

PRESCHOOL REGISTRATION FORM

Please complete and return this form. The registration fee of \$30 (parishioner) or \$50 (non-parishioner) is non-refundable after **July 1**.

Date _____

Child's Name _____ Birthdate _____ M _____ F _____

Address _____ City, State, Zip _____

Parent/Guardian _____ Phone _____

Session choice: _____ T, TH mornings _____ M, W, F mornings _____ M, T, TH, F afternoons

How did you hear about us? _____

Circle of Care intent on back

CIRCLE OF CARE INTENT

Please complete only if you will be using Circle of Care

Child's Name _____ **Birthdate** _____

Parent/Guardian _____ **Telephone** _____

Address _____ **City, State, Zip** _____

Days and times of attendance: _____
