

Mary of Lourdes School

Preschool Registration Form

(Include \$50 Registration Fee)



CHILD'S NAME (First, Middle, Last)	NICKNAME	BIRTHDATE	PARISH BAPTIZED	CURRENT PARISH	GENDER

	FATHER'S INFO.	MOTHER'S INFO:
PARENT NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
LANDLINE PHONE:		
CELL PHONE:		
WORK PHONE:		
OCCUPATION:		
PLACE OF EMPLOYMENT:		
EMAIL ADDRESS:		
PARISH / RELIGION:		
MAIDEN NAME:		

STATUS OF PARENTS: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed
 CHILDREN LIVE WITH: _____ Both Parents _____ Dad _____ Mom _____ Guardian

FIRST PARENT TO CONTACT DURING CLASS IF NEEDED: _____ (Phone) _____

NON-PARENT EMERGENCY CONTACT: _____ (Phone) _____
 (Address) _____

Please circle your class preference.

M, W, & F 8:00-11:00 AM 4 & 5 year olds \$160 per month	M, W, & F 12:00-3:00 PM 4 & 5 year olds \$160 per month	T & TH 8:00-11:00 AM 3 & 4 year olds \$130 per month	T & TH 12:00-3:00 PM 3 & 4 year olds \$130 per month
		<input type="checkbox"/> Prefer afternoon class if it becomes available	<u>ONLY OFFERED IF MORNING CLASS IS FULL</u>

AGREEMENT

In consideration of Mary of Lourdes Preschool, sponsoring a preschool program for nine months and in further consideration of acceptance of application for (child's name) _____, I (parent) _____ agree to pay the tuition fee of \$_____ on the first of each month, October through May (September's tuition will be paid in advance). A \$5.00 late fee will be added to the tuition billing if payment is not received on or before the 5th business day of each month. All checks should be made payable to Mary of Lourdes Preschool. We require a two week notice for withdrawal of any child after the school year begins. One half month's tuition is due if the child is withdrawn prior to the 15th of the month. A full month's tuition is due if your child is withdrawn after the 15th of the month.

 (Parent/Guardian Signature)

 Date

Return the following items with this completed form:

_____ \$50 Registration Fee	_____ Milk Form & Payment	_____ Confidential Health Form
_____ Healthcare Summary Form	_____ Bussing Form (if needed)	