

St. Pat's Preschool Registration | 2010

Child's Name: _____ Date of Birth: _____

Parents' Names: _____

Address: _____

Phone Number(s): _____

Email address: _____

Family Parish: _____

Non-Catholic

Schedule of Choice:

For Three-Year-Olds

____ Monday through Friday . . . all-day

____ Monday, Wednesday, Friday . . . half-day

____ AM ____ PM

____ Tuesday, Thursday . . . half-day

____ AM ____ PM

For Four-Year-Olds

____ Monday through Friday . . . all-day

____ Monday through Friday . . . half-day

____ AM ____ PM

Our family is also interested in:

- Before School Care (7am – 8am)
- After School Care (2:50pm – 5:30pm)
- School Lunch

A \$100 Non-refundable deposit per child is due at the time of registration

Please check one: ____ I will pay the balance by May 28th, 2010

____ I will be making monthly payments. I understand this is through an outside company.

Office Use:

Family Name: _____

No. of Students: _____

Total Paid: _____

Cash ____ Check No. ____ Charge ____

Balance Due: _____

