



2019-2020 PreK-3 Registration Contract

Referred By: _____

Student Name: _____

Date of Birth: _____

Parent/Guardian Name(s): _____
Last First

Address: _____

Home Number: (____) _____ Work Number: (____) _____

Cell Father: (____) _____ Cell Mother: (____) _____

Email Address: _____

School District: _____ Registered Parish (if any): _____

Known allergies: _____

Sibling Name (if currently enrolled at St. Lawrence O'Toole ECLC): _____

DAYS: Please select one.

TIMES: Please check all options that apply. For Extended Care please indicate Days needed. For Morning Care & After Care, please indicate hours needed.

		<u>Days</u>	<u>Times</u>
M/W/F (3 Days):	_____	PreSchool (9:30am-12:30pm):	_____
Tues/Thurs (2 Days):	_____	Morning Care (7:30am-9:30am):	_____
Mon-Fri (5 Days):	_____	Lunch Bunch (12:30-2:30pm):	_____
		After Care (2:30-6:30pm):	_____

Tuition rates attached. Tuition payable monthly, August through May.

First tuition payment due August 1, 2019

REGISTRATION FEE: **\$100.00** cash/check#: _____ Date: _____

(Non-Refundable –due with Registration form. \$50.00 will be credited to August tuition)