

# MARY OF LOURDES PRESCHOOL REGISTRATION FORM

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace \_\_\_\_\_ Sex \_\_\_\_\_ Parish \_\_\_\_\_

\*First parent to contact during class if needed \_\_\_\_\_ Phone Number \_\_\_\_\_

## FATHER'S INFO.

## MOTHER'S INFO.

Parent Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent Home Phone: \_\_\_\_\_

\_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Employment Phone: \_\_\_\_\_

\_\_\_\_\_

Parent Occupation: \_\_\_\_\_

\_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_

Parent e-mail Address: \_\_\_\_\_

\_\_\_\_\_

Parish Registered: \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

\_\_\_\_\_

Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed

Child lives with: \_\_\_\_ Both Parents \_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_ Guardian

## Please circle your preference.

M, W, & F 8:00-11:00 AM  
4 & 5 year olds \$130/mo.

T & TH 8:00-11:00 AM  
3 & 4 year olds \$100/mo.

M, W, & F 12:00-3:00 PM  
4 & 5 year olds \$130/mo.

T & TH 12:00-3:00 PM  
3, 4, & 5 year olds \$100/mo.

## AGREEMENT

In consideration of Mary of Lourdes Preschool, sponsoring a preschool program for nine months and in further consideration of acceptance of application for (child's name) \_\_\_\_\_, I (parent) \_\_\_\_\_ agree to pay the tuition fee of \$ \_\_\_\_\_ on the first of each month, October through May (September's tuition will be paid in advance). A \$5.00 late fee will be added to the tuition billing if payment is not received on or before the 5<sup>th</sup> business day of each month. All checks should be made payable to Mary of Lourdes Preschool. We require a two week notice for withdrawal of any child after the school year begins. One half month's tuition is due if the child is withdrawn prior to the 15<sup>th</sup> of the month. A full month's tuition is due if your child is withdrawn after the 15<sup>th</sup> of the month.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

Physical Health forms for all new children should be returned any time prior to the first day of school. The actual physical examination should be given between March 1<sup>st</sup> and the beginning of school.

**Please return this form, along with the completed physical exam, the confidential health form and non-refundable registration fee of \$50.**