

Enrollment Form 2017-2018

Parishioner

Student's Last Name: _____ First Name: _____

Email Address (Please print clearly.) _____

Boy _____ Girl _____ Date of Birth _____ Age on Sept. 1st 2017 _____

Address: _____ City: _____

Zip code: _____

Primary phone: _____ Secondary phone: _____

Parents' Names: _____

Please select your class of choice:

3-year-old Tues. / Thurs. \$130.00 monthly _____ 9:00-11:30am

3-year-old Mon. / Wed. / Fri. \$190.00 monthly _____ 9:00-11:30am

4-year-old (3 days) Please choose days.
____ Mon. / ____ Tues. / ____ Wed. / ____ Thurs. / ____ Fri. \$190.00 monthly _____ 8:45-11:15am

4-year-old (4 days) Please choose days.
____ Mon. / ____ Tues. / ____ Wed. / ____ Thurs. / ____ Fri. \$255.00 monthly _____ 8:45-11:15am

(We will try to honor 1st choice but day per week may vary according to enrollment.)

Registration Fee: \$150.00

This fee is due at the time of enrollment to ensure a spot in our preschool. Registration fee can not be refunded.

If you have any issue with payment of this fee, please contact Cindy at 815-675-2288 to make payment arrangements. Please mail payment to:

St. Peter's Preschool
2118 Main Street
Spring Grove, Illinois 60081

Enrollment is on a first come first serve basis. The staff reserves the right to equalize classrooms in order to run all sessions. The staff may also change students' class session in order to maximize the learning within each classroom. The above programs are not guaranteed. We will try to accommodate all children to the best of our abilities. As well as honor your request. Confirmation of enrollment will be sent to you as soon as possible. If you have any questions please feel free to call at 815-675-2430.

I READ AND UNDERSTAND ENROLLMENT INFORMATION:

X _____
Parent / Guardian Signature

