

Saint Patrick's Preschool

PRESCHOOL PROGRAM APPLICATION

Child Name _____ Nickname _____ Birthdate _____

Class Enrollment 2017 - 2018

Please mark your choice below:

Class	June-Aug*	Sept-May	Monthly Fee
2 year 5-day			\$275.00
2 year 3-day			\$190.00
2 year 2-day			\$150.00
3 year 5-day			\$265.00
3 year 3-day			\$190.00
3 year 2-day			\$150.00
4 year 5-day			\$265.00

Summer Program is in session June 5 – Aug 25; Fall Program is in session Sept 5, 2017 – May 25, 2018.

*Weekly schedule is available for the summer program. Please inquire.

Start Date _____

How did you hear about Saint Patrick's? _____

FAMILY INFORMATION:

Mother/Guardian Name _____ Home Phone _____

Address _____ City _____ Zip _____

e-mail address _____ Cell Phone _____

Employer _____ Business Phone _____

Father/Guardian Name _____ Home Phone _____

Address _____ City _____ Zip _____

e-mail address _____ Cell Phone _____

Employer _____ Business Phone _____

Child resides with: Mother Father Both

I understand that monthly tuition is due no later than the 5th of each month after which a \$10 late fee will be imposed. I further understand that a fee of \$1.00 per minute will be imposed after the first time my child is picked up late.

Date: _____ Signature of Parent or Guardian: _____

\$100.00 per family *non-refundable* registration fee must accompany application.

Payment Method: _____ Cash _____ Check (# _____)

FOR OFFICE USE ONLY:

Received by: _____ Date: _____ Time: _____ Class: _____