

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

APPLICATION FOR REGISTRATION FOR 2017-2018 SCHOOL YEAR

4 Year Olds (Pre K)

Must be 4 by Sept 1 (But not 5 years old)

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

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, 3rd, 4th for choices)

_____ Three (3) mornings (Monday, Wednesday, Friday) \$335 Monthly

_____ Three (3) extended days (Monday, Wednesday, Friday 9:00 am – 2:00 pm) \$485 Monthly

_____ Five (5) mornings (Monday through Friday) \$485 Monthly

_____ Three (3) afternoons (Tuesday, Wednesday, Thursday) \$335 Monthly

Class Hours: Morning Classes 9:00 AM – 11:45 **OR** Afternoon Classes 12:30 – 3:15

A **\$125.00** non-refundable registration fee is due upon submitting the application.

Parent's Signature _____ Date _____

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

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