



# St. James Catholic Preschool

## 2023-2024 School-Year Registration Form

### 4-Year-Old (Pre-K)

For children who are 4 by Sept 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

Registered St. James Parishioner: YES NO  
(Registered Parishioners are given priority placement)

How did you hear about us? \_\_\_\_\_

Did Someone Refer You? Y N If so, what is their name? \_\_\_\_\_

**Check Program Choice:** (Write 1, 2, 3 or 4 for choices)

**Monthly Tuition:**

\_\_\_\_\_ 3 Mornings: Monday, Wednesday, Friday, 8:40 to 11:40 am \$480

\_\_\_\_\_ 3 Extended Days: Monday, Wednesday, Friday 9:00 am to 2:00 pm \$640

\_\_\_\_\_ 5 Mornings: Monday through Friday, 8:50 to 11:50 am \$640

**A \$200.00 non-refundable registration fee is due upon submission.  
Registration Form and payment due to the Preschool Office by March 3, 2023.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Date Paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Ck #: \_\_\_\_\_ Cash: \_\_\_\_\_ Parishioner Status: \_\_\_\_\_

Placement: Room: \_\_\_\_\_ Days: \_\_\_\_\_ am/pm