



SAINT JOSEPH SCHOOL

EARLY LEARNING PROGRAM REGISTRATION FORM

Student Name: _____ Sex: _____
(last name) (first name) (middle name) (M or F)

Student Nickname: _____ Date of birth _____
(if applicable)

Home Address: _____
(street)

_____ (city) (state) (zip code)

Check the day(s) your child will attend per week:

Monday	Tuesday	Wednesday	Thursday	Friday

Check the preschool session your child is attending:

3 year-old: _____ am _____ pm **or** **4 year-old:** _____ am _____ pm

Estimated daily drop off time: _____ Estimated daily pick-up time _____

*3 year old program	*4 year old program
2017-2018 Rates (Rates will slightly increase for 2018-2019)	2017-2018 Rates (Rates will slightly increase for 2018-2019)
5 days a week \$160	5 days a week \$150
4 days a week \$140	4 days a week \$130
3 days a week \$130	3 days a week \$120
2 days a week \$90	2 days a week \$85
1 day a week \$50	1 day a week \$50

Registration fee: \$30 due with registration form to secure placement

Parent's name(s): _____

Phone numbers (cell/work/home): _____

Email address: _____

Parent/ Guardian signature: _____

* Payment is due on the 20th of each month. You will receive a monthly invoice and be billed for the days you checked even if the child(ren) are not in attendance. The only exception will be for holidays or school closings that occur during one of your child(ren)'s scheduled in-session days. Extra days during the week are \$50 for 3 and 4 year-old program.