

St. James Catholic Preschool
126 N. Pacific Coast Highway
Redondo Beach, CA 90277
(310) 376-5550 Fax: (310) 376-5227

APPLICATION FOR REGISTRATION FOR 2017-18 SCHOOL YEAR

2 ½ - 3 Year Olds

(Includes 3 year olds not 4 years old by September 1)

Child's Name: _____
Last First

Parents Names: _____
Mother Father

Address: _____

City: _____ Zip: _____

Home Phone: _____ Email address: _____

Cell Phones: _____
Mother Father

Child's Birth Date: _____ Child's Sex: _____ Male _____ Female

Is your child Fully Potty Trained? Circle One: YES NO
Registered St. James Parishioner? Circle one: YES NO

Name of other Catholic Parish _____ Non Catholic _____

Is Child bilingual? _____ Yes _____ No If yes, what other language? _____

Check Program Choice: (Write 1st, 2nd, or 3rd for choices)

- _____ Two (2) mornings (Tuesday & Thursday) \$245 Monthly
- _____ Three (3) mornings (Monday, Wednesday, Friday) \$335 Monthly
- _____ Two (2) afternoons (Tuesday & Thursday) \$245 Monthly

Class Hours: Morning Classes 9:00 - 11:45 am Afternoon Classes 12:30 - 3:15 pm

A **\$125.00** non-refundable registration fee is due upon submitting the application.
A child must be 2 ½ by September 1, 2017 to register. (Birthdate before 3/1/15)

Parent's Signature _____ Date _____

-----**Preschool Office Use Only**-----

Date Reg. Fee Paid: _____ Amount: \$ _____ Ck #: _____ Cash: _____
Room: _____ Days: _____ am/pm