



2019-2020 PRESCHOOL REGISTRATION & SCHOOL CLASS SCHEDULE

2's Class (2 years old by August 1)

Meets two days a week

Option A:

Monday & Wednesday, 7:45 a.m. – 10:45 a.m.

Option B:

Tuesday & Thursday, 7:45 a.m. – 10:45 a.m.

3's Class (3 years old by August 1)

Option A: Meets three days a week

Monday, Wednesday and Friday, 7:45 a.m. – 10:45 a.m.

Option B: Meets two days a week

Tuesday & Thursday, 7:45 a.m. – 12:00 p.m.

Pre-K 4's Class (4 years old by August 1)

Option A:

Class meets five days a week

Monday through Friday, 7:45 a.m. – 10:45 a.m.

Option B:

Class meets three days a week

Monday, Wednesday and Friday, 11:00 a.m. – 2:35 p.m.

NON-REFUNDABLE REGISTRATION FEE \$200.00

***NEW FAMILIES ONLY, CURRENT FAMILIES PAY RENROLLMENT FEE**

Tuition Rates	Yearly Tuition	Monthly	Semester
2's Option A	\$1,200	\$120	\$600
2's Option B	\$1,200	\$120	\$600
3's Option A	\$1,600	\$160	\$800
3's Option B	\$1,600	\$160	\$800
Pre-K 4's Option A	\$2,600	\$260	\$1,300
Pre-K 4's Option B	\$2,400	\$240	\$1,200

Activity and Supply Fee: One-Time Fee due August 1st: \$200.00

Apply to all ages

Before and After Care Offered

Before Care: Monday – Friday, 6:30 a.m. – 10:45 a.m.

After Care: Monday – Friday, 3:00 p.m. – 6:00 p.m.

Please see attached sheet for pricing.

*First come, first serve basis

Open Enrollment Begins Monday, January 28th, 2019



2019-2020 REGISTRATION

Date: _____

Child's Name: _____
First Middle Last

Preferred Name: _____ Date of Birth: _____ Sex: Male Female

Ethnicity: _____ Catholic: _____ Non-Catholic: _____

Home Address: _____
Street

City State Zip

Non-refundable Registration Fee: \$150.00

*Birthday cutoff August 1

*Must be toilet trained for 3 and 4 year programs

2 Year Old _____ Mon. & Wed.: 7:45 a.m. – 10:45 a.m. _____ Tues. & Thurs.: 7:45a.m. – 10:45 a.m.

3 Year Old _____ Mon., Wed., & Fri.: 7:45 a.m. – 10:45 a.m. _____ Tues. & Thurs.: 7:45 a.m. – 12:00 p.m.

4 Year Old _____ Mon. through Fri.: 7:45 a.m. – 10:45 a.m. _____ Mon., Wed., & Fri.: 11:00 a.m. – 2:35 p.m.

Extended Care Options

_____ **Before Care:** Mon. – Fri.: 6:30 a.m. – 10:45 a.m. _____ **After Care:** Mon. – Fri.: 3:00 p.m. – 6:00 p.m.

Mother

Father

Name: _____

Cell: _____

Email: _____

Occupation/Employer _____

Work Phone _____

Parent's Marital Status _____ Child Lives with _____

Are you a member of a church? Yes No If so, where? _____

Siblings:

Brother: _____ Age: _____ Sister: _____ Age: _____

Brother: _____ Age: _____ Sister: _____ Age: _____

Brother: _____ Age: _____ Sister: _____ Age: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

In the event of an emergency, I give permission for Sacred Heart Catholic School to obtain medical attention for my child.

Signed: _____ Date: _____

Emergency Contact *other than parents

Name	Phone	Relationship to Child	Permission to Pick up
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed: _____ Date: _____

Allergies and/or Medical Conditions *(See for additional form for emergency medication)*

Tell us about your child (Example: Likes, Dislikes, Strengths)

Where did you hear about us? Friend Newspaper Flyer

 Website Facebook Other _____



2019-2020 CHILDCARE REGISTRATION

Child's Name _____ Age: _____

Please Check One:

- 2 Year Old** _____ Two Day preschool with two day childcare
_____ Two day preschool with three day childcare
- 3 Year Old** _____ 3 Day preschool with 3 day childcare (MWF)
_____ 3 Day preschool (MWF) with 2 days childcare (TTH)
_____ 2 Day preschool with childcare (TTH)
_____ 2 Day preschool (TTH) with three days childcare (MWF)
- 4 Year Old** _____ 5 Days preschool with childcare (M-F)
_____ 3 Days preschool (MWF afternoons) with two days childcare (TTH)
_____ 3 Day preschool with three day childcare (M-F mornings with your choice of three afternoons)
- _____ My child does not need childcare

Parent Name _____ Date _____

Parent Signature _____ Date _____