

ST. CATHERINE LABOURÉ SCHOOL
PRE-KINDERGARTEN
REGISTRATION FORM 2010 - 2011

Please indicate the program of your choice by checking one of the options below.

4 YEAR OLD PROGRAM

See SMART Enrollment Form for payment frequency schedule.

Choice	# of Days	Hours	Yrly Tuition
	3 (Mon, Wed & Fri)	8:20 – 12:00	\$2,941
	3 (Mon, Wed & Fri)	8:20 – 3:00	\$4,707
	5 (Mon through Fri)	8:20 – 12:00	\$5,049
	5 (Mon through Fri)	8:20 – 3:00	\$7,796

3 YEAR OLD PROGRAM

See SMART Enrollment Form for payment frequency schedule

Choice	# of Days	Hours	Yrly Tuition
	2 (Tues & Thurs)	8:20 – 12:00	\$1,990
	2 (Tues & Thurs)	8:20 – 3:00	\$3,088
	5 (Mon through Fri)	8:20 – 12:00	\$5,049
	5 (Mon through Fri)	8:20 – 3:00	\$7,796

(Registration Form continues on other side)

PLEASE PRINT:

PARENT / GUARDIAN

CHILDREN

Name _____

Address: _____

Home (____) _____ Work (____) _____

Email _____ Child's Birthday ____/____/____

Registration/Payment Procedures:

There is a NON-REFUNDABLE registration fee of \$125.00 per child.

Monthly fees remain the same regardless of holiday or school closing. Payments are due as specified on your **SMART** Enrollment Form. A **LATE CHARGE** of \$35 will be assessed to your account if any payment is not received within 10 days from the payment due date.

AGREEMENT

I agree to pay the monthly fee as specified on my **SMART** Enrollment Form. It is my understanding that if payment is 30 days delinquent, my child/ren may not attend until payment is received. It is also my understanding that delinquent payment will result in withholding school reports and records. I also understand that the registration fee is non-refundable. However, if a new registrant is not accepted by the school or is withdrawn before official notice of acceptance has been sent, 50% of the required registration fee will be refunded.

Parent / Guardian Signature

Date

****Please request & fill out separate form if
EXTENDED HOURS for Pre-Kindergarten is needed.***

Please DO NOT write below this line – School use only

Registration: Amount: \$ _____

Check # _____

Cash: _____

Date Paid: _____

Received by: _____