

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 _____

PRESCHOOL REGISTRATION 2011-2012

CHILD'S NAME _____

AGE on September 30, 2011 _____ SEX _____ BIRTHDATE _____

NAME of parent or guardian with whom child lives _____

MAILING ADDRESS _____

PHONE _____ WORK PHONE _____

E-MAIL _____ CHURCH AFFLIATION _____

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

Is child currently enrolled in St. Patrick's Preschool? yes ___ no ___

PLEASE CHECK PROGRAM SELECTION:

PART TIME PROGRAM (9AM—3PM) _____

6-24 MONTHS \$105/WK ____

2-4 YEARS \$90/WK ____

PART TIME PROGRAM
WITH EXT MORNING (6:30AM—3PM) _____

6-24 MONTHS \$120/WK ____

2-4 YEARS \$105/WK ____

FULL TIME PROGRAM (6:30AM—6PM) _____

6-24 MONTHS \$145/WK ____

2-4 YEARS \$130/WK ____

ANNUAL REGISTRATION FEE \$100

Registration fee of \$100 per child is due with registration form and .

****Registration fee is NON-REFUNDABLE****

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

Signature _____

Date _____