☐ NO

If yes, please explain:

Does your child have a 504 plan or accommodation plan?

☐ YES ☐ NO

If yes, please list the main accommodations:

Does your child have an IEP?

☐ YES ☐ NO

If yes, please provide a complete copy of the current IEP and ETR/MFE.

I acknowledge that the above information is accurate as of today. We reserve the right to revoke admission if the above required information is not disclosed at the time of registration.

PARENT PRINTED NAME

PARENT SIGNATURE

DATE



2160 Stillman Road
Cleveland Heights, Ohio 44118
(216) 932-4177
www.cosschool.org

Early Childhood Tuition

Catholic education is the starting point on the path to a lifetime of accomplishment for your child. The curriculum and extra-curricular offerings help broaden students' interests, build confidence, and teach self-discipline. Catholic schools help children become the best they can be, both inside and outside the classroom, and they offer a chance for success in a positive, safe environment.

Communion of Saints is committed to providing a quality Catholic education centered on Gospel values. We work very hard to ensure that our students have all that they need for success while maintaining affordability for our families.

Tuition for the 2025-2026 school year

Pre-3 (3 year old): \$2600

Pre-K (4/5 year olds): \$3350

Registration fee (per student): \$200.00

This fee is non-refundable

Any changes to the tuition rate will be communicated to all families.

Our Early Learning programs are half day programs (8:30am-12:00pm). The Pre-3 class meets Monday, Tuesdays, and Wednesdays and the Pre-K class meets Monday- Friday.

Tuition payments can be made as a one time full payment (cash/check) or as monthly payments via our Digital Academy platform.