



St. Angela's Preschool

REGISTRATION APPLICATION

2020-2021

STUDENT INFORMATION			
First Name:	Last Name:	Date of Birth: (mm/dd/yyyy)	
Name Child Goes By: (If different from above)			
Home Address:	City:	State:	Zip Code:

FAMILY INFORMATION			
Mother/Guardian: (First/Last)		Father/Guardian: (First/Last)	
Home Address: (If different from student)		Home Address: (If different from student)	
Cell Phone:	Home Phone:	Cell Phone:	Home Phone:
Work Phone:		Work Phone:	
Email Address:		Email Address:	
Custodial Parent: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> Guardian _____			
Parent/Guardian Marital Status: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			

PROGRAM OPTIONS (Please check one)			
Half Day Program: 9:00am – 1:00pm		Full Day Program: 7:30am – 5:30pm	
Program Schedules	10 Monthly Payments	Program Schedules	10 Monthly Payments
<input type="checkbox"/> 3 Half Days:(T-Th)	\$576.00	<input type="checkbox"/> 3 Full Days:(T-Th)	\$816.00
<input type="checkbox"/> 4 Half Days: (T-F) or (M-Th)	\$679.00	<input type="checkbox"/> 4 Full Days: (T-F) or (M-Th)	\$903.00
<input type="checkbox"/> 5 Half Days: (M-F)	\$773.00	<input type="checkbox"/> 5 Full Days: (M-F)	\$1,036.00

ACKNOWLEDGMENTS (Please initial)
_____ (Initial) I understand that to secure a classroom space for my child(ren), with St. Angela's Preschool, a signed registration application and non-refundable annual registration/general fee of \$450, (\$225 for the second child), must be submitted by me at the time of registration.
_____ (Initial) I give my permission for my phone number and email to be listed in our School Directory which is ONLY distributed to parents of our school. (Not for commercial use)

Parent Signature

Date

Principal/Director Signature

Date

FOR OFFICE USE ONLY					
<input type="checkbox"/> Regular Registration Fee: \$450	<input type="checkbox"/> Sibling Registration Fee: \$225	Date Paid:	<input type="checkbox"/> Check# _____	<input type="checkbox"/> Cash	<input type="checkbox"/> EFT