

Registration for St. Clare's Christian Preschool

Child's Name: _____ M/F: _____ Age: _____ Birthday: _____
Mother's Name: _____ Father's Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Alternate Phone Numbers: _____
Email (for invoicing, notices and newsletters): _____

Desired schedule:

Days: _____ Monday – Friday (M-F) _____ Monday/Wednesday/Friday (MWF) _____ Tuesday/Thursday (T/Th)

Time: _____ Full day (7:00am-6:00pm) _____ Part day (9:00am-3:00pm)

My child is: _____ Potty Trained _____ Not Potty Trained

Start Date: _____ **Class:** _____

I, _____, have received the St. Clare's Christian Preschool Handbook and agree to abide by the policies and procedures set forth in the Handbook. In accordance with the St. Clare's Preschool Fee Schedule and Policies and Procedures set forth in the Parent Handbook, I agree to pay St. Clare's Preschool the following sums:

Payable on Registration:

Registration Fee: Amount: \$100 Date Paid: _____ Check # _____
Two Week Tuition: Amount: _____ Date Paid: _____ Check # _____

Payable on or Before Start Date:

Key #: _____ Amount: _____ Date Paid: _____ Check # _____
Prorated Supply Fee: Amount: _____ Date Paid: _____ Check # _____
Prorated Tuition: Amount: _____ Date Paid: _____ Check # _____

Monthly Tuition, payable on the first of each month: Amount: _____

With two weeks advance written notice of withdrawal, the Two Week Tuition Deposit and/or prorated fees will be refunded. The registration fee is not refundable.

Modification to this Agreement: Modifications may only be made in writing with two weeks advance notice, and must be signed and dated by the parties involved in order to be binding and effective. Oral modification is not binding under this agreement and shall not be enforceable under any condition.

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

How did you hear about us? _____