

## St. Patrick's Catholic Preschool Registration Form 2009-2010 School Year

The following must be received in order to hold a position for enrollment of your child:

1. The bottom portion of this completed registration form.
2. A \$30.00 **non-refundable** registration fee.

In June of 2009, you will receive an itemized letter and record form. This record form and the first month's fees must be completed and returned to the Preschool by **July 1, 2009** in order to ensure placement for your child. The following fees and forms which are due by July 1<sup>st</sup> include: (1) **first month's tuition** (2) **completed child's Record form and a copy of your child's current immunization record**, and (3) **Kindermusik materials fee for the semester (\$30.00)**. These completed forms and fees must be returned to reserve placement in the preschool by July 1<sup>st</sup>. Please understand that tuition and registration fees will not be refunded unless you move out of the city or your child goes to Kindergarten in September, 2009. St. Patrick's Preschool must comply with the State of Nebraska Health laws for immunizations. All children must meet the state requirements for their age group. The Health Department requires that we verify this information. An immunization record (or a copy) must be completed and on file with the school. Monthly tuition fees are listed below.

**Detach and return lower portion of the form and payment to:**

**St. Patrick's Preschool  
422 East 4<sup>th</sup> Street Fremont, NE 68025**

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Child's name: \_\_\_\_\_ (male) \_\_\_\_\_ (female) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Members of St. Patrick's \_\_\_\_\_ yes \_\_\_\_\_ no

Parent(s) name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ email \_\_\_\_\_

Cell phone(s): \_\_\_\_\_

**Please mark first and second preferences for classes.**

2 days per week	Tues/Thurs morning	_____	(\$75.00 per month)
2 days per week	Tues/Thurs afternoon	_____	(\$75.00 per month)
3 days per week	Mon/Wed/Fri morning	_____	(\$90.00 per month)
3 days per week	Mon/Wed/Fri afternoon	_____	(\$90.00 per month)
5 days per week	Mon/Tues/Wed/Thurs/Fri afternoon program	_____	(\$155.00 monthly)

**For office use only:**

Date received: \_\_\_\_\_ \$30.00 Registration Fee Paid \_\_\_\_\_