Mary of Lourdes School

Preschool Registration Form

CHILD'S NAME (First, Middle, Last)	NICKNAME	BIRTHDATE	PARISH BAPTIZED	PARISH	GENDER

	FATHER'S INFO.	MOTHER'S INFO:
PARENT NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
HOME PHONE:		
CELL PHONE:		
WORK PHONE:		
OCCUPATION:		
PLACE OF EMPLOYMENT:		
EMAIL ADDRESS:		
PARISH / RELIGION:		
MOTHER'S MAIDEN NAME:		

STATUS OF PARENTS: _____ Single _____ Married _____ Divorced _____ Separated _____Widowed

CHILDREN LIVE WITH: _____ Both Parents _____ Dad _____ Mom _____ Guardian

FIRST PARENT TO CONTACT DURING CLASS IF NEEDED: _____ (Phone)_____

EMERGENCY CONTACT: (Name)_____ (Phone) _____

Please circle your class preference.

M, W, & F 8:00-11:00 AM	M, W, & F 12:00-3:00 PM	T & TH 8:00-11:00 AM
4 & 5 year olds	4 & 5 year olds	3 & 4 year olds
$130 per month	$130 per month	$100 per month

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 5th 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 One half month's tuition is due if the child is withdrawn prior to the 15th of the month. A full month's tuition is due if your child is withdrawn after the 15th of the month.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 1st and the beginning of school.

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