

St. Charles Catholic Preschool Registration Form 2019-2020

Please print all information and fill in all fields on this form. Return form with your Annual registration fee of \$275.00 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: _____ 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 _____

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

Days	Morning Session (8:00 a.m.-11:30 a.m)	All Day Session (8:00 a.m.-3:30 p.m.)
Monday-Friday		
Mon/Wed/Fri.		
Tues/Thurs		

Is there a sibling attending St. Charles Catholic School? _____ Are you active military or peace officer? (circle which one) yes or no

Will you be using our extended day care service? (\$6.00 hr) _____ yes _____ no Before School / After School/ Both (circle one)

Active military, peace officers and siblings receive a \$25.00 discount on tuition for 5 days/full time.

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

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