

Community of Saints Regional Catholic School

Preschool Registration Form

School Year



A \$125.00 non-refundable fee must accompany this registration form for your child to be enrolled.

Date: _____ School Last Attended: _____

Child's Name: _____ Date of Birth: _____
 (First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Contract Information:

Expected Start Date: _____

Please indicate the schedule of care your child will need on a weekly basis. This will be considered your contracted hours and you will be billed accordingly. If your child is attending half-day preschool (8:30-12:00) or full day preschool (8:30-3:00), please indicate the days and times within the following contract information. You may schedule your child between the hours of 6:30 and 6:00 as needed and you will be billed accordingly.

Preschool Program

Please note: It is required that your child is 4 years old on or before September 1st in order to be enrolled in our 4-year old program. It is required that your child is 3 years old on or before September 1st in order to be enrolled in our 3-year old program.

4-Year Old Preschool ← (Please circle one) → 3-Year Old Preschool

<i>Day</i>	<i>Arrival Time</i>	<i>Pick Up Time</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please fill out back side

