St. Bernard Preschool

2016-17 Registration Form

FOR USE BY ST. BERNARD PRESCHOOL			
Registration Fee Paid:			
Date Received:			
Payment Method:			

SECTION 1: CHILD AND PARENT INFORMATION

SECTION	ON I: CHILD AND PARENT INFORMATION	
	Child's Full Name:	
Child	's Preferred Name(if different):	
	Mother's Name:	
	Father's Name:	
	Street Address:	
	City and Zip	
	Best Phone Number:	-
	Child's Date of Birth:	-
-	ON 2: PROGRAM CHOICE theck the box next to each program you'd like to particip Preschool Session I: Tuesdays and Thursdays 8:3	
	(\$175 per month)	
	Preschool Session II: Mondays, Wednesdays and F (\$240 per month)	ridays 8:30am - 11:30am
	Preschool Session III: Monday through Friday (5 days) 8:30am - 11:30am (\$240 per month) Child must be under 4 years of age	
	4 year-old Kindergarten: Monday through Friday	(5 days) 8:30am - 11:30am
	EXTENDED CARE SERVICES: If you plan to use these services, fill out the schedule l	or helow
	☐ Mornings 7:30am - 8:30am	oox velow.
	(\$5.00 per use)	
	☐ Afternoons (Partial) 11:30am - 12:25pm (Parent provides child's lunch \$5.00 per use)	
	☐ Afternoons (Full) 11:30am - 3:00pm (\$25.00 per use, and includes lunch)	
\$100.0 FIRST	ON-REFUNDABLE REGISTRATION FEE OF 00 MUST ACCOMPANY THIS FORM, AND THE MONTH'S TUITION MUST BE PAID TO PLETE THE ENROLLMENT PROCESS.	In this box, please indicate what days and times you would need extended care services for your child:
	ning this form, you agree to satisfy the commitment	
	identified program choice(es), and the corresponding fees for the entire duration of the 2016-17 school	
	September through June.	
Donomt C	anotyre	Data
Parent Si	gnature	Date