

PROGRAM OPTIONS
Please check desired preference(s)

_____ **3 Year Old Program** **\$85 per month**
(3 years old by September 30 and potty trained)
Tuesday and Thursday
8:30-11:00 am
_____ **7:45-8:30am optional supervised play time** **\$3 per day**

_____ **4 Year Old Program** **\$112 per month**
(4 years old by September 30 and potty trained)
Monday, Wednesday, and Friday
8:30-11:00 am
_____ **7:45-8:30 am optional play time** **\$3 per day**

_____ **4-5 Year Old Program** **\$145 per month**
(Placement determined by teacher/parent conference)
Monday through Thursday
12:30-3:00 pm

\$50 Non-Refundable Yearly Registration Fee per Child

PLEASE NOTE; Attending St. Brigid Preschool does not guarantee acceptance into St. Brigid kindergarten. St. Brigid School admission guidelines will be followed for acceptance into kindergarten.

PLEASE CHECK APPROPRIATE BOX

FOR OFFICE USE ONLY

- 3 YR. OLD
- 4 YR. OLD (3 days)
- 4-5 YR. OLD (4 days)

School year _____ Registration Date _____
 Registration Fee _____ Payment Type _____
 Birth Certificate _____ Baptismal Certificate _____

St. Brigid Preschool Program - Registration Form

Child's Full Name _____ Male _____ Female _____
 (last) (first) (middle)

Name he/she prefers to be called _____ Ethnic Background: (optional) _____

Address _____ Home Phone _____

City /State/Zip _____

Birth Date ____/____/____ Birth Place _____ U.S.Citizen Yes ___ No ___
 (month) (day) (year)

Religious Affiliation: (please check one) Catholic/Registered at St.Brigid _____
 Catholic/ Another Parish (name of parish) _____ Non-Catholic _____

Child Lives With: (mother & father) __ (mother only) __ (father only) __ (other/explain) _____

Who Has Legal Custody of Child? (if applicable) _____

Please submit a copy of your child's birth certificate and baptismal certificate (if not baptized at St.Brigid) and custody papers (if applicable.)

Father's Full Name: _____ Marital Status: Married _____ Single _____

Address: _____ Separated _____ Deceased _____

City/State/Zip: _____ Custodial Parent: Yes _____ No _____

(home) _____ Birth Place: _____ U.S Citizen: Yes ___ No ___

Phone: (work) _____ Religion: _____ Occupation: _____
 (mobile) _____

Mother's Full Name: _____ Marital Status: Married _____ Single _____

Address: _____ Separated _____ Deceased _____

City/State/Zip: _____ Custodial Parent: Yes _____ No _____

(home) _____ Birth Place: _____ U.S. Citizen: Yes ___ No ___

Phone: (work) _____ Religion: _____ Occupation: _____
 (mobile) _____

By signing below, I grant permission for _____ (child's name, address, and phone number) to be on a class roster available to the parents of my child's class.

 Signature

There is a \$50 **non-refundable yearly** registration fee due with this form.
 Registration is **not complete** until this form is returned to the School Office.

See Program Options on the Reverse Side