



St. Angela's Preschool REGISTRATION APPLICATION

for office use

2019 - 2020

Application Date: _____

Registration Fee: \$450.00

Ck # _____ EFT _____ Cash _____

Student's Name: _____ Birth Date: _____

Program Enrolling (check box):

<i>Half Day Program: 9:00am – 1:00pm</i>		<i>Full Day Program: 7:30am – 5:30pm</i>	
<u>Program Schedules</u>	<u>10 Monthly Payments</u>	<u>Program Schedules</u>	<u>10 Monthly Payments</u>
<input type="checkbox"/> 3 Half Days:(T-Th)	\$561.00	<input type="checkbox"/> 3 Full Days:(T-Th)	\$801.00
<input type="checkbox"/> 4 Half Days: (T-F) or (M-Th)	\$664.00	<input type="checkbox"/> 4 Full Days: (T-F) or (M-Th)	\$888.00
<input type="checkbox"/> 5 Half Days: (M-F)	\$758.00	<input type="checkbox"/> 5 Full Days: (M-F)	\$1,021.00

Desired Start Date: _____ Has child attended preschool? Y N

Name Child Goes By: (if different from above) _____

Family Information

Mother/Guardian: (first and last name) _____

Home Address: _____ City: _____ Zip: _____

Work Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

Father/Guardian: (first and last name) _____

Home Address: _____ City: _____ Zip: _____

Work Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

Reason for enrolling in this school? _____

How did you hear about St. Angela's Preschool? _____

Any special medical/developmental/emotional concerns? _____

Parent Signature

Date