



2019 - 2020 PreK-4 Registration Contract

Referred by: _____

Student Name: _____

Date of Birth: _____

Name (Parent/Guardian): _____

Address: _____

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

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

Email Address: _____

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

Known Allergies: _____

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

Please check all options that apply. For Morning Care, Lunch Bunch and After Care, please indicate Days needed. For Morning and After Care, please indicate times needed.

	<u>Days</u>	<u>Times</u>
PreSchool (9:30am - 12:30pm):	_____	_____
Morning Care (7:30am - 9:30am):	_____	_____
Lunch Bunch (12:30pm – 2:30pm):	_____	_____
After Care (2:30pm – 6:30pm):	_____	_____

Tuition rates attached. Tuition is 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)