



St. Catherine's Catholic Preschool
Registration Form 2017 – 2018

Childs Name _____ / _____ / _____
Last First Middle

Parents/Guardian _____
Primary Caregiver (Mother, Father, Grandparents)

Address _____ / _____ / _____
Street City Zip

Phone _____ / _____ / _____
Home Work Cell (Circle best number to be reached)

Email Address _____

If Catholic, What parish are you registered _____

_____ / _____ / _____
Childs Name Date of Birth City & State of Birth

- *Child must be 3 year old by September 1, 2017 to register for the 3 year old program
- *Child must be 4 years old by September 1, 2017 to register for the 4 year old program

My child will be attending:

_____ 3 year old program meet on Tuesday and Thursdays from 9:00-11:30
_____ 4 year old program meet on Monday, Wednesday and Fridays from 9:00-12:00

Fee: \$50 nonrefundable registration fee per family is due when registering

September tuition is due by September 1, 2017
3 year old program: \$170 per month
4 year old program: \$195 per month

How did you hear about St. Catherine's Catholic Preschool?

_____ Bulletin _____ Memorial Day Parade
_____ Referral _____ Mailing
_____ Other

Allergy Alert: If your child has any allergies please list them here.

Please list any learning difficulties or concerns you have about your child.

Please be advised:

By the first day of school, your child **must** have submitted a signed Health Statement from your pediatrician. Activity restrictions must be noted. This Health Statement has to be completed within 1 year of registration.

We **must** have on file a Certificate of Immunization showing a minimum of 1 dose of each immunizing agent specified by the Department of Community Health.

Thank you for registering at St. Catherine's Catholic Preschool! We look forward to getting to know your child and family. We will be contacting you soon as we will be scheduling our Back to School Open House in August. If you have any questions please contact Mary Hunt at 269-978-2338 or mhunt@stcatherinesiena.org

Tuition Payment can be brought to the parish office or mailed to:

St. Catherine of Siena
1150 W. Centre Ave.
Portage, Michigan 49024

Please write "September Tuition" in the check memo

Registration Fee

_____ Payment Date

_____ Check#

_____ Cash

Received by:

Tuition Fee

_____ Payment Date

_____ Check#

_____ Cash

Received by: