St. Andrew's Preschool

FALL AGREEMENT FORM

2017-2018

Todays Date _____

Child's Name

_____

Last First Middle Nickname

Class (Age Level) _____ Days _____

Date of Birth _____ Sex _____

Month/Day/Year

Home Address _____

Street/Apt.

_____

City State Zip

Home Telephone _____

Mother's Name _____

Business Name & Address _____

Business Phone _____Occupation _____

Cell Phone _____ E-Mail_____

Father's Name _____

Business Name & Address _____

Business Phone _____Occupation _____

Cell Phone _____ E-Mail_____

Is there a second language spoken at home? Yes __ No __ Language?_____

List other children in the family. Please give name, age, and sex.

_____

List any food allergies: _____

The registration fee is due at the time of registration. I agree to pay one month's Tuition and the Activity Fee by May 5th. **The registration fee, activity fee and month's tuition are non-refundable**. This assures my child the preferred days in the appropriate class for the next school year. If I wish to forfeit my place, I must let the school know as soon as possible.

Parent's Signature _____ Date _____

For Office Use Only:

Reg. Fee _____ Activity Fee _____ Tuition _____ Total_____ Check # _____