###  St. Katharine Drexel School

# 2020-2021 PRESCHOOL REGISTRATION FORM

 **Tuesday/Thursday 3 Year Old Program**

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| --- |
| (Please Print) |
| Today’s date: | For Office use only:$50.00 **(non-refundable**) registration fee received on: \_\_\_\_\_\_\_\_\_\_ |
| Student INFORMATION |
| First Name: | Last Name: | Nickname or common name your child goes by: |
| Street address: | Birth date: | Age: | Sex: |
|  / / | ❑ M | ❑ F |
| City: | State: | ZIP Code: | Home phone : |
| ( ) |
| Religious background of student |
| Student is an active member of which parish: | Date of Baptism: |
| Session Registration-Check one\*Note: Available sessions depends on age of child as well as class limit. Please be aware of sessions available to your child. |
| ❑ Preschool Program (3 yr. olds) – 8:00-10:45 am - $140.00/month Meets 2 mornings per week (Tuesday & Thursday) ($1,260.00 yr.) Requirements: 3 years or older by 9/1/20 & potty-trained |  \*\* ACH is required for all enrollments. An email will be sent with a link once enrollment is complete. |
| Parent/guardian #1 Information |
| Student lives with: | ❑ Both Parents | ❑ Mother | ❑ Father | ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian #1 name: | Relationship to student: |
| Address (if different from student): | Home phone: |
| Employer/Occupation: | Work phone: |
| Email address: | Cell phone: |
| Parent/Guardian #2 Information |
| Parent/Guardian #2 name: | Relationship to student: |
| Address (if different from student): | Home phone: |
| Employer/Occupation: | Work phone: |
| Email address: | Cell Phone: |
| Person(s) responsible for tuition (if other than parents): |
| Parent/Guardian Signature |
| The above information is true to the best of my knowledge.  |
|  |  |  |  |  |
|  | Parent/Guardian signature |  | Date |  |

**428 2nd street SE, saint cloud, mn 56304 \* phone: 320-251-2376 \* Fax: 320-529-3222**