

## 2008/09 Preschool Enrichment Program Registration Form

**Name/Address Information:**

Parents' Name: \_\_\_\_\_  
(Father's First and Last Name) (Mother's First and Last Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child live with (please circle): Both parents; Mother; Father; Grandparent; Other: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Mother's work/cell Father's work/cell

Email \_\_\_\_\_ Parish Registered In \_\_\_\_\_ Are you new to classes here? \_\_\_\_\_

The preschool enrichment program depends on parental help. Would you be able to help out once every 6-8 weeks? \_\_\_\_\_

**Session Information:**

**1. Complete children's information**

**2. Check session choice**

Child's First/Last Name	Birth date	Age	Gender	Religion of Child	Pre I Enrich M/W	PreII Enrich T/Th

**Tuition information is on the back of this sheet. Deposit: \$75 of the tuition is due at the time of registration.**

**Additional Important Information:**

1. Are your child's immunizations up-to-date? \_\_\_\_\_  
**Please include a copy of your child's immunization record.**
  
2. Is your child potty-trained? \_\_\_\_\_ **Each child must be potty trained by the beginning of the school year.**
  
3. Please explain any allergies your child has below, using the back of the sheet as necessary:  
 Name of Child/Allergy: \_\_\_\_\_
  
4. Please explain any physical, social or learning disability needs that your child may have below, using the back of the sheet as necessary. Name of Child/Special Needs: \_\_\_\_\_

**Emergency Information: Please fill out the emergency form on the back of this sheet.**

**Emergency Information:**

If my child \_\_\_\_\_ becomes ill or is injured while attending Religious  
Name of Child(ren)

Education classes, please call:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_.

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_.

I authorize the staff of St. Francis to seek emergency medical care for my child as deemed appropriate. Our doctor of preference is: \_\_\_\_\_ Phone: \_\_\_\_\_.

Our hospital preference is: \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_.

**Diocesan/Parish Survey Information** (please circle your child's ethnic background):

American Indian    Hispanic    Caucasian    African American    Asian    Middle Eastern    Other

Do you speak fluently a language in addition to English? \_\_\_\_\_ If yes, what language? \_\_\_\_\_

At times, St. Francis parish honors the cultural backgrounds of parishioners. What is your country of origin if different from the United States? \_\_\_\_\_

**Tuition: Pre I Enrich Mon/Wed:** \$520/child for the school year. **Pre II Enrich T/Th :** \$650/child for the school year. **Deposit: \$75 of the tuition is due at the time of registration.** The deposit of \$75 is non-refundable. *(Families with more than one child enrolled in the preschool enrichment program receive a \$100 discount per additional child).*

**Tuition Aid:** Every child is welcome to Religious Education classes—please call for aid information if the tuition payment poses a hardship for you. Donations towards the Tuition Aid program are always welcome.

**Tuition payments**—Tuition may be paid in installments.

**The first tuition installment (1/3 of remaining tuition) is due by Sept. 2, 2008.**

OFFICE USE ONLY

Total tuition due	Amount	Date	Check #	Balance
Date registration received				