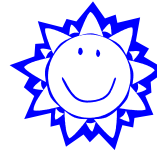




Little Saints
Christian School



Child Enrollment Form

Date: _____

Child's Name _____ Birthdate: ___/___/_____ Gender (circle): M F

Preferred Name _____ Family email: _____

Home Address _____ City _____ Zip _____

Mother's Name _____ Home Phone _____ Cell _____

Father's Name _____ Home Phone _____ Cell _____

Has your child had any group play experiences, or attended another preschool? Y / N

If yes, explain:

Does your child have any medical needs, allergies, or concerns we should be aware of? Y / N

If yes, explain:

How did you hear about us? _____

Religious preference: _____ Name of church attending: _____

Tuition and Fee Schedule – Registration fee is \$125 and this secures your placement in the desired program. The remaining 9 payments are due on the first of each month, September through May. There is no tuition charge for June.

Select One	Program Options	Days	Month Rate (Sep-May)
	2 day, 3-yr-old	T, Th	\$175
	3 day, 3-yr-old	M, W, F	\$242
	5 day, 3-yr-old	M-F	\$349
	4 day, 4-yr-old	M, T, W, TH	\$299
	Junior Kindergarten	M, W, F 9:00-3:00	\$357

I understand, accept, and commit myself to the above payment schedule. I also understand and accept that all payments made to Little Saints are non-refundable.

Parent's Signature

A down payment in the amount of _____
has been paid with check # _____