



ST. CHRISTOPHER PRESCHOOL

“THE LITTLE KNIGHTS”

2020-21 REGISTRATION FORM

Student & Family Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian Names: _____

Home Address (Street, City, Zip): _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Parish (if applicable) _____ Do you currently have a child enrolled in St. Christopher School ? _____

Program Enrollment: Please indicate the class you are enrolling your child in.

_____ 3 Year Old Class - 8:15-11:15 /Meets Three Day : M-W _____ 3 Year Old Two Day Option (M-T)

_____ 3 Year Old Class – 8:15-2:45 /Extended Day/Meets Three Days: M-W

_____ 4-5 Year Old Class – 8:15-11:15 / Meets Four Days: Monday –Thursday

_____ 4-5 Year Old Class – 8:15 – 2:45 Full Day/ Meets Four Days: Monday - Thursday

_____ Please check if you would be interested in extended daycare. Daycare would be available only on days the preschool is in session from 2:45 – 5PM and the student must be enrolled in the extended/full day programs.

_____ (Please initial after reading) I understand that by completing this registration, I am stating my intent to enroll my child in the St. Christopher Preschool (SCP) and this form is a financial contract. If my child will not attend the SCP in September of 2020, I understand that I must inform the school in writing or contact the director on or before June 15, 2020. A registration fee of \$75 is due at the time of enrollment.

Parent Signature: _____ Date: _____

Registration Fee: \$75 – Non Refundable (Checks Payable to St. Christopher School)

Payment Options	3 Year Old (Two Day)	3 Year Old (three Day)	3 Year Old Extended Day
Monthly (9 months)	\$175	\$205	\$350
One Time Payment	\$1,575	\$ 1,845	\$3,150
	4 and 5 Year Old (1/2 Day)	Four Day) 4 and 5 Year Old (Full Day)	
Monthly (9 Months)	\$235		\$394.44
One Time Payment	\$2,115		\$3,550

Monthly payments are made over nine months, starting September 1, 2020 and running through May 4, 2021. Payments may be made via direct debit or credit card. Please contact Joe Williams, Business Manager, at jwilliams@stchrisparish.com or at 440-331-4255 to discuss payment method.

Roster Authorization

Each year the programs will prepare a roster for each group of children. It will include the child's name, parents' name, home address, and telephone number. It will not be furnished to persons other than parents of children enrolled in the program. Parents' email will be included on the roster. Please indicate below if you would like to be included on this list.

Yes, include my information: _____ No, do not include my information on the roster: _____

Allergies/Medical Conditions

Are there any allergies or other medical conditions the school should be aware of? Please describe below:

Exempt from immunizations because of religious conviction: _____ Yes _____ No

Once your child is enrolled, the school will need a copy of the child's immunization records and parents will need to complete an emergency authorization form and family questionnaire.

If you have any questions, please contact Scott Raiff, Director at sraiff@scsrr.org or 440.331.3075