

ST. PATRICK'S EPISCOPAL PRESCHOOL & DAYCARE

1322 Church Street
Zachary, La. 70791
Phone - 225-654-4091
Fax - 225-654-4074

ENROLLMENT DATE _____
CLASS _____ TEACHER _____
RECEIVED _____ PAID _____

ELEMENTARY REGISTRATION 2011-2012

CHILD'S NAME _____

AGE on September 30, 2011 _____ SEX _____ BIRTHDATE _____

GRADE completed in May 2011 _____

NAME of parent or guardian with whom child lives _____

MAILING ADDRESS _____

PHONE _____ WORK PHONE _____

E-MAIL _____ CHURCH AFFILIATION _____

Are you a member of St. Patrick's Episcopal Church? yes ___ no ___

Is child currently enrolled in St. Patrick's Before and/or After Care? yes ___ no ___

PLEASE CHECK PROGRAM SELECTION:

BEFORE CARE (6:30—8:30AM) \$100/MONTH _____

AFTER CARE (3-6PM) \$170/MONTH _____

BEFORE & AFTER CARE \$250/MONTH _____

HOLIDAY CARE (with reg. before/after/Monday) \$30/DAY _____

MONDAY SCHOOL \$30/DAY _____

HOLIDAY ONLY (w/o reg. before/after/Monday) \$50/DAY _____

** Holiday care sign up sheets are available at the front desk the week before the holiday.

ANNUAL REGISTRATION FEE \$50

Registration fee of \$50 per child is due with registration form and held until final notification.

Registration fee is NON-REFUNDABLE

A two week written notice is required to withdraw from school.

Signature _____

Date _____