

ST. PETER CATHOLIC PRESCHOOL INFORMATION FORM

STUDENT LAST NAME

FIRST

MIDDLE

D.O.B.

NAME YOU USE FOR CHILD

PREVIOUS CHILDCARE PROVIDER

*A child must be three years old and potty trained to enroll in St. Peter Catholic Preschool

We are parish members of (please check one):

_____ St. Peter

_____ St. Andrew

Other: _____

Name of your Church/Parish

*The preschool will be prepared for students from 7:00a.m. – 5:30p.m. Classroom instruction will be from 7:50a.m. – 3:05p.m. each day. Please indicate below the approximate time your child will be dropped off and picked up from the center.

*(Please check one.) I wish to enroll my child in:

Full time_____

Partial Week (M/W/F)_____

Partial Week (T/R)_____

I will bring my child to the preschool building at approximately _____ A.M.

I will pick up my child from the preschool building at approximately _____ P.M.

I am interested in volunteering at St. Peter Catholic Preschool? YES _____ NO _____

If yes, in what areas or for which activities would you be interested in volunteering?

*The registration fee is \$100 annually and is non-refundable.

The fee will be charged through your FACTS account.

This fee covers the cost of materials and supplies for the year.

PARENT/GUARDIAN SIGNATURE

DATE