

ST. PATRICK PRESCHOOL

15020 Wadsworth Road, Wadsworth, IL 60083
(847) 623-8446

Registration Form 2010-2011

Child's First & Last Name: _____

Name to be called at school: _____ Sex: F M Birth Date: _____

Allergies: _____

Special Needs: _____

Adult(s) child resides with: _____ both parents _____ father _____ mother
_____ other (give name and relationship) _____

Mother's Full Name, Address, e-mail & Phone Numbers (home, work, and cell)	Father's Full Name, Address, e-mail & Phone Numbers (home, work, and cell)

Please check the desired program. **Please mark a first and second choice.** An **\$80.00** non-refundable deposit is required to guarantee your child's enrollment. Tuition for the first month of school (September) will be due by **June 1st**. No refunds for September tuition will be made after **June 15th**.

Three-Day Program (M,W,F)
\$210.00 per month

_____ Morning Session 9:00 – 11:30
_____ Afternoon Session 12:30 – 3:00

Two-Day Program (T,Th)
\$155.00 per month

_____ Morning Session

Every effort will be made to place your child in your first choice. However, due to class make-up, etc., we may consult you about a more appropriate placement for your child.

Admission Date: _____

Please read and sign the Application Contract on back side.

Application Contract

I am enclosing a \$80.00 registration fee for my child's enrollment in St. Patrick Preschool. I understand that this fee does not apply toward any tuition payment. If my child is accepted in the school, the registration fee is non-refundable 10 days after acceptance date. No Application Contract can be accepted without the registration fee.

I understand that once my child has begun to attend class, he or she will not be changed to another class unless a change is approved by the director.

I also understand that the health forms required by the school must be filled in completed and turned in by the required date.

I understand that tuition is due on the first of each month during the school months and covers from the first to the following month. Tuition for the first month of school will be due by **June 1st**. No refunds for September tuition will be made after **June 15th**.

I understand that I am responsible for notifying the school if I wish to withdraw my child.

I understand that information about my child is confidential and that the school will not release information to anyone other than the parents or legal guardians without their written consent.

Please be aware that enrollment in St. Patrick Preschool does not guarantee a place in the St. Patrick School kindergarten program. If you are interested in having your child attend our kindergarten program, please contact the school office to have your child added to the kindergarten list. Thank you.

Date: _____

Parent Signature

Additional Information Needed:

Elementary School District you reside in: _____

High School District you reside in: _____

The above information is needed as we report to the State of Illinois. Thank you.