



St. Mary's Catholic School

Pre-K Registration

2010-2011

Please complete every item on this form in clear printing. Please mark **first choice and second choice**.

-----	3 year old Tuesday & Thursday~ AM session (9:00-11:30)	\$1360.00
-----	3 year old Tuesday & Thursday ~ PM session (12:30-3:00)	\$1360.00
-----	4 year old Monday, Wednesday, Friday ~ AM session (9:00-11:30)	\$1460.00
-----	4 year old Monday, Wednesday, Friday ~ PM session (12:30-3:00)	\$1460.00
-----	4 Year old Monday, Wednesday, Friday Full day session (8:00-2:00)	\$2840.00
-----	4 year old Everyday Full Day session (8:00-2:00)	\$4550.00

Name of child:-----
Date of birth:----- M----- F----- Social Security #-----
Home address:----- HomePhone-----
City----- State----- Zip-----
School District of Residence-----
Religion----- Parish----- Baptismal Date-----

Child lives with: (please circle) Both Parents, Mother, Father, Other -----
(Relationship)

Ethnicity (please circle) White, Asian, Black, Hispanic, Native American, Multi-Racial

Father's Information:

Last Name:----- First name-----
Address (if different)-----
Home phone----- Did you graduate from St Mary's?----- year-----
Employer's Information: Job Title-----
Company Name:-----
Street Address:-----
Daytime Phone:----- Extension----- Cell-----
E-Mail-----

Mother's Information:

Last Name:----- First Name-----
Maiden Name:-----
Address (if different)-----
Home phone----- Did you graduate from St Mary's?----- year-----
Employer's Information: Job title:-----
Company Name:-----
Street Address:-----
Daytime Phone----- Extension----- Cell-----
E-mail-----

Caregiver Information (if other than parent):

Name: _____

Phone _____ Cell _____ Pager _____

Are there any food allergies, nervous habits, disturbing experiences, or physical disabilities that the teacher should be aware of? _____

Are there any court orders pertaining to this child we should be aware of? (If so, please provide the latest official court documentation.)

Would you be able to help out on occasion for special class parties or field trips? _____

Please list all other siblings and the schools they attend:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Our primary means of communication will be e-mail. Please provide your e-mail address.

We do not have e-mail; please provide paper copies of all correspondence.

The \$50.00 registration **must** be paid at the time of registration. If we are unable to accept your child, the fee will be refunded. A tuition application fee of \$41.00 for automatic debit or \$45.00 for invoicing will be billed to you directly by Facts Tuition Management.
Your child will not be able to attend unless fully toilet trained.

I have read the tuition guidelines and agree to the conditions.

X _____ Date _____

Parent Signature

Office use only below this line:

Date registration received _____ # _____

____ Reg Fee _____ Ck #

____ Birth Certificate

____ Health Packet returned