

ST. PATRICK EARLY CHILDHOOD CENTER REGISTRATION FORM
PLEASE PRINT

Child's name: _____ Date of birth: _____

Address: _____
Street City State Zip

Parents/Guardians Names _____

Phone/Cell number: _____ Alternate Number: _____

E-mail address: _____

Child lives with: ___ both parents ___ mother ___ father ___ other: _____

FULL DAY PROGRAM:

2 YEAR OLD CLASS

_____ 5X a week: Mon-Fri
_____ 3X a week--circle days:
M T W TH F
_____ 2X a week--circle days:
M T W TH F

PRE SCHOOL CLASS

_____ 5X a week: Mon-Fri
_____ 3X a week—circle days:
M T W TH F
_____ 2X a week—circle days:
M T W TH F

PRE KINDERGARTEN

_____ 5X a week: Mon-Fri
_____ 3X a week—circle days:
M T W TH F
_____ 2X a week—circle days:
M T W TH F

MORNING PROGRAM:

2 YEAR OLD CLASS

_____ 5X a week: Mon-Fri
_____ 3X a week—circle days:
M T W TH F
_____ 2X a week—circle days:
M T W TH F

PRE SCHOOL CLASS

_____ 5X a week: Mon-Fri
_____ 3X a week—circle days:
M T W TH F
_____ 2X a week—circle days:
M T W TH F

PRE KINDERGARTEN

_____ 5X a week: Mon-Fri
_____ 3X a week—circle days:
M T W TH F
_____ 2X a week—circle days:
M T W TH F

For office use:

Reg. fee: _____ Amount pd: _____ cash or check #: _____ Balance: _____

Reg. fee: _____ Amount pd: _____ cash or check #: _____ Balance: _____