

# 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.

PARENT NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:  
LANDLINE PHONE:  
CELL PHONE:  
WORK PHONE:  
OCCUPATION:  
PLACE OF EMPLOYMENT:  
EMAIL ADDRESS:  
PARISH / RELIGION:  
MAIDEN NAME:


### MOTHER'S INFO:


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

**Prefer afternoon class  
if it becomes available**

**ONLY OFFERED IF MORNING  
CLASS IS FULL**

### 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 One half month's tuition is due if the child is withdrawn prior to the 15th of the month. A full month's tuition is due if your child is withdrawn after the 15th of the month.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)