ST. JOSEPH MONTESSORI PRESCHOOL

*3 & 4 year olds

REGISTRATION FORM

2010-2011

Please indicate first, second, and third choice:

_____ 5 Full Days per week _____ 3 Full Days per Week _____ 2 Full Days per Week

Child: _____ Preferred name: _____
Last First Middle

Male _____ Female _____ Date of Birth: _____ (Copy of Birth Certificate Required)

Religion: _____ Parish or Church: _____

Baptism Date: _____ Copy of certificate required (if applicable)

Child lives with: ___Both Parents ___Mother ___ Father ___ Other (specify: _____)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent e-mail: _____

Father: _____
Last *First* *Middle* *Religion*
Place of Employment: _____ Work Phone:_____ Cell: _____

Mother: _____
Last *First* *Middle* *Religion*
Place of Employment: _____ Work Phone:_____ Cell: _____

Emergency contact (local/other than parent) Name: _____ Phone: _____

Children in family _____ _____ _____
Total # Names of boys Names of girls

Does your child have any special needs? _____
Food allergies: _____
Medical issues: _____
Previous preschool and/or daycare: _____
Right or left handed? _____
Who will pick up your child from school? _____
(Names and Phone numbers (home/work/cell) if different from above)

_____ _____
Parent/Guardian Signature *Date*

Preschool Tuition 2010-2011 - per child

2 full days a week: $220 per month (Aug – May)
3 full days a week: $300 per month (Aug – May)
5 full days a week: $420 per month (Aug – May)

***Children must be 3 years old before August 1st and potty-trained in order to be eligible for enrollment**

After-School Care (3:15 – 6:00 p.m.) is available for an additional fee. See separate registration form for details.

No thank you: _____ **Not at this time but may reconsider: _____**

Revised 2010