

# 5 Year Old Preschool Registration 2019-2020

\_\_\_\_\_  
Father's Full Name
Mother's Full Name

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary E-mail \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Contact Information

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Contact Information

Student's Name	Birth Date	Rel. Ed. Grade Level	Medical Conditions	Special Learning Needs, 504 or IEP?

Participation Covenant: Please read the following statement carefully before signing.

- Weekly Mass attendance and participation in parish activities are integral and necessary components of our program.  
*I have read and fully understand the aforementioned statement:*

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Every parent is strongly encouraged to volunteer in some capacity. Training and resources will be provided. Please circle if you are interested in volunteering for any of the following positions:

**Catechist**
                         
  **Co-Catechist**
                         
  **Office Volunteer**

Volunteer Name: \_\_\_\_\_ Session: \_\_\_\_\_

Material fees are \$30 per student.

We accept several methods of payment:

- Cash  
 Check  
 Credit/Debit

Visa                       Mastercard  
 Discover                   American Express

Name as it appears on Credit/Debit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

If your family is experiencing extraordinary financial difficulty, contact the Religious Education office at 302.378.5800. No child will be denied enrollment because of an inability to pay. All information is confidential.

(revised 1/31/19)