

St. Charles Catholic Preschool Registration Form

Please print all information and fill in all fields on this form. Return form with your Annual registration fee of \$350.00 per child to reserve a space for your child(ren). Spaces will be filled on a first come first serve basis. Children with siblings at St. Charles Catholic School will receive priority. Please note that registration fee is non-refundable.

Today's Date: _____ School Year Applying for: _____ Religion: _____

Student's Information

Last Name: _____ First Name: _____ Middle Name: _____ Sex: Male ___ Female ___

Date of Birth: Month ___ Day ___ Yr. ___ Place of Birth: _____

Ethnicity: ___ Asian ___ Hispanic ___ Black ___ White, not Hispanic ___ Other _____

Primary Physician's Name _____ Physician's Tel: _____

Parent/Guardian Information

Mother's Last Name: _____ First Name: _____ Email : _____

Home Tel:() _____ Mobile Tel:() _____

Employer: _____ Work Tel:() _____

Father's Last Name: _____ First Name: _____ Email : _____

Home Tel:() _____ Mobile Tel:() _____

Employer: _____ Work Tel:() _____

Address Information

Street _____ Apt# _____ City _____ Zip Code _____

Enrollment Options

Please select the session that you would like your child to attend. Indicate your preference by placing an "x" in the corresponding box.

Monday-Friday	Morning Session -8:00 a.m.-11:30 a.m.	All Day Session - 8:00 a.m.- 3:00 p.m.		
Three Days	Not available	All Day Session - 8:00 a.m.- 3:00 p.m.		
Monday-Friday	1 Extra Hour- 7:00 a.m.- 3:00 p.m.	1 Extra Hour- 8:00 a.m. - 4:00 p.m.	2 Extra Hours- 7:00 a.m.- 4:00 p.m.	

Is there a sibling attending St. Charles Catholic Preschool? _____

For office use only: Date submitted form _____ Check# _____ Cash _____

Student's First Day School _____ Student's Last Day of School _____