

Mary of Lourdes School



Preschool Registration Form

(Include \$50 Registration Fee)

CHILD'S NAME (First, Middle, Last)	NICKNAME	BIRTHDATE	PARISH BAPTIZED	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:
MOTHER'S 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) _____

EMERGENCY CONTACT: (Name) _____ (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 One half month's tuition is due if the child is withdrawn prior to the 15th of the month. A full month's tuition is due if your child is withdrawn after the 15th of the month.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

Physical Health forms for all new children should be returned any time prior to the first day of school. The actual physical examination should be given between March 1st and the beginning of school.

Please return this form, along with the completed physical exam, confidential health form, milk form & payment, bussing form and non-refundable registration fee of \$50.