

# St. Charles Catholic Preschool Registration Form 2020-2021

Please print all information and fill in all fields on this form. Return form with your Annual registration fee of \$300.00 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.-3:00 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 \_\_\_\_\_