

WELCOME TO ST. CECILIA PRESCHOOL

PRESCHOOL REGISTRATION FORM FOR 17-18 SCHOOL YEAR

Parent Names: _____

Address: _____
Street City/State/Zip

Phone: _____ Email: _____

Please put the first and last name of each child in the appropriate space for **next** school year. **Circle** name if child is new to St. Cecilia

3 Year Program _____ Date of Birth _____
(Tues/Thurs 7:30-10:30)

4 Year Program: _____ Date of Birth _____
(Mon/Wed/Fri 7:30-10:30)

Pre-K Program: _____ Date of Birth _____
(Mon-Thurs, 11:30-2:30)

**A \$90 non-refundable registration fee per student is due at the time of registration.
(\$60 non-refundable fee if you have another child enrolled in K-8 at St. Cecilia)**

DAYCARE

Daycare is available from 7am-6pm on all days when school is in session. *Please complete the section below to let us know your plans regarding our child-care services. **NO fees will be accepted at this time.**

_____ We **DO NOT** PLAN to use the Daycare Program.

_____ We **DO** PLAN to use the Daycare Program. Age/Ages _____, _____, _____

Please check the days that you will be using:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please give a description of you Daycare needs.

**THIS IS FOR PLANNING PURPOSES ONLY. THIS DOES NOT GUARANTEE A SPOT.
All families that select “plan to use” will be contacted and sent registration forms in the spring.**

Parent Signature _____ Date _____