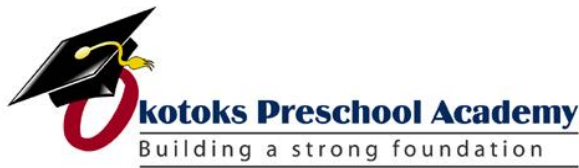


For Office Use Only:
 Date of registration _____ Initial _____



**How did you hear about us?
(check all that apply)**

Referred by _____
 Friend / Family _____
 Advertisement _____ Internet _____
 Prior Registration _____ Drive By _____
 Phone Book _____ Facebook _____
 Other _____

Registration Form

Child's Name: _____

_____ (Last) _____ (First) _____ (Middle)
Mailing Address: _____ (city) _____ (postal code) **Gender:** Male _____ Female _____

House or 911 Address: _____ (city) _____ (postal code)
 (if different than mailing address) **Age on first day of school** _____

Child's Birthdate: _____ (Month) _____ (Day) _____ (Year) **Siblings who have attended preschool with us (if any)** _____

Circle program preferred?

3 year old class - Tues/Thurs a:m (2.5 hours) - \$195/month OR **4 & 5 year old class - M/W/F a:m (3 hrs) \$240/mth**

*Catholic Classes for 4 & 5 year olds (P:M's ONLY). Anyone may register in these classes as it does NOT require you to be Catholic.

*Tues/Thurs p:m (2.5 hrs) \$195/mth OR *M/W p:m (3 hrs) \$205/mth

Enrolling Parent / Guardian Name: _____ (Last) _____ (First)

Relationship to Child: _____ **Res. Ph:** _____

Address: _____ **Email:** _____

Occupation: _____ **Bus. or Cell Ph:** _____

Other Parent / Guardian Name: _____

Relationship to Child: _____ **Res. Ph:** _____

Address: (if different) _____ **Email:** _____

Occupation: _____ **Bus. or Cell Ph:** _____

Circle Parents Marital Status: Married Divorced Single **Primary Res:** Both Mother Father Guardian
If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes _____ No _____

Comments _____

The child will be released ONLY to the people on this application (above) and the following persons below:

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Signed: _____ (Mother / Guardian) **Date:** _____

Signed: _____ (Father / Guardian) **Date:** _____

FOR OFFICE USE ONLY

Registration fee received: _____ PD by cash or cheque # _____ Institution _____
 Sept - June fees received: _____ PD by cash or cheque # _____ Institution _____
 Year Paid in Full: _____ Reg. fee 50% off _____ PD by cash or cheque # _____ amount _____ Institution _____
 Receipt given: Mailed _____ By Hand _____ Confirmation of Enrolment Given: Mailed _____ By hand _____